

# **State of Rhode Island - 2020-2024 Consolidated Plan**

FINAL – FOR HUD SUBMISSION

JULY 2020

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# Executive Summary

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

### Introduction

The 2020-2024 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.

Accordingly, the Rhode Island Consolidated Plan describes the priorities and guidelines of the four 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, the National Housing Trust Fund Program (HTF) and the Emergency Solutions Grant (ESG) program. The State of Rhode Island is not a formula grantee of the fifth 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 data contained in this Consolidated Plan was compiled and analyzed prior to March 2020 and does not factor the health crisis of COVID-19/Coronavirus.

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

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 2020; estimated projections for five years follow in parentheses:

- CDBG: \$5,492,396 (\$27.5 million)
- HOME: \$3,617,597 (\$18 million)
- ESG: \$718,868 (\$3.3 million)
- HTF: \$3,000,000 (\$15 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.

### Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

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 priority

needs and strategic goals that will guide the use of approximately \$70 million in CPD formula allocations from 2020 to 2024.

The priority needs identified include:

- Increase housing opportunities for low- and moderate-income households
- Preserve existing affordable housing
- End homelessness
- Adapt aged housing to fit residents' needs
- Eliminate lead hazards
- Make infrastructure improvements
- Make investments in public services and facilities
- Increase transitional housing for persons in recovery with substance abuse disorders
- Develop permanent supportive housing
- Remove barriers to fair and affordable housing

The strategic goals established to address the priority needs throughout the course of the 5-year planning cycle include:

- Develop and Preserve Affordable Housing
- Prevent and End Homelessness
- Improve Health, Safety and Efficiency of all Homes
- Address Non-Housing Community Development Needs

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

- Develop or preserve 2680 affordable homes
- Serve 22,000 households through homeless programs
- Address health and safety concerns in 1,800 homes
- Provide public facility and infrastructure improvements where more than 75,000 persons will benefit
- Provide public services activities to roughly 4,000 individuals

### [Evaluation of past performance](#)

Ninety days after the close of the state's HUD Program Year (July 1<sup>st</sup> through June 30<sup>th</sup>), the state submits the Consolidated Annual Performance Evaluation Report (CAPER); the CAPER for PY2019 is due for submission to HUD by September 28, 2020. The CAPER will include the accomplishments only for the 2019 program year.

During the 2015-2019 Consolidated Planning period, RIHousing and OHCD have worked to produce safe and affordable housing for thousands of state residents while providing rental assistance and supportive services to thousands more. The 2015-2019 Consolidated Plan set a goal of 3000 affordable homes developed or preserved. Through four of the five program years covered in that plan, 3560 rental units have been developed or preserved along with 38 homeownership units and 125 units for the state's homeless population.

The federal Low-Income Housing Tax Credit (LIHTC) program, administered by RIHousing since 1986, has 10,525 active units for which it has financed construction. RIHousing has also administered the federal HOME Program since 1992, with the program financing the development of over 3,000 affordable units. The HFA also administers funding for more than 17,000 renters (through project-based and tenant-based rental assistance programs), and has remediated lead- paint or other home health hazards in approximately 3,700 homes statewide.

State lawmakers and citizens see that these housing programs have important and lasting effects on communities and the economy. Rhode Island voters have passed two recent housing bonds, in 2006 and 2012. The combined \$75 million in state funding was allocated to support the development or preservation of nearly 2,000 affordable homes in the state, and attracting a total of \$468 million in development costs. Voters passed another housing bond in 2016, which provided an additional \$50 million for state housing programs. That funding has now been fully committed and is expected to result in the production of 1,142 affordable homes.

### Summary of citizen participation process and consultation process

Throughout the Consolidated Plan development process in 2019-2020, the OHCD and RIHousing undertook a comprehensive public outreach and engagement process, meeting with other public and private agencies to gather data and discuss the state's housing and community development needs and priorities to be included in the plan. Agencies consulted included health and social services agencies, public housing authorities, city and municipal representatives, housing developers and providers. To encourage citizen participation, RIHousing and OHCD offered a variety opportunities for citizens to participate in the planning process.

Efforts continue to be made to promote and encourage citizen participation in the Consolidated Plan preparation process. Documents were made available for review by the public through RIHousing's website. The notice will be published at least two (2) weeks before the actual hearing date in a general circulation newspaper, as well as a newspaper that primarily serves minority communities. The hearing will be held at a time and place that is convenient to potential beneficiaries, and accommodated persons with disabilities and non-English speakers.



More detail regarding the state's citizen participation and consultation efforts are provided in The Process section of this plan.

### Summary of public comments

During the public meetings held in September 2019 and February 2020, the following themes were shared by participants:

- There is a lack of housing supply
- Housing affordability is an issue for many
- Homelessness remains a key concern
- There is a lack of transportation options to link people to jobs and amenities
- There is a lack of accessibility for people with disabilities in housing, transit, walkability, etc.

This section will be updated prior to HUD submission to reflect comments received during the 30-day public comment period and the final public hearing.

During the 30-day public comment period, RIHousing received two substantive written comments and one verbal comment which did not request any changes to the draft Consolidated Plan. The written comments included:

- **Accomplishments/goals of preservation and development** seem to be added together in several instances (see pp. 6, 117, 148-149). While the information is accurate, the combination of these two distinct activities serves to present a more positive picture than is warranted. In addition to disaggregating these accomplishments, it would be better to mention them in relationship to the stated need and/or goal. This would help any reader understand the accomplishments in context.
- The **Priority Needs table**, on p. 121, makes a broad statement regarding affordability needs as up to 80% AMI, on p. 128, it is acknowledged that there is a severe shortage of housing for households below 30% AMI. We suggest that the statement with the table be clearer about the bands of needs from 0-30%, 50-60%, and up to 80%. We know that even LIHTC rents are often too high for many households, who sometimes use their HCV to afford those rents.
- While the **lack of public water and sewer infrastructure** is a significant problem outside the Urban Services Boundary (USB), even within the USB it is aging and likely in need of expansion or replacement to support more density. We would suggest adding this refinement to the Barriers list on p. 148 (and wherever else it is mentioned).
- **Technical assistance as it relates to addressing barriers** does not entail only a statutory understanding of fair housing and planning (p. 149). As is only too evident at this extraordinary time, systemic forces are at work that create unseen and, in some cases,

unacknowledged barriers against housing that is associated with communities of color. The RI APA has recently started an Equity, Diversity, and Inclusion (EDI) Committee, we suggest working with them, and other appropriate entities, to provide support and education to municipal decision-makers about implicit bias and anti-racist practices.

- There is a very small number of **Transit Oriented Development** sites in Rhode Island (p. 149), and not much transit infrastructure or funding to realize more in the next five years. Given the state's current transit infrastructure, we suggest expanding this strategy to also note Transit Adjacent locations, such as village/town centers where bus lines stop.
- The **Anti-Poverty strategies** on p. 160 could be substantially improved by working collaboratively with the ten Health Equity Zones across the state and the three Working Cities Challenge initiatives.

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

To date, all comments received have been accepted. This section will be updated to reflect any comments not accepted during the 30-day public comment period and final public hearing.

#### Summary

RIHousing and 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. The document also serves as a management tool to organize state resources in achieving common goals and to manage annual planning and performance evaluation functions. Throughout the development of this plan, RIHousing and OHCD completed an extensive public outreach process to inform the drafting of both the 2020-2024 Consolidated Plan and 2020 Annual Action 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)

#### Lead Agency

**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.

Agency Role	Name	Department/Agency
Lead Agency	RHODE ISLAND	RIHousing
CDBG Administrator	RHODE ISLAND	OHCD
HOPWA Administrator	RHODE ISLAND	OHCD
HOME Administrator	RHODE ISLAND	RIHousing
ESG Administrator	RHODE ISLAND	OHCD
HTF Administration	RHODE ISLAND	RIHousing

Table 1 – Responsible Agencies

#### Narrative

The 2020-2024 Consolidated Plan was developed in partnership between RIHousing (RIHousing), which is the state’s quasi-public housing finance agency, and the Rhode Island Office of Housing and Community Development (OHCD), which is the state government department within the Commerce Corporation.

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

### Introduction

RIHousing and OHCD recognizes that an effective public engagement process is a crucial element in identifying the current and future housing needs for a variety of household types and income levels across the State. Therefore, in addition to a quantitative analysis of various data sources, the planning processes for this Consolidated Plan required a qualitative analysis in which extensive public outreach was conducted to identify affordable housing, fair housing and community development needs.

The consultation process was conducted from July 2019 through May 2020. A project team comprised of members from RIHousing, OHCD and project consultants, was created to be responsible for all the public outreach efforts. The engagement process for the public outreach included:

- Two (2) surveys
- Ten (10) stakeholder workshops
- Six (6) public meetings
- Two (2) pop-up engagements
- Four (4) municipal meetings
- Six (6) meeting-in-a-box events in addition to several one-on-one interviews with key stakeholders.

In the span of five-months, over 1000 participants from across the State were directly engaged via the above-mentioned activities.

### **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))**

RIHousing and OHCD consulted with a variety of key stakeholders in the preparation of the 2020-2024 Consolidated Plan to discuss issues and opportunities related to housing and community development needs, as well as fair housing issues. Individuals representing government and policymakers, nonprofit organizations, affordable housing providers, and other interested parties were invited to participate to ensure that as many points-of-view as possible were heard. Consultations were conducted through the following activities:

### Communication Strategy

In August 2019, several communication aids were developed. A project website (<https://www.RIHousing.com/statewide-housing-plan/>) was launched. A meeting flyer was developed for seven stakeholder workshops. A meeting flyer was developed for the three

public meetings and two pop-up events. Two Frequently Asked Questions (FAQ) documents were developed: one for the Analysis of Impediments to Fair Housing and one for the Consolidated Plan. Both FAQs were translated into Spanish.

### Stakeholder Interviews

To inform the development of the public outreach plan, seven stakeholder interviews were conducted in July 2019. One additional interview took place on September 24, 2019. Key findings from these interviews include:

- Rhode Island lacks housing for median income residents. Housing is expensive and there is very little supply.
- Rhode Island lack transportation and utility infrastructure to support new housing and increased density.
- Rhode Island needs housing policy direction.
- Rhode Island lacks developable land and the competition for existing residentially zoned land is intense.
- Rhode Island is racially “very segregated.”
- The majority of the housing discrimination cases relate to disability, mental or physical.
- Housing Choice Voucher holders are being denied housing by landlords simply by having the rental subsidy, which is fueling the need for “source of income” as a protected class in Rhode Island.

### Stakeholder Workshops

The first series of stakeholder workshops took place between September 3-5, 2019. The project team designed 7 workshops to provide an extended working session to coordinate with other stakeholders and community members on solutions and related implementation strategies for the development of the Consolidated Plan. A total of 172 people attended the 7 workshops. Each workshop was designed to focus on a specific topic:

- Workshop #1: Regulatory Concerns and Barriers to Development
- Workshop #2: Affordable Housing, Accessible Housing and Preservation of Housing
- Workshop #3: Housing for the Homeless and Special Needs Populations
- Workshop #4: Healthy Housing and Healthy Neighborhoods
- Workshop #5: Extreme Weather and Climate Change
- Workshop #6: Community Development
- Workshop #7: Poverty and Access to Employment and Small Business Development Opportunities

The framework and purpose of each workshop was to encourage a diverse group of stakeholders contributing to each topic area. All workshops were open to all stakeholders and participants could attend multiple sessions based on their interest and availability. Information

obtained from the initial 7 workshops was used to inform questions and sub-topics for the three Public Meetings held between September 23-25, 2019.

The key issues identified included:

- Lack of housing supply
- Housing affordability
- Homelessness
- Lack of transportation costs
- Lack of accessibility for people with disabilities

During the week of February 24, 2020, RIHousing and OHCD hosted 3 additional stakeholder workshops to provide an opportunity for stakeholders to provide feedback on topics covered during the first phase of public engagement and give in-depth input on the recommended priority needs and goals. The 3 workshops were held in Woonsocket, Pawtucket, and Warwick.

**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 Continuum of Care (CoC) is organized into several standing committees to carry out the day to day work of the Continuum and to support the operation and evaluation needs of the ESG-funded programs (administered through the Consolidated Homeless Fund). Three standing committees focus on targeted populations: the Veterans Committee; the Families and Youth Committee; and Chronically Homeless/High Need Individuals Committee. These committees use a case conferencing approach and a service priority assessment to house these targeted populations in the most appropriate housing and to inform policy makers about policies which create barriers to successful placement. The Continuum of Care board approves and ratifies the recommendations of these CoC committees; the Board is represented by program staff that also direct the state's ESG, CDBG, HOME and HTF funds.

The state uses a housing first model to place families and individuals quickly into housing and requires treatment and services as a prerequisite to maintaining that housing. The CoC uses HMIS to identify previously homeless families seeking further homeless services and applies rapid re-housing services to these households. Both the CoC and ESG intend to increase the amount allocated for rapid re-housing and diversion for families (utility assistance, first month's rent, security, etc.) The CoC is committed to maximize funding for CoC and ESG rapid re-housing through reallocations. RIHousing staffs the Continuum of Care and both RIHousing and OHCD are members of the CoC Board.

**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**

As the Collaborative Applicant agency for RI CoC and one of the lead agencies in the development of the Consolidated Plan, RIHousing was at the forefront through all consultation activities. RIHousing staff, who provide administrative support for the CoC and are responsible for overseeing compliance processes and system planning and policy, participated in the Stakeholder Workshops, Public Meetings, and provided input on the needs and strategies in this plan, particularly those addressing the needs for homeless persons and persons at risk of homelessness.

Rhode Island's Consolidated Homeless Fund (CHF) combines all ESG funds (state and entitlements), state funding for homelessness, and Title XX block grant funds into one program. A committee representing the state, ESG entitlement communities, the chair of the Housing Resources Commission, RIHousing and other relevant policy makers in homelessness set parameters for the CHF program's funding and make awards. This committee recently merged with the Continuum of Care Recipient Approval and Evaluation Committee, which now oversees the development of performance standards and monitors outcomes for both CoC and ESG-funded projects. This committee relies on information provided by the RI CoC including: point-in-time statistics, HMIS performance reports, and subrecipient capacity reports. The CoC also aids in the development of performance standards and provides outcome evaluations of all Consolidated Homeless Fund providers via the System Performance Committee.

The Chief of the Office of Housing and Committee Development is a member of the Continuum of Care Board. As a member of the Board, he consults with the CoC in determining the allocation of ESG Funds and funding priorities. Once the allocation of funds and funding priorities are determined, the Consolidated Homeless Fund issues a Request for Proposal. Eligible entities including not for profits and units of local government apply for funding in accordance with the RFP guidelines. The Consolidated Homeless Fund then convenes a review committee consisting of representatives from the Entitlement Cities (Cities of Providence, Pawtucket, and Woonsocket), the State of Rhode Island Departments of Human Services and the Office of Housing and Community Development and members of the CoC Fund Review Committee to review and evaluate proposals and to make funding decisions.

State staff that administers the ESG program and ESG entitlement representatives sit on several of the CoC standing committees, including the HMIS Committee. This committee develops and annually reviews HMIS privacy plans, security plans, data quality plans and all other policies and procedures required by regulation. The Rhode Island Coalition for the Homeless is the HMIS

Lead Agency and has a memorandum of agreement with the RI CoC. The determination for assistance via ESG and CoC transitional or permanent supportive housing programs are based on HMIS data, which includes each individual's or household's vulnerability assessment score and priority designation.

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

Consultations took place during the Stakeholder Workshops held between September 3-5, 2019 and February 24-26, 2020. Topics and outcomes discussed as part of this outreach included: regulatory concerns and barriers to development; affordable housing, accessible housing and preservation of housing; housing for the homeless and special needs populations; healthy housing and healthy neighborhoods; extreme weather and climate change; community development; and poverty and access to employment and small business development opportunities.

The following table lists all agencies, groups and organizations that participated in these workshops.



Agency/Group/Organisation			
1	Acadia Center	28	Pawtucket Housing Authority
2	Amos House	29	Progresso Latino
3	Center for Healthy Homes and Environment	30	Protect Our Healthcare Mental Health Association
4	Church Community Housing Corporation	31	Providence Housing Authority
5	City of Central Falls	32	Rhode Island Coalition Against Domestic Violence
6	City of Pawtucket	33	Rhode Island Coalition for the Homeless
7	City of Warwick	34	Rhode Island Department of Administration
8	Coastal Resources Management Council	35	Rhode Island Department of Business Relations
9	Crossroads RI	36	Rhode Island Department of Health
10	Diocese of Providence	37	Rhode Island Division of Statewide Planning
11	Direct Action for Rights and Equality (DARE)	38	Rhode Island Human Rights Commission
12	Environment Council RI	39	Rhode Island Interfaith Coalition to Reduce Poverty
13	Fogarty Center	40	Rhode Island League of Cities and Towns
14	Governor's Commission on Disabilities	41	Rhode Island Public Transit Authority
15	Haukeen Management, Inc.	42	Richmond Affordable Housing Corporation
16	Housing Network of Rhode Island	43	South Coast Fair Housing
17	Housing Resources Commission	44	South Kingston Housing Authority
18	Housing Works RI at Roger Williams University	45	Thundermist Health
19	Kids Count	46	Town of Richmond
20	LISC Rhode Island	47	Town of South Kingston
21	Lucy's Health	48	Tri-County Community Action Agency
22	Marshall & Associates	49	United Way RI
23	NeighborWorks Blackstone River Valley	50	Washington County Community Development Corporation
24	North Providence Public Housing Authority	51	Westerly Education Center
25	Ocean State Center for Independent Living (OSCIL)	52	Women's Development Corporation
26	Outcome Broker Rhode Island	53	Woonasquatucket River Watershed Council
27	Pawtucket Central Falls Development		

Table 2 – Agencies, groups, organizations who participated

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

All appropriate agency types, as specified through the state's Citizen Participation Plan and 24 CFR Part 91.110, were consulted.

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

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
<b>Opening Doors</b>	Rhode Island Continuum of Care - RIHousing	<b>Goal 2, Prevent and End Homelessness, of the Strategic Plan incorporates the goals of the RI CoC.</b>
<b>State of Housing in Rhode Island</b>	RIHousing	<b>Goals still being developed</b>
<b>Regional Analysis of Impediments</b>	<b>RIHousing</b>	<b>All goals listed in the Strategic Plan are reflected as important to fair housing.</b>

Table 3 – Other local / regional / federal planning efforts

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

RIHousing and the Office of Housing and Community Development (OHCD) worked together to collectively identify the housing-related conditions and needs of the state and coordinated on strategies to improve conditions and meet these needs. Each agency/department, per its mission, has roles and responsibilities that are valuable in implementing the Consolidated Plan, while sharing the capacity to administer programming, provide technical assistance and deliver outcomes.

Input provided by other social-service and health oriented state agencies, is vital to developing practical strategies to address special needs. Representatives from various state-level committees and working groups coordinate with RIHousing and OHCD on a regular basis, thus their participation in the implementation of the Consolidated Plan will result in continued collaborations on providing housing-based supports and services to Rhode Island’s most vulnerable populations.

RIHousing and OHCD also work closely with Rhode Island’s 39 cities and towns to implement the Consolidated Plan. Numerous representatives of local governments and the League of Cities and Towns participated in the planning process.

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. The Rhode Island Commerce Corporation (CommerceRI), continues to implement initiatives that will help make Rhode Island more attractive to locate business, learn, work and live. RIHousing and OHCD will 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**

The citizen participation process consisted of a robust public outreach strategy between RIHousing and OHCD to solicit input on issues and opportunities related to housing and community development across the state. This process consisted of two rounds of public meetings (6 total), pop-up events, resident surveys, and other online methods of soliciting public input. The majority of these efforts took place between August 1, 2019 and October 31, 2019. In February 2020, the state held three additional public meetings and will solicit the 30-day public comment period in June 2020.

#### Surveys

Two surveys were launched in August 2019 and were open until October 31, 2019. The municipal survey intended for elected officials and municipal staff received 37 responses and the resident survey received 727 responses. A Spanish resident survey was made available but received only 1 response.

#### Meeting -in-a-Box

A Meeting-in-a-Box was created and posted to the project website (<https://www.RIHousing.com/wp-content/uploads/RI-Housing-MIAB-4.pdf>) in early September as a way to encourage independent conversations and input outside of the events held by RIHousing and OHCD. The exercise ended on October 31, 2019.

#### Public Meetings and Pop-up Events

As indicated above, RIHousing and OHCD hosted two separate rounds of public meetings and events. The first round took place between September 23-25, 2019, and the second round occurring between February 24-26, 2020.

#### *Round 1 – September 23-35, 2019*

Thirty-eight people attended three public meetings held on September 23-35, 2019 in North Kingstown, Woonsocket and Pawtucket. Spanish interpreters were available at all three-public meeting. The meeting format was open house with seven stations:

1. Sign-in table, FAQ documents, and map of stakeholder participation
2. Prioritization of Community Assets
3. Fair housing stories
4. Cardstorming
5. Survey
6. Budget exercises
7. Issues and solutions

Two pop-up events were held on September 23-24, 2019, at the Knight Memorial Library in Providence and the Thundermist Farmer’s Market in Woonsocket. Approximately 60 people

attended the two pop-up events, including several homeless residents at the Knight Memorial Library. Spanish interpreters were available at both pop-up events. The format of the pop-up events included four activities:

1. Map of stakeholder participation
2. Survey
3. Budget exercise
4. FAQ documents

One of the exercises used at both the public meeting and pop-up events was a budgeting exercise. Participants were given five \$1 play bills and asked to invest it across 11 categories as if they were acting on behalf of the State of Rhode Island. The highest priorities across all 11 categories were: Affordable Housing for Families; Affordable Housing for People with Special Needs; and Quality Schools.

#### *Round 2 – February 24-26, 2020*

During the week of February 24, 2020, RIHousing and OHCD hosted a second round of public meetings that took place in Westerly, Providence, and Newport. The primary purpose of the public meetings was to provide an opportunity for stakeholders and residents to review and comment on the draft recommendations to be included in the Consolidated Plan. Each meeting was scheduled for 90 minutes and included a project presentation, small group discussion, and summary of next steps. In total, 33 participants attended these meetings.

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 impediments to housing choice are also well represented in the data analysis in both the Needs Assessment and the Market Analysis. The data reiterated citizen input on housing needs, which prioritized the setting of goals that meet those needs.

#### **Citizen Participation Outreach**

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
	Survey	Elected officials and municipal staff	Online municipal survey collected responses from 37 participants.	Almost 80% of respondents stated that there is a need for more affordable housing for renters and owners. While many municipalities would welcome new affordable housing. Respondents also expressed existing concerns about the impacts to crime and taxes.	N/A	N/A
	Survey	General public	Online resident survey collected responses from 256 participants.	Respondents expressed the need for more rental and homeownership affordable housing options for those who income qualify. They also mention the aging infrastructure, deferred maintenance and high taxes.	N/A	N/A
	Online Event	General public	Meeting-in-a-Box was open from September 2019 to October 31,2020.			<a href="https://www.RIHousing.com/wp-content/uploads/RI-Housing-MIAB-4.pdf">https://www.RIHousing.com/wp-content/uploads/RI-Housing-MIAB-4.pdf</a>
	Public Meetings	General public	Monday, September 23, 2019 from 5:00-7:00pm at the North Kingstown Free Library (100 Boone Street) in North Kingstown, RI. Eighteen (18) people were in attendance.	Participants expressed a lack of density, infrastructure, housing options, and transit coverage.	All comments incorporated.	N/A

Public Meeting	General public	Tuesday, September 24, 2019 from 6:00-8:00pm at the Thundermist Health Center Community Room (450 Clinton St) in Woonsocket, RI. Nine (9) people were in attendance.	Participants expressed a lack of public transportation, housing options, homelessness programs, response time for services, emergency housing for families/children, and rural affordable housing.	All comments incorporated.	N/A
Public Meeting	General public	Wednesday, September 25, 2019 from 4:00-6:00pm at the Woodlawn Community Center (210 West Ave) in Pawtucket, RI. Twelve people (12) were in attendance.	N/A	N/A	N/A
Public Meeting	General public	Monday, February 24, 2020 from 5:00-6:30pm at the Westerly Public Library (44 W Broad St.) in Westerly, RI. Five (5) people were in attendance.	Participants provided comments of developing and preserving affordable housing; preventing and ending homelessness; improving health, safety, and efficiency of all homes; addressing non-housing community development needs; and providing tenant-based rental assistance.	All comments were incorporated.	
Public Meeting	General public	Tuesday, February 25, 2020 from 5:00-6:30pm at the Amos House (460 Pine St.) in Providence, RI. Nineteen (19) people were in attendance.	Participants provided comments of developing and preserving affordable housing; preventing and ending homelessness; improving health, safety, and efficiency of all homes; addressing non-housing community development needs; and providing tenant-based rental assistance.	All comments were incorporated.	

	Public Meeting	General public	Wednesday, February 26, 2020 from 5:00-6:30pm at the Edward King Housing (35 King Street) in Newport, RI. Nine (9) people were in attendance.	Participants provided comments of developing and preserving affordable housing; preventing and ending homelessness; improving health, safety, and efficiency of all homes; addressing non-housing community development needs; and providing tenant-based rental assistance.	All comments were incorporated.	
	Public Posting	General public	An advertisement to attend the final Consolidated Plan public hearing while also announcing the 30-day public comment period for the Draft Plan. Notice was published in the Providence Journal May 2020.	During the 30-day public comment period, RIHousing received two substantive written comments and one verbal comment which did not request any changes to the draft Consolidated Plan. The written comments included updates to the accomplishments/goals of preservation and development; Priority Needs Table; lack of public water and infrastructure as a barrier to affordable housing; lack of Transient Oriented Development sites in Rhode Island; and updates to the Anti-Poverty strategies.	All comments received were responded to and incorporated into the Consolidated Plan.	<a href="https://www.RIHousing.com/RIHousing-reports/">https://www.RIHousing.com/RIHousing-reports/</a>



	Public Hearing	General public	The final public hearing was originally scheduled to occur on April 8, 2020 but was rescheduled to June 3, 2020. For public safety and health concerns, due to the COVID-19 pandemic, a virtual public meeting was held through a web-based platform.	One verbal comment was received at the virtual public hearing. The participant advocated for affordable housing for persons with disabilities. No other comments were received.	The comment was accepted; however, it did not impact any changes to the Consolidated Plan since persons with disabilities is already covered in the proposed affordable housing goal in the Strategic Plan.	
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**Table 4 – Citizen Participation Outreach**

# Needs Assessment

## NA-05 Overview

### Needs Assessment Overview

The Needs Assessment examines needs related to affordable housing, special needs housing, community development, and homelessness throughout the state.

Throughout this section, the following issues have been identified and discussed:

- The most common need is for more affordable housing. There are roughly 116,600 cost-burdened households throughout the state. Of all cost-burdened low—to moderate-income households, 61% are renter households and 39% are owner households.
- Among homeowners, approximately one third of owners that carry a mortgage are cost burdened.
- In general, renter households that include members with disabilities are more likely than all other households to have very low incomes, experience worst-case housing need, pay more than 50% of their income for rent, and have other housing problems such as living in accessible or overcrowded housing.
- The lack of any or enough income to rent a home in Rhode Island is a substantial contribution to the state's homeless population. In a 12 month period in 2018-2019, the RI Coalition for the Homeless reported that 51% of the homeless individuals and 35% of the homeless families had *zero income*.
- Challenges and barriers among homeless and at-risk populations in Rhode Island include:
  - Social isolation among young adults, especially with a history of childhood trauma or mental illness
  - State regulations that make it extremely challenging for individuals with any level of registered sex offense to locate eligible housing
  - LBGQTQ+, especially youths, experience systematic stigma and have a lack of support systems, including shelter and service resources, that are responsive to their needs. This includes the lack of identifying, collecting data about, and tracking LBGQTQ+ individuals.
  - Homeless elderly persons have earlier mortality than the general population
  - Veterans experience systematic and peer stigmatization regarding mental health and substance use disorder conditions

- Low vacancy rates in the rental market limit exits from the shelter system, even when rental assistance is available
- Lack of transitional housing for persons recovering from substance abuse disorder
- Systems for housing and other benefits are fragmented and difficult to navigate for individuals and families homeless or in crisis
- Regarding housing for the homeless and special needs populations, the following housing-related challenges were identified:
  - Young adults who are socially isolated and may be living with mental illness are unable to find natural support and are thus at risk for homelessness
  - Even with having housing vouchers in hand (such as a Housing Choice Voucher from a public housing authority), there is a pervasive lack of suitably priced units that also meet habitability standards and have property owners amenable to accepting subsidized assistance
  - Affordable housing resources are segmented across the state and the processes for accessing these resources can be very challenging to navigate
  - With social isolation, single adults (such as those aging out of the foster care system, LGBTQ, and formerly incarcerated individuals) often lack support and are at-risk of becoming homeless
  - For households lacking adequate income, transportation – and the lack of it – can be a large barrier to accessing housing resources, along with other services and employment

In addition to the Market Analysis, the Needs Assessment incorporates information provided in the 2019 State of Housing in Rhode Island (SHRI) for Rhode Island, which was commissioned by RIHousing and OHCD for the purpose of determining existing housing need and how the need should be addressed by tenure, income tier, and location. For the purposes of both the Needs Assessment and Market Analysis, the same Market Archetypes defined in the SHRI are referenced throughout the following sections. These archetypes include:

- **High Opportunity Market:** the areas throughout the state with high levels of opportunity in locations where people are moving to and the housing market is active. They are characterized by high median incomes, home values, and gross rents.
- **High Opportunity Legacy:** the markets that have high levels of opportunity but are seeing overall population loss.
- **Renter Market:** this market type is found near the outer boundaries of urban areas and is moderate compared to the other market types

- **Homeowner Magnet:** this market describes more socioeconomically distressed areas that are attracting residents, especially homeowners.
- **Low Opportunity Legacy:** this market type is considered the most socioeconomically distressed and is seeing decline in its population and housing. It is primarily concentrated in the center of urban areas and is the only market that is primarily renters and is seeing a relatively high decline in owner-occupied units.

The quantitative data throughout this document is generated from the United States Census Bureau and the Department of Housing and Urban Development (HUD). The Comprehensive Housing Affordability Strategy (CHAS) dataset is a custom tabulation developed by the Census Bureau, derived from the American Community Survey (ACS) data. The most recent CHAS data used in this document – the 2011-2015 five-year estimate – are determined for each jurisdiction that receives HUD funding.

Because CHAS data is developed by the Census Bureau, census definitions dictate the definitions of the variables discussed in these tables.

**Table 1: Definitions of Populations Used in CHAS Data**

CHAS Population	CHAS Definition
Household	All people living in a housing unit. Members of a household can be <i>related or unrelated</i>
Family	Related individuals living in the same household
Nonfamily	Unrelated individuals living in the same household
Small Family Household	A household with two to four members
Large Family Household	A household with five or more members
Elderly	Ages 62-74
Frail Elderly or Extra Elderly	Ages 75+
<i>Source: CHAS: Background, HUD User</i>	

The terms Area Median Income (AMI) and HUD Area Median Family Income (HAMFI) are interchangeable when the terms are being used to explain CHAS data. For consistency throughout this document, only the term AMI will be used. It is important to note that within this document, AMI refers to the entire state of Rhode Island. Throughout this document, data tables compare populations based on income ranges. These income ranges are categorized based on AMI and are used by HUD to determine eligibility for certain programs.

HUD defines the following income brackets as low to moderate income.

- Extremely low income = < 30% AMI
- Low income = 30-50% AMI
- Moderate income = 50-80% AMI

Typically, median income range areas are associated with a metropolitan area or a county. Because this data is representative of the entire state of Rhode Island, the income brackets are associated with aggregate data as opposed to a specific area of the state. The following table provides the current FY2019 HUD Income Limits for the state of Rhode Island:

**Table 5: FY 2019 HUD Income Limits: Rhode Island**

Household Size	30% AMI: Extremely Low Income	50% AMI: Low Income	80% AMI: Moderate Income
1	\$17,400	\$29,000	\$46,350
2	\$19,850	\$33,100	\$53,000
3	\$22,350	\$37,250	\$59,600
4	\$24,850	\$41,400	\$66,250
5	\$26,850	\$44,700	\$71,550
6	\$28,800	\$48,000	\$76,850
7	\$30,800	\$51,350	\$82,150
8	\$32,800	\$54,650	\$87,450

*Source: U.S. Department of Housing and Urban Development (HUD), effective November 19, 2019*

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

### Summary of Housing Needs

The Housing Needs Assessment is based on data provided by HUD through the 2011-2015 Comprehensive Housing Affordability Strategy (CHAS) data, with supplemental data used when available. Although the CHAS is dated, it provides a glimpse of the housing needs throughout the state of Rhode Island.

Rhode Island's housing needs can 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. Actual performance expectations related to these needs are outlined in the Strategic Plan section, of this Consolidated Plan, and are tied to the expected resources available to develop and preserve affordable housing.

The State of Rhode Island is home to over one million people and is made up of 410,602 households. Per the 2019 State of Housing in Rhode Island:

- The Rhode Island population is aging. In 2017, nearly all municipalities had fewer children and working age people than in 2010, but nearly all had more residents over 65.
- Currently, urban residents are more likely to be cost burdened than non-urban residents. Despite that overall median rents, when adjusted for inflation, have declined slightly between 2010 and 2017, renters are more likely to be cost burdened than owners, particularly among households with incomes below 60% AMI.
- Lower income residents are much more likely to rent than own and face persistent challenges affording housing.
- Among homeowners, approximately one third of owners that carry a mortgage are cost burdened.
- Across Rhode Island, there is a mismatch between the number of affordable units needed to meet the needs of low- and moderate-income households and the population of low- and moderate-income households.

### Demographics

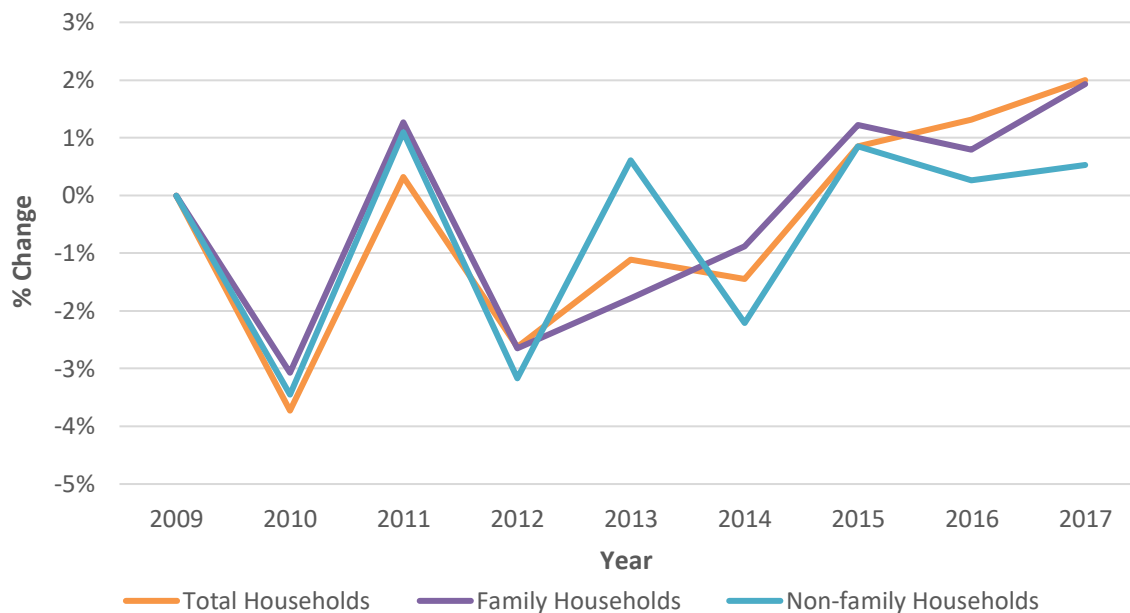
**Table 6: Change in Housing Needs Assessment Demographics from 2009 to 2015**

Demographics	Base Year: 2009	Most Recent Year: 2015	% Change
Total Population	1,057,381	1,053,661	-0.0035%

Households	404,227	410,602	0.0157%
Median Household Income	\$55,569	\$56,852	2.31%
Family Households	257,013	257,540	0.0021%
Median Family Household Income	\$71,037	\$74,045	4.23%
Non-Family Households	147,214	153,062	3.97%
Median Non-Family Household Income	\$31,666	\$32,868	3.80%

*In this table, median income for all household types in 2015 is not adjusted for inflation (reported in 2015 dollars)  
Source: 2005-2009 ACS (Base Year), 2011-2015 ACS (Most Recent Year)*

**Figure 1: Percent Change in Median Household Income by Type from 2009-2017**



*In this figure, median incomes for all household types are adjusted for inflation (reported in 2009 dollars)  
Source: ACS 5-year estimates for years 2009-2017, Bureau of Labor Statistics CPI Inflation calculator*

Statewide population growth in Rhode Island was nearly non-existent (0.0%) between 2010 and 2017. This was below the national population growth rate (5.3%) during the same time period. During this period, the annual percentage change in the state’s population oscillated between –0.2 and 0.2%. Each market archetype also showed stagnant population growth, with the greatest change being High Opportunity Magnets in the sales market, growing by 1.9%. However, growth was not evenly distributed statewide or within market types.

Rhode Island saw positive net migration of 7,845 residents, with most outside residents coming from Massachusetts. The 2013-2017 ACS provides an annual estimate for migration flows by asking respondents whether they lived in the same residence one year ago. The survey

estimates that 41,944 residents moved into Rhode Island from outside of the state. Of the new residents, 10,335 (24.6%) came from Massachusetts. Over the same period, 34,099 former Rhode Island residents moved elsewhere. Outflow trends are similar to in-flow trends, with most former residents having moved to Massachusetts, followed by Florida and Connecticut.

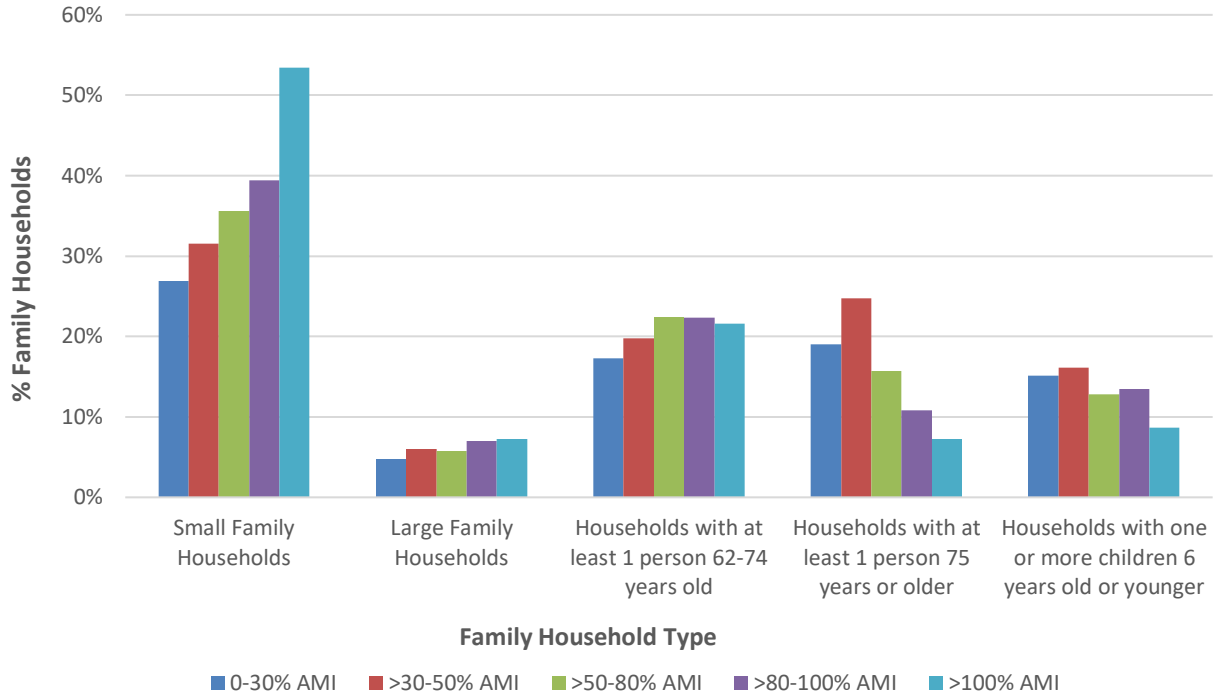
Some parts of the State are aging more than others, impacting tax revenue, school populations and local economic growth. In 2017, nearly all municipalities had fewer children and working age people than in 2010, but nearly all had more residents over 65. Statewide, the percentage of population over 65 increased from 14.2% in 2010 to 16.1% in 2017. Most of this growth is concentrated in High Opportunity markets along the coast. The working-age population of 18-64 year-old residents remained relatively stable. However, persons below the age of 18 years old declined from 21.2% to 19.9%.

The median household income in Rhode Island was \$61,043 in 2017, per 2013-2017 ACS and not adjusted for household size. Overall, income underwent minimal changes between 2010 and 2017, seeing a slight decline by 0.7% after adjusting for inflation.

The following tables provide a data profile of housing conditions in the State and are used to inform the specific elements of this section below.



**Figure 2: Share of Family Households by Income Bracket and Type**



Source: 2011-2015 CHAS

## Housing Needs Summary Tables

Lower income households have higher rates of housing problems. Housing problems are defined as households: 1) Lacking complete kitchen facilities; 2) Lacking complete plumbing facilities; 3) Cost burden greater than 30% (share of income devoted to housing costs); and 4) More than one person per room (overcrowding).

### 1. Housing Problems

**Table 7: Number of Households with Housing Problems**

Housing Problem	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	1,210	1,190	775	140	3,315	140	80	170	100	490
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	355	285	200	135	975	20	15	60	80	175
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	1,160	665	565	285	2,675	105	220	280	150	755
Housing cost burden greater than 50% of income (and none of the above problems)	25,265	8,675	1,640	75	35,655	10,350	8,495	7,950	2,130	28,925
Housing cost burden greater than 30% of	6,575	12,430	12,005	2,230	33,240	1,960	6,100	10,330	7,975	26,365

income (and none of the above problems)										
Zero/negative Income (and none of the above problems)	4,690	0	0	0	4,690	1,405	0	0	0	1,405
<i>Source: 2011-2015 CHAS</i>										

## 2. Severe Housing Problems

**Table 8: Number of Households with One or More Severe Housing Problems**

# of Housing Problems	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
1 or more of four housing problems	27,990	10,810	3,180	635	42,615	10,615	8,810	8,460	2,460	30,345
None of four housing problems	17,850	19,535	27,505	14,105	78,995	2,705	10,310	25,120	21,245	59,380
None of the other housing problems, but negative income	4,690	0	0	0	4,690	1,405	0	0	0	1,405

*Severe housing problems include households lacking a kitchen or complete plumbing or are experiencing severe overcrowding or severe cost burden*  
*Source: 2011-2015 CHAS*

2. Cost Burden > 30%

**Table 9: Number of Cost-Burdened Households by Type and 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	11,935	8,935	5,245	26,115	2,155	4,220	7,355	13,730
Large Related	2,230	1,480	405	4,115	440	900	1,620	2,960
Elderly	7,800	5,390	2,875	16,065	7,370	8,035	6,110	21,515
Other	12,055	6,835	5,540	24,430	2,535	1,695	3,440	7,670
<b>Total Need by Income</b>	<b>34,020</b>	<b>22,640</b>	<b>14,065</b>	<b>70,725</b>	<b>12,500</b>	<b>14,850</b>	<b>18,525</b>	<b>45,875</b>

*Source: 2011-2015 CHAS*

3. Severe Cost Burden > 50%

**Table 10: Severely Cost-Burdened Households by Type and 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	10,180	3,110	485	13,775	1,975	2,915	3,150	8,040
Large Related	1,815	370	10	2,195	380	620	415	1,415
Elderly	5,015	2,830	660	8,505	5,805	3,975	2,655	12,435
Other	9,950	3,020	585	13,555	2,340	1,140	1,795	5,275
<b>Total Need by Income</b>	<b>26,960</b>	<b>9,330</b>	<b>1,740</b>	<b>38,030</b>	<b>10,500</b>	<b>8,650</b>	<b>8,015</b>	<b>27,165</b>

*Source: 2011-2015 CHAS*

5. Crowding (More than one person per room)

**Table 11: Households Experiencing Crowding**

Household Type	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
Single family households	1,295	730	620	325	2,970	125	174	285	145	729
Multiple, unrelated family households	265	155	70	60	550	0	65	70	85	220
Other, non-family households	30	165	90	60	345	0	0	0	0	0
<b>Total Need by Income</b>	<b>1,590</b>	<b>1,050</b>	<b>780</b>	<b>445</b>	<b>3,865</b>	<b>125</b>	<b>239</b>	<b>355</b>	<b>230</b>	<b>949</b>

*Source: 2011-2015 CHAS*

**Table 12: Households with Children Experiencing Crowding**

Household Type	Renter				Owner			Total
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	
Households with Children Present	41,345	24,320	25,690	91,355	14,015	17,185	30,335	61,535

*Source: 2011-2015 CHAS*

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

In the tables above, the “Other” category is made up of non-family households and single person households. Nonfamily households are households with individuals living together that are unrelated (this does not include married partners).

There are 32,100 single person and non-family households in Rhode Island that have a cost burden that exceeds 30%. Of that amount, 18,830 single person and non-family households have a cost burden exceeding 50%. Most cost-burdened households are renters, making up just over 76%. Similarly, there are 1,115 non-family households who live in overcrowded units (more than 1 person per room).

**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.**

Adequately addressing the housing needs of persons with disabilities, including the need for affordable, accessible housing, remains a challenge in Rhode Island. In general, renter households that include members with disabilities are more likely than all other households to have very low incomes, experience worst-case housing need, pay more than 50% of their income for rent, and have other housing problems such as living in accessible or overcrowded housing. According to 2011-2015 ACS, 12.8% of the Rhode Island population has a disability. The three largest disability groups include persons with an ambulatory difficulty (66,874), cognitive difficulty (52,740), and an independent living difficulty (47,362).

The Rhode Island Coalition Against Domestic Violence (RICADV) is an organization dedicated to ending domestic violence by providing support and assistance to domestic violence agencies in Rhode Island. According to the [RICADV 2017 Annual Report](#), there were 8,758 individual victims of domestic violence who received help and services:

- 539 adults and children stayed in shelter/safe homes.
- 26,758 nights were spent in shelter/safe homes.
- 228 adults and children lived in transitional housing.
- 21,688 nights were spent in transitional housing.

### **What are the most common housing problems?**

The tables above only include those low- to moderate-income households earning 80% AMI or less, which is commonly the cutoff to receive HUD assistance. Of all cost-burdened low- to moderate-income households, 61% are renter households and 39% are owner households.

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

Looking more closely at cost-burdened renter households specifically, the largest subgroup is “Small-Related” at 37%, and then “Other” at 35%. The “Other” category is made up of nonfamily households and single-person households. Nonfamily households are households with individuals living together that are unrelated (this does not include married partners).

In terms of cost-burdened owner households, the largest subgroup facing this housing problem is the Elderly population with 47% of all cost-burdened low- to moderate-income households being elderly. This is a common datapoint across many states and is indicative of a looming housing issue for elderly homeowners who are often on a fixed income.

The data in the table above points to similar trends found among the cost-burdened low- and moderate-income households. This data represents the households that are paying more than 50% of their monthly income on housing costs. This population is often referred to as severely cost-burdened. Both “Small-Related” and “Other” subgroups make up most severely cost-

burdened renter households at over 13,500 each. Again, the “Other” category indicates that single-person households and nonfamily households are the most likely to face severe cost burden.

As it pertains to owner households, again the elderly subgroup is most likely to face severe cost burden. This population is often the most vulnerable. Elderly households may have limited or fixed income and may not have the capability to increase their income as readily as other households. Paying over 50% monthly income towards housing costs places financial burdens on elderly households and can leave them in a position to make a choice that places their health in jeopardy.

**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**

Low-income individuals and families with children who are currently renting are often at imminent risk of homelessness due to rent burden. High rent burdens, especially when rent is above 50% of monthly income, creates a greater risk that low-income households will miss a rent payment when facing other, unanticipated costs such as medical bills. Failure to pay rent is one of the most common causes of eviction within the United States. Should a household be evicted it becomes difficult to find replacement housing either due to cost constraints or many landlords’ unwillingness to rent to those with an eviction record. The household may subsequently become homeless. Households with 0-30% AMI are the most likely to have a high rent burden and are the most likely to become homeless due to eviction.

Rapid rehousing programs may help these homeless individuals or families, but near the termination of that assistance, finding replacement housing is difficult for the same reasons it was difficult before becoming homeless: cost and eviction record.

Other populations disproportionately at risk of becoming homeless are victims of domestic violence, those with substance abuse and/or severe mental health problems, and people exiting incarceration. These groups are more likely to have a criminal record, a status which is not a protected class as defined by the Federal Fair Housing Act. Should members of these groups also be low-income, the risk of homelessness increases.

The number of low-income individuals at risk of homelessness due to housing cost burden is difficult to determine and can be affected by housing vacancy rates, the average size and age of households (who may or may not be able to find emergency housing by “doubling up” in housing), and local eviction prevention laws or funding.



**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:**

N/A

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

Like the issue outlined above, the primary housing characteristics linked to instability and increased risk of homelessness are high housing costs and limited supply of affordable housing units.

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

### **Introduction**

The following sections assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need.

According to HUD, disproportionate need refers to any need for a certain race/ethnicity that is more than ten percentage points above the need demonstrated for the total households within the jurisdiction at a particular income level. Disproportionate need for each race/ethnicity is determined by calculating the share of the total number of households with one or more housing problems from each race/ethnicity and comparing that figure to the share of all the State of Rhode Island households at that income level that experience the problem. (Share of Race/Ethnicity = “# of households for that race/ethnicity with one or more housing problem / total # of households for that race/ethnicity.”)

The disproportionately greater need based on racial or ethnic group can be measured by the differences of the percent of low-to-moderate-income among the groups as well as the differences of housing units with problems by income among the groups. The four housing problems are: 1) Housing unit lacks complete kitchen facilities; 2) Housing unit lacks complete plumbing facilities; 3) More than one person per room (overcrowded); and 4) Household is cost burdened (between 30 and 50 percent of income is devoted to housing costs). The table below shows these comparisons and the discussion at the end explains the disparities.

According to the 2010 Decennial Census, only 1.4 percent of the total population in the State is American Indian and Alaska Natives and less than one percent is Pacific Islanders. Given the low share of these populations, the estimates from the American Community Survey and Comprehensive Housing Affordability Strategy datasets for specific income levels present data with relatively large margins of error. As such, these populations are included in the analysis, but should be evaluated recognizing the larger margin of errors.

## 0-30% of Area Median Income

**Table 13: Households with Housing Problems – 0-30% AMI**

Race/Ethnicity	Housing Problems*	No Housing Problems	Zero Income	Share
Total	47,148	12,001	6,085	72%
White	30,356	7,651	3,544	73%
Black/ African American	3,403	869	655	69%
Asian	1,325	138	443	70%
AI/AN	414	159	80	63%
Pacific Islander	65	0	0	100%
Hispanic	9,911	2,969	1,236	70%

*Source: 2011-2015 CHAS*

Most Rhode Island’s households (72 percent) in the 0-30 percent AMI bracket experience at least one housing problem.

Approximately 47,200 households with incomes between 0 and 30 percent of AMI experience a housing problem. 100% of Pacific Islanders experience a housing problem and represent a disproportionate greater need. Other races/ethnicities are not greater than ten percentage points above the total share and therefore do not represent a disproportionately greater need.

## 30-50% of Area Median Income

**Table 14: Households with Housing Problems – 30-50% AMI**

Race/ Ethnicity	Housing Problems*	No Housing Problems	Zero Income	Share
All	38,158	11,331	0	77%
White	27,258	8,896	0	75%
Black/ African American	2,504	615	0	80%
Asian	1,064	122	0	90%
AI/AN	153	70	0	69%
Pacific Islander	0	0	0	N/A
Hispanic	6,462	1,514	0	81%

*Source: 2011-2015 CHAS*

The share of households in Rhode Island at 30-50 percent AMI experiencing at least one housing problem is 77 percent.

The share for Asian households is 13 percentage points higher than the incidence for all households and therefore represents a potential disproportionate greater need at this income for Asian households. The shares for the other races/ethnicities are not greater than ten percentage points and do not represent a disproportionately greater need at this income level.

#### 50-80% of Area Median Income

**Table 15: Households with Housing Problems – 50-80% AMI**

Race/ Ethnicity	Housing Problems*	No Housing Problems	Zero Income	Share
All	33,977	30,272	0	53%
White	26,293	23,437	0	53%
Black/ African American	1,922	2,148	0	47%
Asian	925	590	0	61%
AI/AN	166	45	0	79%
Pacific Islander	15	0	0	N/A
Hispanic	3,857	3,409	0	53%

*Source: 2011-2015 CHAS*

The share of households in Rhode Island at 50-80 percent AMI experiencing at least one housing problem is 53 percent.

The American Indian/Alaskan Native group is numerically small with 166 households out of 211 total households experiencing a housing problem. The share for American Indian/Alaska Native is 26 percentage points higher than the incidence for all households and therefore represents a potential disproportionate greater need at this income level. The shares for the other races/ethnicities are not greater than ten percentage points and do not represent a disproportionately greater need at this income level.

80-100% of Area Median Income

**Table 16: Households with Housing Problems – 80-100%AMI**

Race/ Ethnicity	Housing Problems*	No Housing Problems	Zero Income	Share
All	13,259	25,155	0	35%
White	10,899	20,340	0	35%
Black/ African American	414	1,354	0	23%
Asian	479	585	0	45%
AI/AN	99	49	0	67%
Pacific Islander	0	0	0	
Hispanic	965	2,294	0	30%

*Source: 2011-2015 CHAS*

The share of total households at 80-100 percent AMI experiencing at least one housing problem is 35 percent.

The share for Asian and American Indian/Alaskan Native households is 10 and 32 percentage points higher (respectively) than the incidence for all households. Therefore, Asian and American Indian/Alaskan Native represents a potential disproportionate greater need at this income for Asian and American Indian/Alaskan Native households. The shares for the other races/ethnicities are not greater than ten percentage points and do not represent a disproportionate greater need at this income level.

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

### Introduction

The tables below indicate the share of households by race/ethnicity and income level experiencing one or more severe housing problems.

### 0-30% of Area Median Income

**Table 17: Households with Severe Housing Problems – 0-30% AMI**

Race/Ethnicity	Housing Problems	No Housing Problems	Zero Income	Share
All	38,608	20,558	6,085	59%
White	24,616	13,393	3,544	59%
Black/ African American	2,673	1,600	655	54%
Asian	1,241	226	443	65%
AI/AN	359	219	80	55%
Pacific Islander	65	0	0	100%
Hispanic	8,202	4,687	1,236	58%

*Source: 2011-2015 CHAS*

The total share of households in the State of Rhode Island at 0-30 percent AMI experiencing at least one severe housing problem is 59 percent. More than 38,000 households in the state experience at least one severe housing problem at this income level.

100 percent of Pacific Islanders experience a housing problem and represent a disproportionate greater need. Other races/ethnicities are not greater than ten percentage points above the total share and therefore do not represent a disproportionate greater need.

### 30-50% of Area Median Income

**Table 18: Households with Severe Housing Problems – 30-50% AMI**

Race/Ethnicity	Housing Problems	No Housing Problems	Zero Income	Share
All	19,619	29,828	0	40%
White	14,484	21,633	0	40%
Black/ African American	1,099	2,019	0	35%
Asian	577	597	0	49%
AI/AN	23	199	0	10%
Pacific Islander	0	0	0	0%
Hispanic	3,146	4,848	0	39%

*Source: 2011-2015 CHAS*

The total share of Rhode Island households at 30-50 percent AMI experiencing at least one severe housing problem is 40 percent. More than 19,000 households have at least one severe housing problem at this income level.

The data indicates that there is no share of a race/ethnicity category in Rhode Island that is greater than ten percentage points above the total need and therefore the shares do not show a disproportionately greater need at this income level.

### 50-80% of Area Median Income

**Table 19: Households with Severe Housing Problems – 50-80% AMI**

Race/Ethnicity	Housing Problems	No Housing Problems	Zero Income	Share
All	11,655	52,637	0	18%
White	9,111	40,627	0	18%
Black/ African American	579	3,501	0	14%
Asian	443	1,068	0	29%
AI/AN	69	142	0	33%
Pacific Islander	0	15	0	0%
Hispanic	1,253	6,014	0	17%

*Source: 2011-2015 CHAS*

The total share of households in the State of Rhode Island at 50-80 percent AMI experiencing at least one severe housing problem is 18 percent. More than 11,000 households in the state experience at least one severe housing problem at this income level.

The share for Asian and American Indian/Alaskan Native households is 11 and 15 percentage points higher (respectively) over the share for the population and thus represents a disproportionately greater need. The shares for the other races/ethnicities do not represent a disproportionately greater need when compared to the State of Rhode Island for the 50-80 percent AMI level.

### 80%-100% of Area Median Income

**Table 20: Households with Severe Housing Problems – 80-100% AMI**

Race/Ethnicity	Housing Problems	No Housing Problems	Zero Income	Share
All	3,101	35,351	0	8%
White	2,370	28,891	0	8%
Black/ African American	169	1,599	0	10%
Asian	119	935	0	11%
AI/AN	4	144	0	3%
Pacific Islander	0	0	0	0%
Hispanic	352	2,918	0	11%
<i>Source: 2011-2015 CHAS</i>				

The total share of households in the State of Rhode Island 80-100 percent AMI experiencing at least one severe housing problem is 8 percent. More than 3,000 households in the state experience at least one severe housing problem at this income level.

The data indicates that there is no share of a race/ethnicity category in Rhode Island that is greater than ten percentage points above the total need and therefore the shares do not show a disproportionately greater need at this income level.



## 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.

### Introduction

The table below indicates the share of households by race/ethnicity experiencing cost burden (paying between 30-50 percent) household income for housing costs and severe cost burden (paying more than 50 percent of household income for housing costs).

Disproportionate need for each race/ethnicity is determined by calculating the share of the total number of cost burdened and severely cost burdened households from each race/ethnicity and comparing that figure to the share of all Rhode Island households. (Share of Race/Ethnicity = “# of households for that race/ethnicity with cost burden/total # of households for that race/ethnicity.)

### Housing Cost Burden

**Table 21: Households with Housing Cost-Burden**

Race/Ethnicity	< 30%	30-50%	>50%	No/Neg Income	Universe	Cost Burden Share	Severe Cost Burden Share	Any Cost Burden Share
State of Rhode Island	255,131	79,615	69,484	6,338	410,568	19%	17%	36%
White	215,565	60,889	49,714	3,719	329,887	18%	15%	34%
Black/ African American	10,232	4,474	4,173	689	19,568	23%	21%	44%
Asian	5,348	2,008	2,140	454	9,950	20%	22%	42%
AI/AN*	547	444	428	80	1,499	30%	29%	58%
Pacific Islander	25	15	65	0	105	14%	62%	76%
Hispanic	19,442	9,955	11,091	1,266	41,754	24%	27%	50%

*Source: 2011-2015 CHAS*  
*\*AI/AN – American Indian/Alaskan Native*

## Discussion

In the State of Rhode Island, 36 percent of households are considered to have any cost burden because they pay more than 30 percent of income for housing. This is a slight decrease from the 39 percent of cost-burdened households in 2015. Of those cost burdened, 17 percent are severely cost-burdened, paying more than 50 percent of income on housing costs (including households with no or negative income). These ratios vary depending on the race or ethnicity of the household.

Races/Ethnicities experiencing a disproportionate greater need of cost burden include:

### *Any Cost Burden (pay more than 30% for housing costs)*

- American Indian/ Alaskan Native – Households are 58 percent cost-burdened. In terms of overall cost burden, American Indian/Alaskan Native households are disproportionately affected compared to the state, by 22 percentage points.
- Pacific Islander – 76 percent of households are cost-burdened and are disproportionately affected compared to the state, by 40 percentage points.
- Hispanic – 50 percent of households are cost-burdened and are disproportionately affected compared to the state, by 14 percentage points.

### *Cost Burden (pay 30-50% of income for housing costs)*

- American Indian/Alaskan Native – 30 percent of households pay between 30-50% of their income on housing costs. American Indian/Alaskan Native households are disproportionately affected compared to the state as a whole, by 11 percentage points

### *Severe Cost Burden (pay more than 50% for housing costs)*

- American Indian/ Alaskan Native – 29 percent of households are severely cost-burdened, 12 percentage points higher than the state.
- Pacific Islander – 62 percent of households are severely cost-burdened, 45 percentage points higher than the state.
- Hispanic – 27 percent of households are severely cost-burdened, 10 percentage points higher than the state.

## **NA-40 Homeless Needs Assessment – 91.305(c)**

### **Introduction**

According to the 2018 Point-In-Time (PIT) Count for the Rhode Island Balance of State (BoS) Continuum of Care (CoC), there are as many as 1,101 individuals experiencing homelessness on any given night. Of those, 1,050 are sheltered and 51 are unsheltered. Of individuals experiencing homelessness in the Balance of State CoC, 264 (24%) are chronically homeless, 103 (9%) are veterans, 4 are persons with HIV/AIDS, 234 (21%) are severely mentally ill, and 169 (15%) are suffering from chronic substance abuse. The Homeless Management Information System (HMIS) from which this data is derived may count one person within multiple categories.

**Table 22: Estimated Number of Homeless Persons by Household Type**

Population	Estimated # experiencing homelessness on a given night		Estimated # experiencing homelessness each year	Estimated # becoming homeless each year	Estimated # exiting homelessness each year	Estimated # of days persons experience homelessness
	Sheltered	Unsheltered				
<b>TOTAL</b>	1,050	51	N/A	1,689	1,313	<b>479</b>
Persons in Households with Adult(s) and Child(ren)	352	2				
Persons in Households with Only Children	0	0				
Persons in Households with Only Adults	698	49				
Chronically Homeless Individuals	216	17				
Chronically Homeless Individuals in Family Households	31	0				
Veterans	100	3				
Unaccompanied Child	0	0				
Persons with HIV	4	0				
Severely Mentally Ill	217	17				
Chronic Substance Abuse	154	15				
Victims of Domestic Violence	29	1				

*Source: Balance of State Continuum of Care, 2018 Point-In-Time Homeless Count, HUD Exchange, 2018 Systems Performance Measures Report (RICOH)*

## Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

### Point-In-Time 2018: Summary of Sheltered and Unsheltered Households

**Table 23: Summary of Homeless Households by Household Type**

Household Type	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing		
Households without children	555	141	49	745
Households with at least one adult and one child	65	55	1	121
Households with only children	0	0	0	0
<b>Total Homeless Households</b>	<b>620</b>	<b>196</b>	<b>50</b>	<b>866</b>

*Source: 2018 Point-In-Time Homeless Count*

### Point-In-Time 2018: Summary of Persons in Each Household Type

**Table 24: Number of Homeless Persons by Household Type**

Household Type	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing		
Persons in households without children	557	141	49	747
Persons Age 18 to 24	32	6	1	39
Persons Over Age 24	525	135	48	708
Persons in households with at least one adult and one child	182	170	2	354
Children under 18 years	95	110	1	206
Persons Age 18 to 24	20	14	0	34
Persons Over Age 24	67	46	1	114
Persons in households with only children	0	0	0	0
<b>Total Homeless Persons</b>	<b>739</b>	<b>311</b>	<b>51</b>	<b>1,101</b>

*Source: 2018 Point-In-Time Homeless Count*

Point-In-Time 2018: Summary by Ethnicity

**Table 25: Number of Homeless Persons by Ethnicity**

Ethnicity	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing		
Hispanic/Latino	175	82	11	268
Non-Hispanic/Non-Latino	564	229	40	833
Total	739	311	51	1,101

*Source: 2018 Point-In-Time Homeless Count*

Point-In-Time 2018: Summary of Chronically Homeless Households

**Table 26: Chronically Homeless Households**

Household Type	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing		
Chronically homeless households with at least one adult and one child	12	0	0	12

*Source: 2018 Point-In-Time Homeless Count*

Point-In-Time 2018: Summary of Chronically Homeless Individuals

**Table 27: Chronically Homeless Persons by Household Type**

Household Type	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing		
Chronically homeless persons in households without children	216	0	17	233
Chronically homeless persons in households with at least one adult and one child	31	0	0	31

Chronically homeless persons in households with only children	0	0	0	0
<b>Total</b>	<b>247</b>	<b>0</b>	<b>17</b>	<b>264</b>
<i>Source: 2018 Point-In-Time Homeless Count</i>				

## Point-In-Time 2018: Summary of Other Populations

**Table 28: Other Populations Experiencing Homelessness**

Population	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing		
Severely mentally ill	170	47	17	234
Chronic substance abuse	113	41	15	169
Veterans	37	63	3	103
HIV/AIDS	3	1	0	4
Victims of domestic violence	27	2	1	30
Unaccompanied Youth	32	6	1	39
Unaccompanied youth under 18	0	0	0	0
Unaccompanied youth 18-24	32	6	1	39
Parenting youth	8	8	0	16
Parenting youth under 18	0	0	0	0
Parenting youth 18-24	8	8	0	16
Children of parenting youth	6	10	0	16
<i>Source: 2018 Point-In-Time Homeless Count</i>				

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

### Point-In-Time 2018: Summary of Individuals by Race

**Table 29: Homeless Persons by Race**

Race	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing		
Black or African American	207	71	11	289
White	465	161	36	662
Asian	6	8	0	14

American Indian or Alaskan Native	10	8	1	19
Native Hawaiian or Other Pacific Islander	1	0	0	1
Multiple Races	50	63	3	116
<b>Total</b>	<b>739</b>	<b>311</b>	<b>51</b>	<b>1,101</b>
<i>Source: 2018 Point-In-Time Homeless Count</i>				

**Discussion:**

Housing WorksRI publishes an annual analysis of housing needs in Rhode Island. In its *2019 Housing Fact Book* report, it states “Nearly four thousand men, women, and children experiencing homelessness sought shelter in Rhode Island in 2018. Not currently included in this number are those who are using our state’s recently implemented coordinated entry system, which works to triage households experiencing housing insecurity and divert them from ending up in limited shelter beds; and the more than 1,500 Rhode Island students, who are measured by a different standard, but do not have a place to call home—a nearly 24 percent increase from the prior school year.”<sup>1</sup> 19% of the 2018 point in time homeless count were children under the age of 18 years of age.

The lack of any or enough income to rent a home in Rhode Island is a substantial contribution to the state’s homeless population. In a 12 month period in 2018-2019, the RI Coalition for the Homeless reported that 51% of the homeless individuals and 35% of the homeless families had *zero income*.<sup>2</sup> In 2018, the federal poverty level for a household of 3 in Rhode Island was \$20,780; 88% of the homeless families in Rhode Island had annual income <\$18,000.<sup>3</sup> At the same time, the need for housing greatly exceeds its availability. In a recent representative month (August 2019), the statewide Coordinated Entry System managed by Crossroads listed 809 individuals and families in need of housing assistance but was only able to make 52 referrals to housing.<sup>4</sup>

Stakeholders identified racial and ethnic disparity among Rhode Island’s homeless families and individuals. Reported point in time and census data backs up this representation. For Hispanics/Latinx and Black/African Americans, representation among homeless is substantially higher than representation among the general population. In 2018, Black/African Americans

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<sup>1</sup> [https://www.housingworksri.org/Portals/0/Uploads/Documents/2019%20Pages/HFB2019\\_compressed.pdf](https://www.housingworksri.org/Portals/0/Uploads/Documents/2019%20Pages/HFB2019_compressed.pdf), pg. 3

<sup>2</sup> <https://www.rihomeless.org/stateofhomelessness>

<sup>3</sup> *ibid*

<sup>4</sup> *ibid*



comprised over 26% of the homeless population but only 5.7% of Rhode Island's general population. Similarly, Hispanic/Latinx population represented 24.3% of the homeless but only 12.4% of the general population.

At stakeholder meetings for this Consolidated Plan, stakeholders identified additional challenges and barriers among homeless and at-risk populations, including:

- Social isolation among young adults, especially with a history of childhood trauma or mental illness
- State regulations that make it extremely challenging for individuals with any level of registered sex offense to locate eligible housing
- LGBTQ+, especially youths, experience systematic stigma and have a lack of support systems, including shelter and service resources, that are responsive to their needs. This includes the lack of identifying, collecting data about, and tracking LGBTQ+ individuals.
- Homeless elderly persons have earlier mortality than the general population
- Veterans experience systematic and peer stigmatization regarding mental health and substance use disorder conditions
- Systems for housing and other benefits are fragmented and difficult to navigate for individuals and families homeless or in crisis

### **Homelessness Strategy in Response to COVID-19**

Rhode Islanders experiencing homelessness are some of the most susceptible to contracting COVID-19 and other viruses since they often reside in congregate settings and are vulnerable to poorer outcomes given the higher prevalence of chronic disease.

In addition to responding to the immediate needs to quarantine and isolate individuals who lack housing, Rhode Island will take steps to create permanent housing solutions to sustainably protect the health and safety of this population, to contain the spread of the disease now and in the face of future waves of this and similar viruses.

Very low-income households, often already housing cost-burdened, are particularly susceptible to housing instability as their income is impacted. Rhode Island will work to mitigate such impacts to employment and income, assuring households who are at-risk of homelessness do not become housing unstable due to the crisis.

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

### Describe the characteristics of special needs populations in your community

Persons with special needs include the elderly and frail elderly, persons with severe mental illness, developmentally disabled, physically disabled, persons with alcohol/other drug addictions, and public housing residents. The segments of these populations requiring special housing options have not been quantified. Many persons with such special needs also have very low incomes. In the 2013-2017 American Community Survey 5-Year Estimates, 30.2% of the persons living with a disability in Rhode Island were at <125% of federal poverty measure, contrasting with a rate of 15.6% among persons without a disability. According to the Technical Assistance Collaborative’s 2016 Priced Out in the United States report, a national survey comparing state-level SSI benefits with prevailing housing market costs, in 2016 in Rhode Island, “a person with a disability received SSI benefits equal to \$773 per month. Statewide, this income was equal to 18.0% of the area median income. A person with a disability receiving SSI would have to pay 95% of their monthly income to rent an efficiency unit and 108% of their monthly income for a one-bedroom unit. [emphasis added]”.<sup>5</sup>

Therefore, their needs may have already been considered in estimating the housing needs of persons with very low incomes. However, for some people, supportive housing – housing with supportive services – is needed, as they are unable to undertake the activities of daily living (ADL) without assistance.

**Table 30: Rent as a Percentage of SSI Income by Housing Market**

Housing Market Area	SSI Monthly Payment	SSI as % of Median Income	% SSI for 1BR Apt.	% SSI for Efficiency Apt.	Year
Newport-Middleton-Portsmouth	\$773	14.7%	125%	101%	2016
Providence-Fall River*	\$773	18.2%	107%	95%	2016
Westerly-Hopkinton-New Shoreham	\$773	16.8%	109%	107%	2016
Statewide	\$773	18.0%	108%	95%	2016

*Source: Priced Out in the United States, TAC (2016)*

<sup>5</sup> <http://www.tacinc.org/knowledge-resources/priced-out-v2/>

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

In the stakeholder workshop regarding housing for the homeless and special needs populations, several housing-related challenges were identified for persons living with disabilities in Rhode Island:

- Young adults who are socially isolated and may be living with mental illness are unable to find natural support and are thus at risk for homelessness
- Even with having housing vouchers in hand (such as a Housing Choice Voucher from a public housing authority), there is a pervasive lack of suitably priced units that also meet habitability standards and have property owners amenable to accepting subsidized assistance
- Affordable housing resources are segmented across the state and the processes for accessing these resources can be very challenging to navigate
- With social isolation, single adults (such as those aging out of the foster care system, LGBTQ, and formerly incarcerated individuals) often lack support and are at-risk of becoming homeless
- For households lacking adequate income, transportation – and the lack of it – can be a large barrier to accessing housing resources, along with other services and employment

Supportive housing is defined as housing units that provide a range of services needed for the resident to achieve personal goals. Various subpopulations with special needs require supportive housing. The needs of these subpopulations are described below.

### ***Elderly and Frail Elderly***

Elderly persons may need housing assistance for two reasons – financial and supportive. When a person has one or more limitations on activities of daily living (ADL), he or she may need assistance to perform routine activities of daily living and, therefore, can be considered frail. Supportive housing is needed when an elderly person is both frail and very low income since housing assistance offers services to compensate for the frailty in addition to the financial assistance.

### ***Persons with Mental, Physical, and/or Other Developmental Disabilities***

Severe mental illness includes the diagnoses of psychoses and the major affective disorders such as bipolar and major depression. The condition must be chronic, meaning it has existed for at least one year, to meet the HUD definition for a disability.

Not all persons with disabilities require supportive housing; however, those that cannot live with supportive family or need help with basic life activities do require supportive housing and/or services. Physically disabled individuals usually require modifications to their living space including the removal of physical barriers.

In 2017, approximately 13.5% (142,096) of the Rhode Island population reported a disability, 6.0% had a sensory disability, 6.7% an ambulatory disability, and 6.3% a cognitive disability.

***Persons with Alcohol or other Drug Addictions***

According to data provided by the National Survey on Drug Use and Health (NSDUH) Surveillance, 29,000 reported illicit drug dependence/ abuse and 60,000 individuals reported alcohol dependence or abuse. This comprised approximately 2.8% and 5.7% of the population, respectively.

***Persons with HIV/AIDS and their families***

In 2017, the Rhode Island HIV Surveillance System reported 2,548 persons living with HIV in Rhode Island. This represents a rate of approximately 263 persons per 100,000 population. In 2016, there were 81 new HIV cases reported in Rhode Island. Hispanic/Latino individuals represent 15.4% of the general population but 27.4% of the persons living with HIV in RI. Black or African American individuals represent 5.7% of the general population but 23.7% of the persons living with HIV in Rhode Island.

**Table 31: Characteristics of Special Needs Populations in Rhode Island (2017)**

Special Needs Group	# Individuals	% Population
Disabled Persons		
Hearing Difficulty	37,892	3.6%
Vision Difficulty	21,051	2.0%
Cognitive Difficulty	66,312	6.3%
Ambulatory Difficulty	70,521	6.7%
Self-Care Difficulty	28,419	2.7%
Independent Living Difficulty	62,154	6.0%
Persons with Illicit Drug Dependence/ Abuse	29,000	2.8%
Persons with Alcohol Dependence/ Abuse	60,000	5.7% <sup>6</sup>

Source: 2017 ACS and 2017 NSDUH

## Point-In-Time 2018: Summary of Special Needs Among Homeless

**Table 32: Homeless Special Needs Populations**

Population	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing		
Severely mentally ill	170	47	17	234
Chronic substance abuse	113	41	15	169
HIV/AIDS	3	1	0	4

Source: 2018 Point-In-Time Homeless Count

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

Within the State, there are approximately 2,500 households living with HIV/AIDS. A breakdown of their characteristics is summarized in the tables below.

**Table 33: Rhode Island Households Living with HIV/AIDS**

HIV Surveillance Data	Number of Households
Number of Persons living with HIV (PLWH)	2,548
Area Prevalence (PLWH per 100,000 population)	263
Number of new HIV cases reported last year	81

Source: 2017 Rhode Island HIV Surveillance Data

**Table 34: Individuals Living with HIV, Age 13+**

Characteristics	Number of Individuals
<b>Sex</b>	
Male	1,849
Female	697
Missing/Unknown	2
<b>Age on 12/31/2016</b>	
13-24	60
25-34	305
35-44	484

45-54	861
55-64	658
65+	180
<b>Race &amp; Ethnicity</b>	
American Indian/Alaska Native	11
Asian	36
Black/African American	604
Hispanic/Latino	699
Native Hawaiian/Other Pacific Islander	2
White	1,147
Multiple Races	37
Unknown race	12
<b>Transmission Category</b>	
Male-to-male sexual contact (MSM)	1,029
Injection Drug Use (IDU)	394
MSM and IDU	104
Heterosexual contact	549
Unknown	429
Other	43
<b>County of Residence at Diagnosis</b>	
Bristol	52
Kent	167
Providence	2,123
Newport	110
Washington	85
<b>Total</b>	<b>2,548</b>
<i>Overall Population includes persons diagnosed with HIV through 12/31/2016 and living with HIV on 12/31/2017.</i>	
<i>Source: 2017 Rhode Island HIV Surveillance Data</i>	

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

Non-housing community development covers a broad range of needs, including public facilities, infrastructure and transportation, human services, and neighborhood services.

### **Describe the jurisdiction's need for Public Facilities:**

Through the State CDBG program, OHCD can fund the reconstruction, rehabilitation, or installation of public facilities. Eligible public facilities include health centers, childcare centers, job training centers, congregate meal sites, and other neighborhood facilities that serve the community.

Public facility improvements are considered a high priority need in Rhode Island. Facilities across the state are aging and require rehabilitation to provide high quality service to the target populations. The services linked with these facilities primarily benefit low- and moderate-income households. Suggestions that were received during the Consolidated Plan's community and stakeholder engagement activities indicated a need for improvements to children/youth facilities, homeless shelters, senior facilities, community centers, and nonprofit organizations that deliver direct services.

### **How were these needs determined?**

The Public Facility and Infrastructure needs, as with all the needs outlined in the Consolidated Plan, were determined through a combination of input from:

- Municipal survey results
- Community stakeholder comments
- Consultations with subrecipient and other non-profit service providers
- Public Meetings and Pop-Up Events

In the municipal survey, 26.83% of respondents selected Improvements to Public Facilities as their top overall priority. Specific types of public facility improvements to be prioritized included:

- Children/Youth Facilities – 39.02%
- Homeless Shelters – 36.59%
- Senior Center Facilities – 31.71%
- Facilities for Persons with Disabilities – 24.39%
- Neighborhood Parks – 24.39%

### **Describe the jurisdiction's need for Public Infrastructure Improvements:**

Through the State CDBG program, OHCD can fund the construction, rehabilitations, or installation of public infrastructure improvements. Public infrastructure improvements include, but are not limited to, stormwater management and water/sewer installation and maintenance.

In the municipal survey, 29.27% of respondents selected Improvements to Public Infrastructure as their top overall priority. The highest favored infrastructure projects that respondents would most like to see funded through the State CDBG program included:

- Streetscape Improvements (sidewalks, bike lanes, lighting, signage, landscaping, etc) – 41.46%
- Road Reconstruction – 31.71%
- Stormwater Projects – 29.27%
- Drinking Water System Improvements/Extension – 29.27%
- Sanitary Sewer System Improvements/Extensions – 29.27%

#### **How were these needs determined?**

The public infrastructure improvements needs were determined through a combination of input from:

- Municipal survey results
- Community stakeholder comments
- Public Meetings and Pop-Up Events

#### **Describe the jurisdiction's need for Public Services:**

Through the State CDBG program, OHCD can fund an array of public services in communities and cities across Rhode Island. Eligible public services include, but are not limited to, education and workforce development programs and transportation services to and from work.

The state of Rhode Island has several public service needs including emergency housing for families, children, and homeless populations, more detox programs to combat addiction and homelessness, and implementing an efficient transit system that allows for access to amenities such as green spaces and developing affordable housing near walkable streets and services.

The state is currently conducting a Transit Master Plan, also known as Transit Forward RI 2040. This plan will envision how passenger transportation network should look and operate in the future. In Rhode Island the passenger transportation network currently includes bus, rail and water transportation services. The goals of the Transit Master Plan is to develop a transit vision for Rhode Island over the next two decades; identify the specific improvements needed to



achieve the vision; identify potential new sources of funding for the improvements; and identify governance changes that could help move the plan forward and improve service delivery.

**How were these needs determined?**

Public service needs were determined through feedback received from the following public outreach activities:

- Municipal survey results
- Residential survey results
- Community stakeholder comments
- Consultations with subrecipient and other non-profit service providers
- Public Meetings and Pop-Up Events

# Housing Market Analysis

## MA-05 Overview

### Market Analysis Overview:

The purpose of the Market Analysis is to provide a clear picture of the environment in which grantees must administer their HUD programs over the course of the Consolidated Plan. In conjunction with the Needs Assessment, the Market Analysis provides the basis for the Strategic Plan and the programs and projects to be administered. This section describes the significant characteristics of the RI Housing market, including the supply, demand, and condition and cost of housing; lead-based paint hazards; public and assisted housing; facilities, housing and services for homeless persons; special need facilities and services; and barriers to affordable housing.

Throughout this analysis, the following issues have been identified:

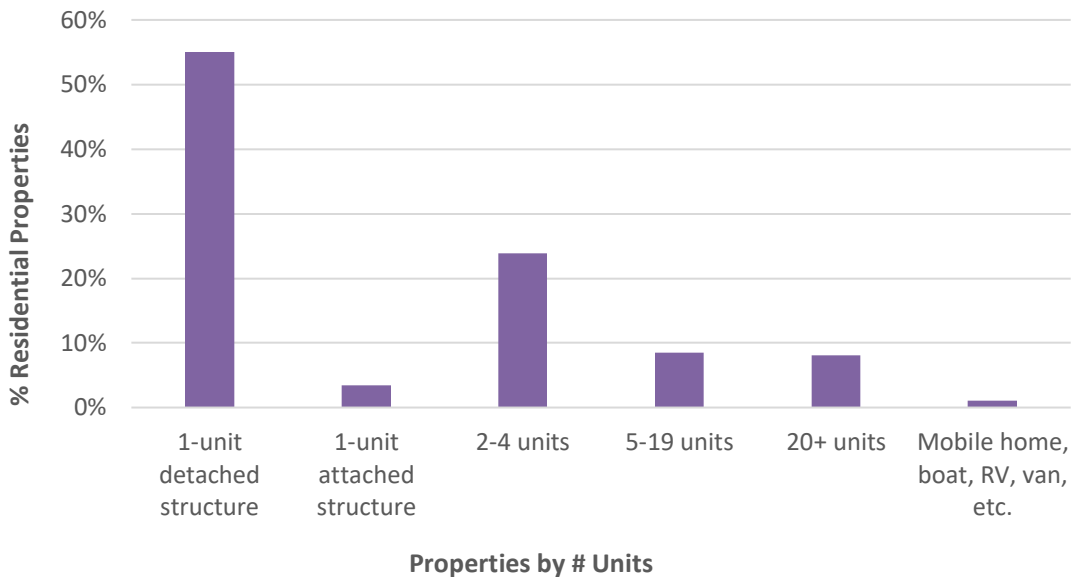
- Across Rhode Island, there is a mismatch between the number of affordable units and the population of low- and moderate-income households.
- There is a potential gap in adequately sized housing units in urban markets – 55% of units have 2 or less bedrooms, but there is still a relatively high concentration of families with 4+ persons.
- The affordable housing stock and market-rental units available are of low-quality.
- Overall, the housing supply throughout Rhode Island is aging. Rhode Island holds the third oldest housing stock in the nation.
- There is a high need for more rental and owner-occupied housing rehabilitation.
- There is a high need for more diverse affordable housing options (i.e. unit size, price, location, public transit access, ADA compliant, equal housing access)

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

### Introduction

Household projections predict a 1.0% increase in the number of households between 2019 and 2024 for a total of 4,416 households. Providence County is expected to account for 78% of household growth statewide (3,451 households) with the other four counties sharing the balance of growth. No counties are expected to lose population.

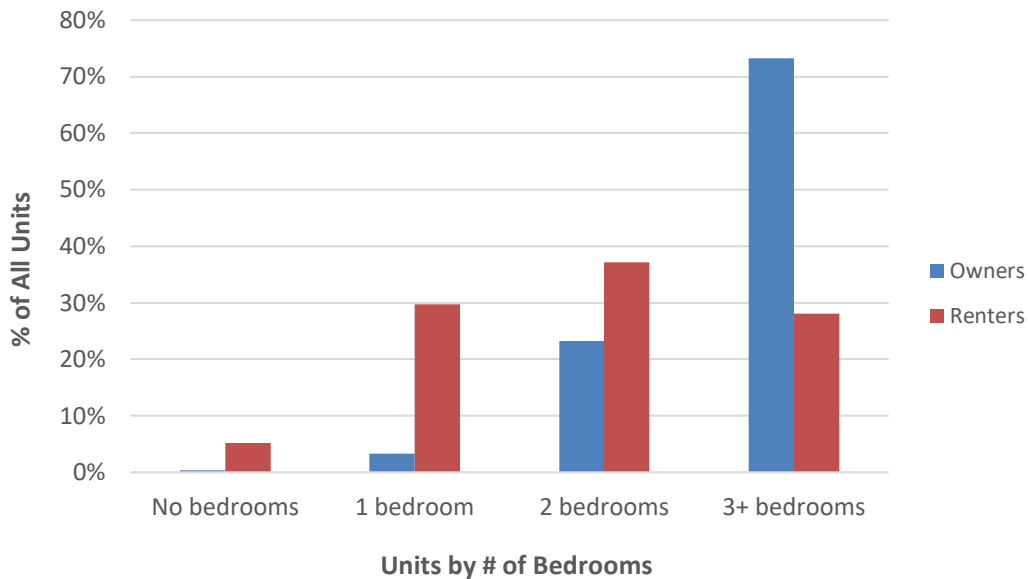
**Figure 3: Residential Properties by Number of Units**



*Source: 2011-2015 ACS*

Most owner-occupied units in Rhode Island are single-family detached homes whereas renters primarily reside in multi-family units with most living in 2 to 4-unit buildings.

**Figure 4: Residential Units by Tenure**



*Source: 2011-2015 ACS*

The homeownership rate in Rhode Island declined 3.6 percentage points between 2010 and 2017 to 60% while renter rates have increased by 7.1 percentage points.

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

At the county subdivision level, 29.0% of existing assisted housing is in Providence and primarily concentrated in South Providence. Other areas with relatively high concentrations of assisted housing include Woonsocket (8.2%), Pawtucket (7.7%), East Providence (5.7%) and Warwick (5.4%). With a significant proportion of subsidized housing located in and around Providence, it is possible that current programs do not give low- and moderate-income households a wider variety of options in other areas. However, the areas in which the assisted inventory units tend to be concentrated tend to have better access to public transit and lower transit costs overall that can serve as major contributing factors to clustering.

Because of the expense of new construction, it is frequently more cost effective to preserve existing affordable units and to rehabilitate units as needed. Because of the higher risk of affordable units converting to market rate after the affordability period expires, preservation dollars can be particularly effective when used in areas with more resources such as highly proficient schools, access to community amenities via public transit and access to job centers because infusing existing developments with funding for capital improvements, for example, will extend the period of affordability and preserve existing affordable units.

Figure 5: Share of Assisted Units in Each Market Archetype in Rhode Island

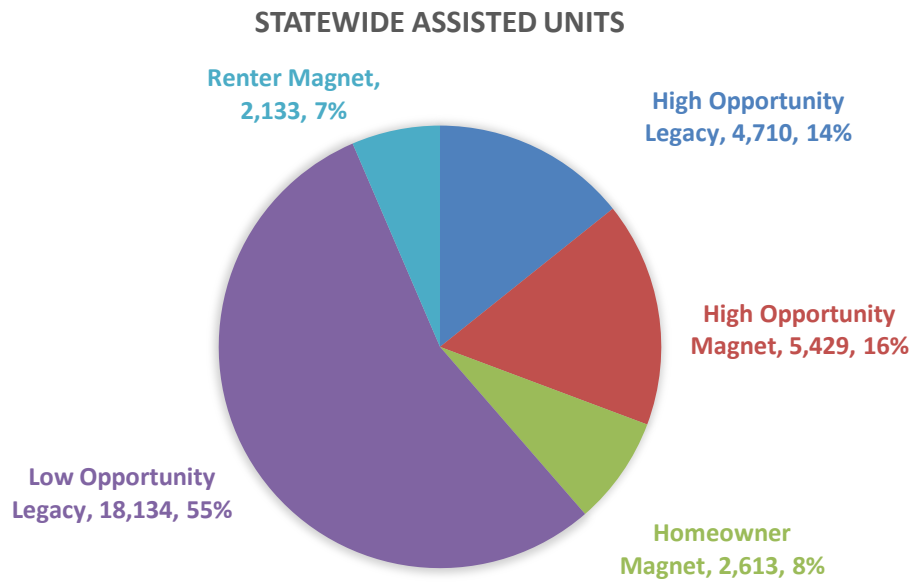


Figure 6: Share of Assisted Units in Each Market Archetype in Providence

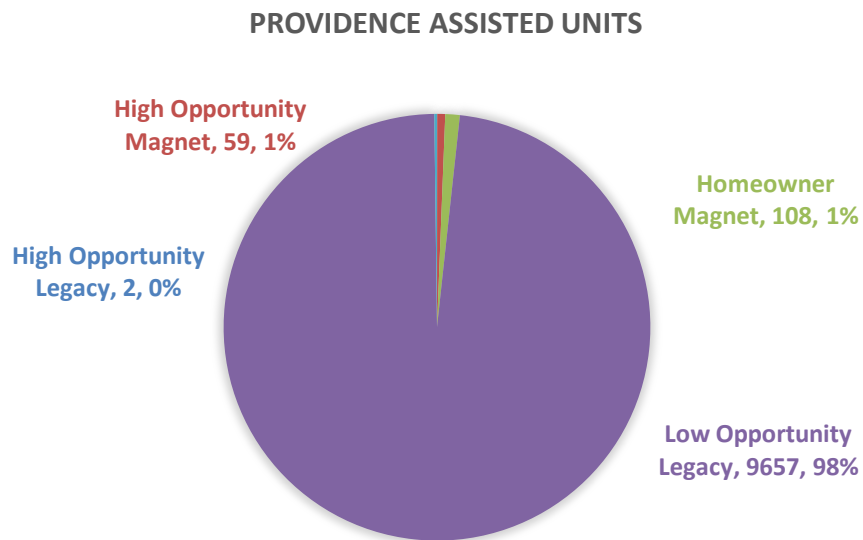


Figure 7: Assisted Housing Units Expected to Expire within 10 Years

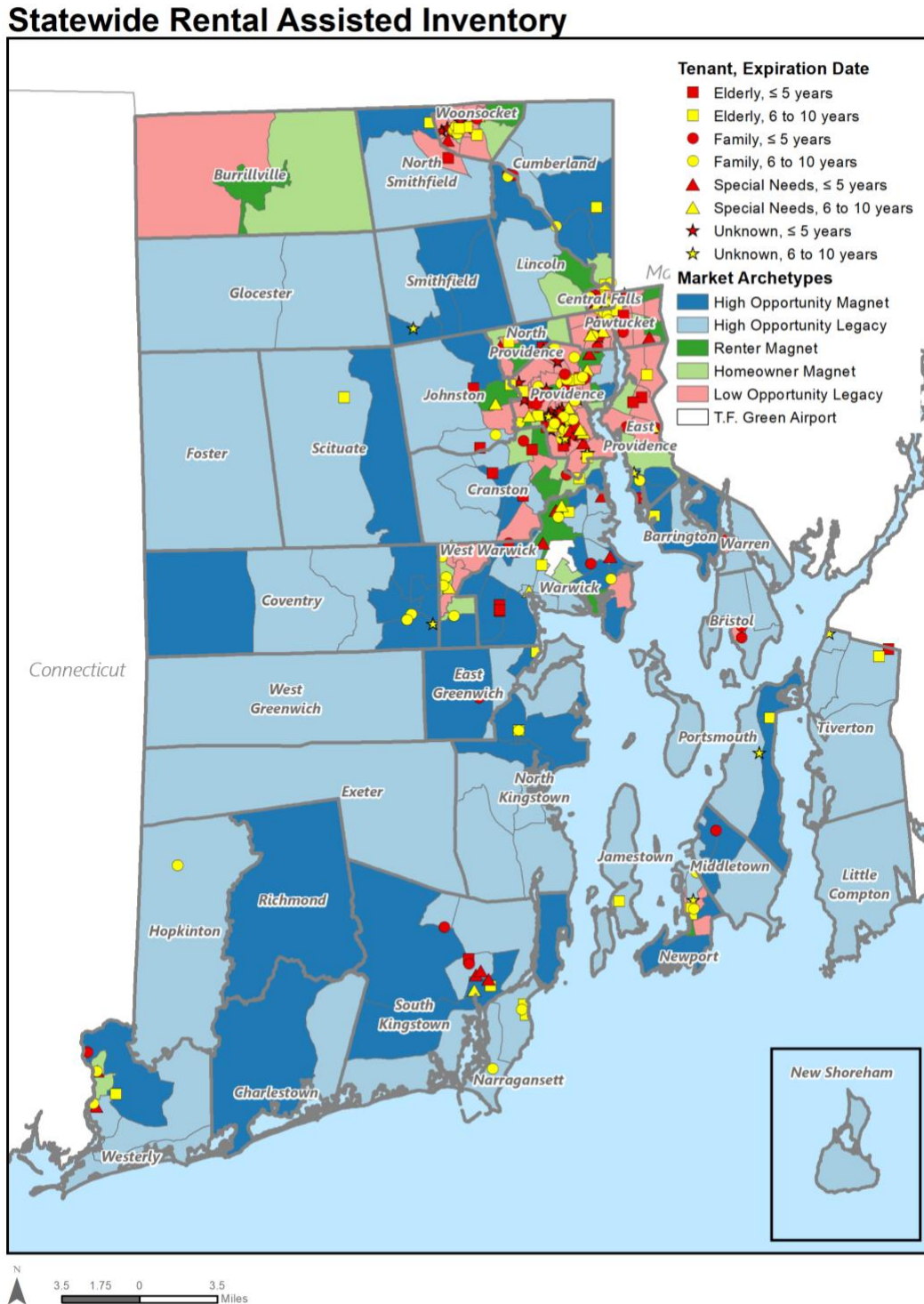
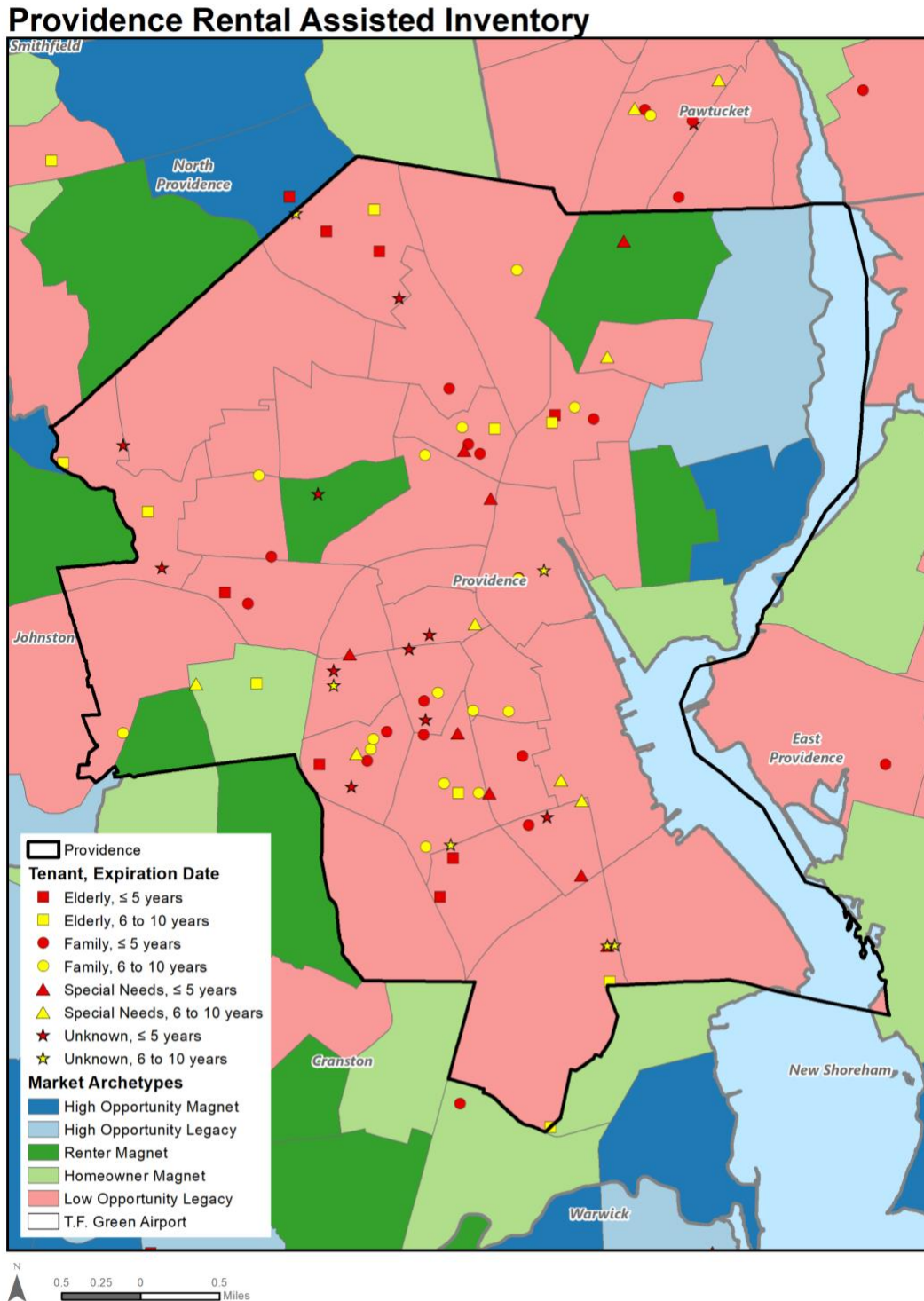


Figure 8: Assisted Units Expected to Expire Around Providence



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

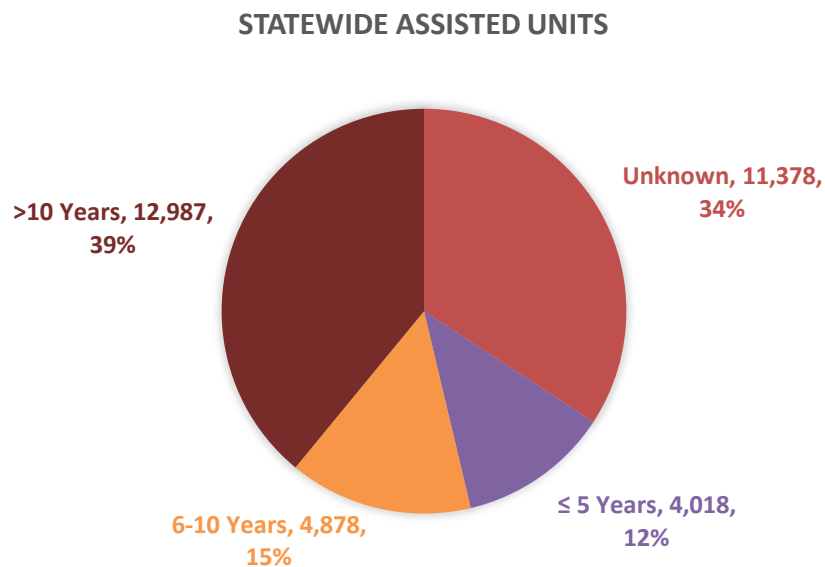
Per the assisted inventory section of the State of Housing in Rhode Island plan, more than 38% of Rhode Island’s 35,256 assisted housing units face expiring periods of affordability within the next five years. RIHousing has been very successful at preserving expiring units in the past and that remains a priority.

**Table 35: Assisted Units and Expiration of Affordability by Housing Market Archetype**

Market Type	# Units	% of All Units	# Exp. < 5 years	% Exp. < 5 years	# Exp. 5-10 years	% Exp. 5-10 years
Rhode Island	35,256	100%	13,481	38.2%	5,189	14.7%
High Opportunity Magnet	6,165	17.4%	2,511	40.7%	1,225	19.9%
High Opportunity Legacy	5,584	15.8%	1,522	27.3%	797	14.3%
Renter Magnet	2,516	7.1%	1,032	41.0%	107	4.3%
Homeowner Magnet	2,352	6.7%	1,110	47.2%	378	16.1%
Low Opportunity Legacy	18,639	52.9%	7,306	39.2%	2,682	14.4%

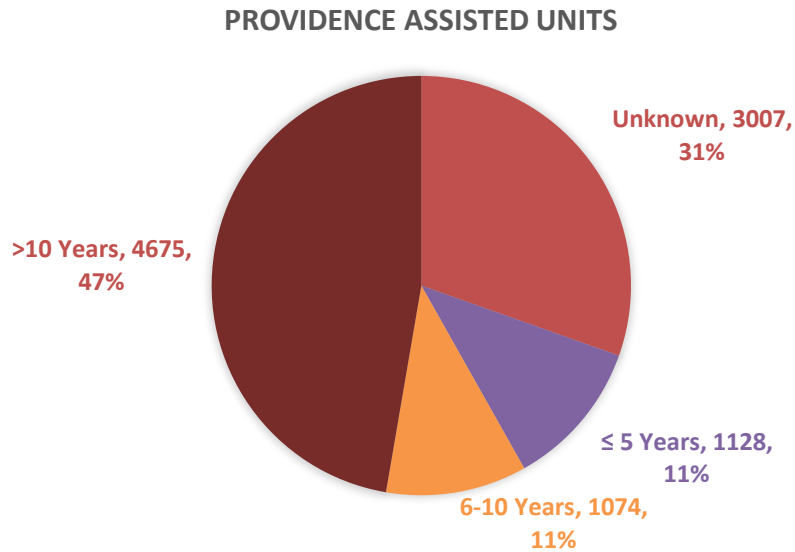
*Source: RI Housing, NHPD*

**Figure 9: Share of Assisted Units by Affordability Expiration in Rhode Island**





**Figure 10: Share of Assisted Units by Affordability Expiration in Providence**



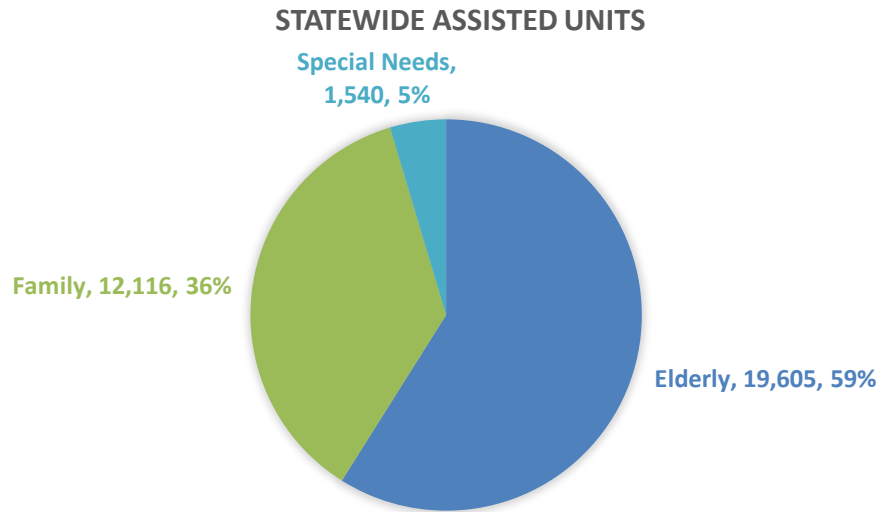
**Does the availability of housing units meet the needs of the population?**

There is not an adequate supply of housing units for low- and moderate-income households throughout the state. As noted above, this need is likely to increase with 38% of existing assisted units’ affordability covenants expiring in the next five years.

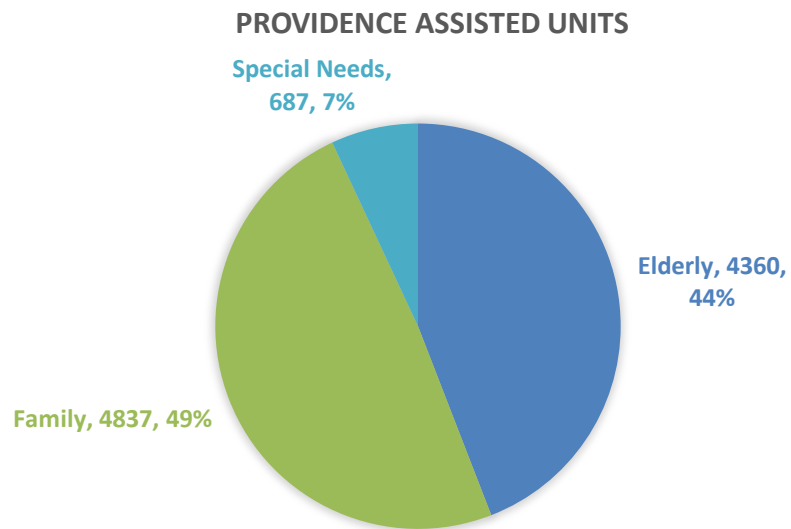
**Describe the need for specific types of housing:**

Specific housing needs include an overall increase in units (rental and ownership) for low- and moderate-income households as well as increasing need for units designed for elderly residents given the state’s changing demographics.

**Figure 11: Share of Assisted Units Targeted to Special Populations in Rhode Island**



**Figure 12: Share of Assisted Units Targeted to Special Populations in Providence**



## MA-15 Cost of Housing – 91.310(a)

### Introduction

Home values are often used as a proxy for other non-market goods affecting quality of life, such as accessibility to public transit and green space, growth potential in terms of population and development, quality of schools, and more. The median home value in Rhode Island in 2017 was \$242,000, more than 25% greater than the national median home value of \$193,500.

According to the [HUD Market at a Glance](#) report, prepared by PD&R's Economic & Market Analysis Division (EMAD), created on November 20, 2019, the home sales market in Rhode Island is balanced. The owner vacancy rate is currently estimated at 1.5%, down from 2.0% in April 2010. During the 12 months ending in June 2019, home sales totaled 16,900 units, a decline of 100 units, or 1%, from a year earlier (CoreLogic, Inc., with adjustments by the analyst). The average home sales price was \$313,800, an increase of \$17,7000, or 6%, from a year ago. An estimated 950 single-family homes were permitted during the past year.

The rental market is also balanced, with an estimated vacancy rate of 5.7% as of August 2019, down from 8.8% in April 2010. During the second quarter of 2019, the apartment market in the state was tight with a 2.7% vacancy rate, down from 3% from a year ago (RealPage, Inc). The average apartment asking rent in the state during the second quarter of 2019 was \$1,496, an increase of \$84, or 6%, from a year earlier. During the 12 months ending in July 2019, 260 multifamily units were permitted, double the 130 multifamily units permitted during the previous 12-month period (preliminary data). Recent construction activity includes the 44-unit Case-Mead Lofts, located in the City of Providence and completed in the fall of 2018. Rents for these newly constructed studios and one-bedroom apartment units start at \$1,450 and \$1,800, respectively.

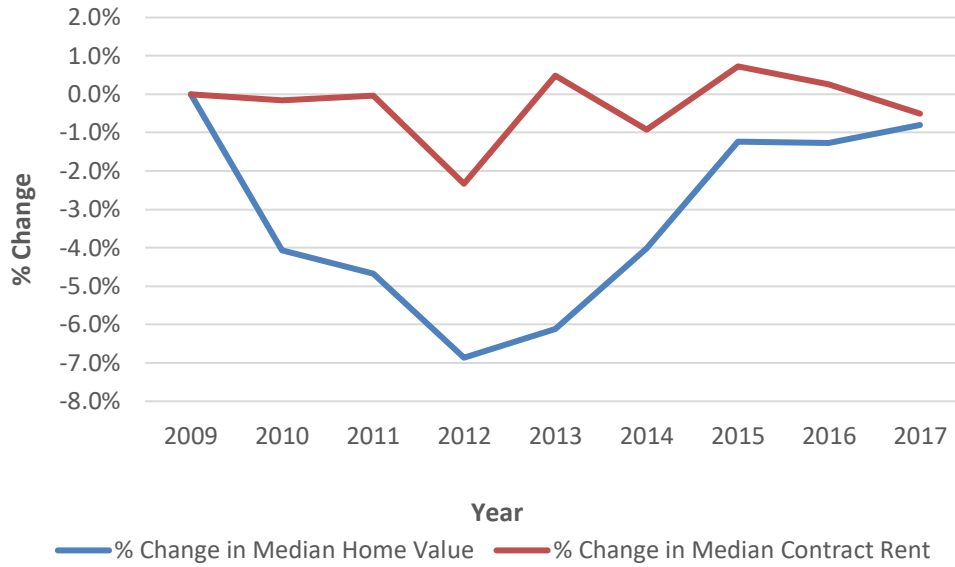
### Cost of Housing

**Table: Cost of Housing**

	Base Year: 2009	Most Recent Year: 2015	% Change
<b>Median Home Value</b>	\$283,700	\$238,000	(16%)
<b>Median Contract Rent</b>	\$731	\$791	8%

*Source: 2005-2009 ACS (Base Year), 2011-2015 ACS (Most Recent Year)*

**Figure 13: Percent Change in Median Home Values and Contract Rents**



*In this figure, median home values and contract rents are adjusted for inflation (reported in 2009 dollars) Source: ACS 5-year estimates for years 2009-2017, Bureau of Labor Statistics CPI Inflation calculator*

**Table: Rent Paid**

Rent Paid	Number	%
Less than \$500	36,323	22.2%
\$500-999	86,977	53.1%
\$1,000-1,499	30,607	18.7%
\$1,500-1,999	6,648	4.1%
\$2,000 or more	3,138	1.9%
<b>Total</b>	<b>163,693</b>	<b>100.0%</b>

*Source: 2011-2015 ACS*

**Figure 14: Distribution of Rent Paid by Households in 2015**



*Source: ACS 5-year estimates (2011-2015)*

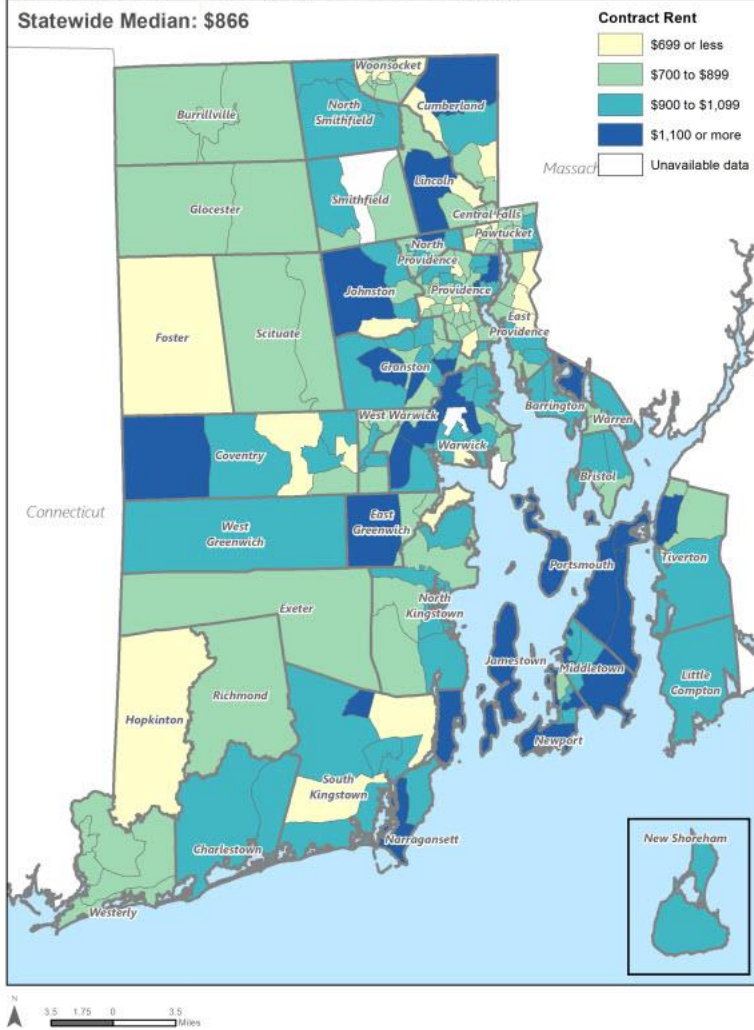
Median gross rent (includes utilities with rent) in Rhode Island was \$957 as of 2017, a 3.5% decline from \$991 in 2010, adjusted for inflation to 2017 dollars. Contract rent (includes only rent) also declined slightly from \$839 in 2010 to \$820 in 2017. Trends between contract and gross rent were consistent across geographies.

Rents were the highest and showed the sharpest rises between 2010 and 2017 in High Opportunity Magnet markets, increasing by 4.8% and 10.8% for gross and contract rent, respectively. While High Opportunity Legacy markets also had similar rents to High Opportunity Magnet markets, both gross and contract rents in High Opportunity Legacy markets increased marginally by 2.9% and 1.7% respectively. Low Opportunity Legacy markets saw declines in gross and contract rent by 2.1% and 2.0% respectively.

Gross rents declined the most in Rental Magnet markets by 3.3%. This market had high vacancy rates in both the rental and sales market, which might indicate that housing supply is outstripping demand, coinciding with the decline in gross rent. However, this market type has seen large growth in renter occupied units between 2010 and 2017, on-par with high opportunity markets, while showing the greatest decline in owner-occupied units during this same time period. One possibility might be that owner-occupied units are being converted into

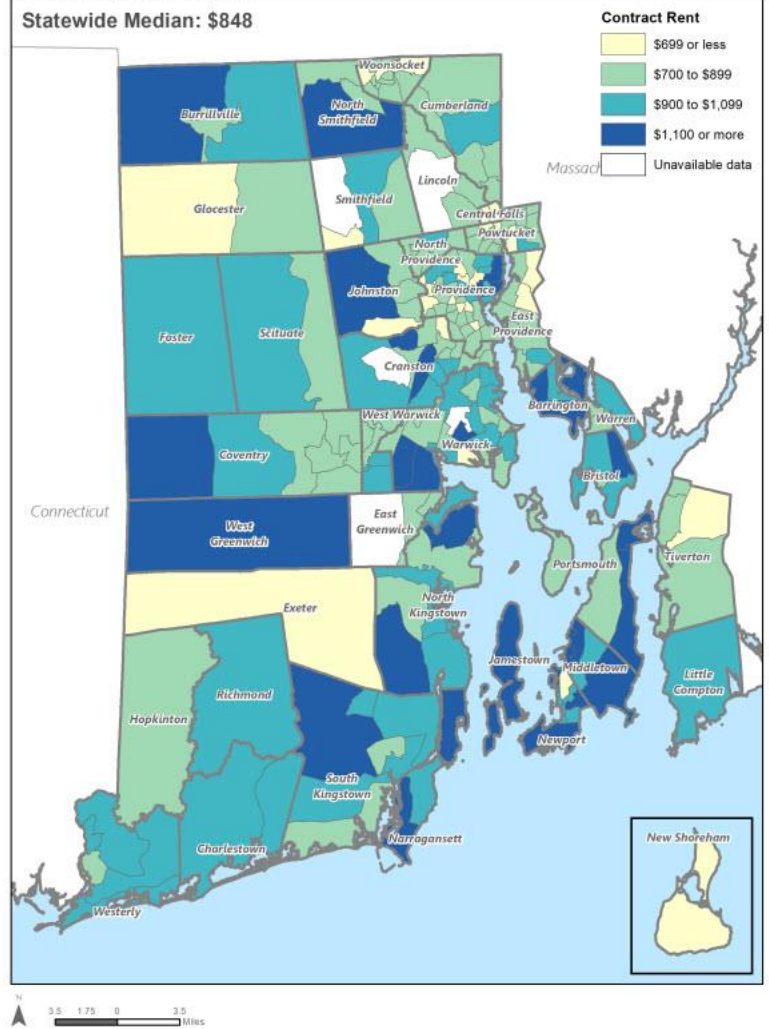
rental units, accounting for the large growth in renters and decline in homeowners. Another possibility could be that gross rent is course-correcting as the initial gross rents were too high for rental housing demand. The following maps show median gross rent and median contract rent in 2010 and 2017 along with the percent change between these years.

### Contract Rent, 2010 (adj. to 2017 dollars)



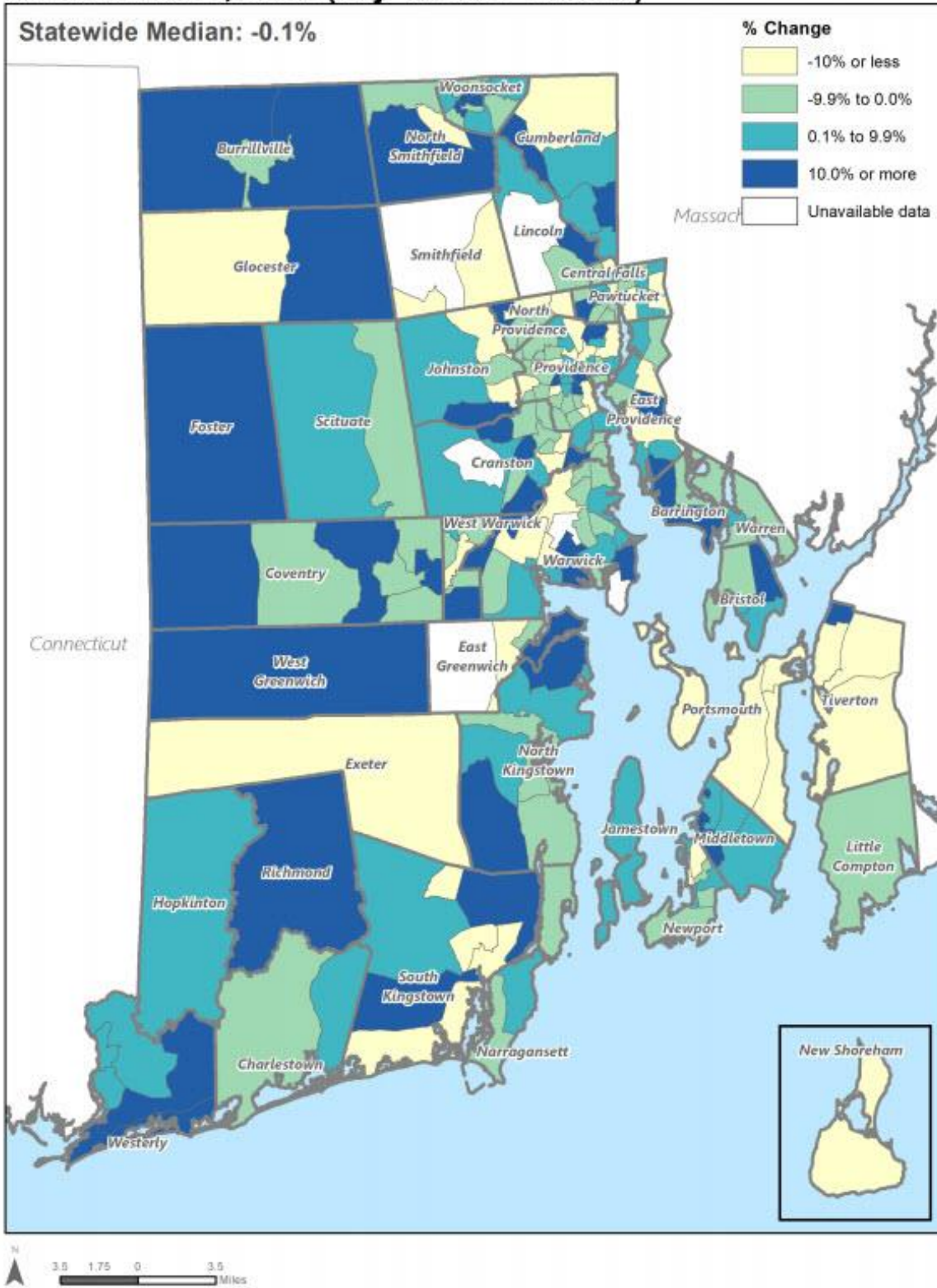
Source: 2013 – 2017 American Community Survey, calculations by Mullin & Lonergan Associates, Inc.

### Contract Rent, 2017



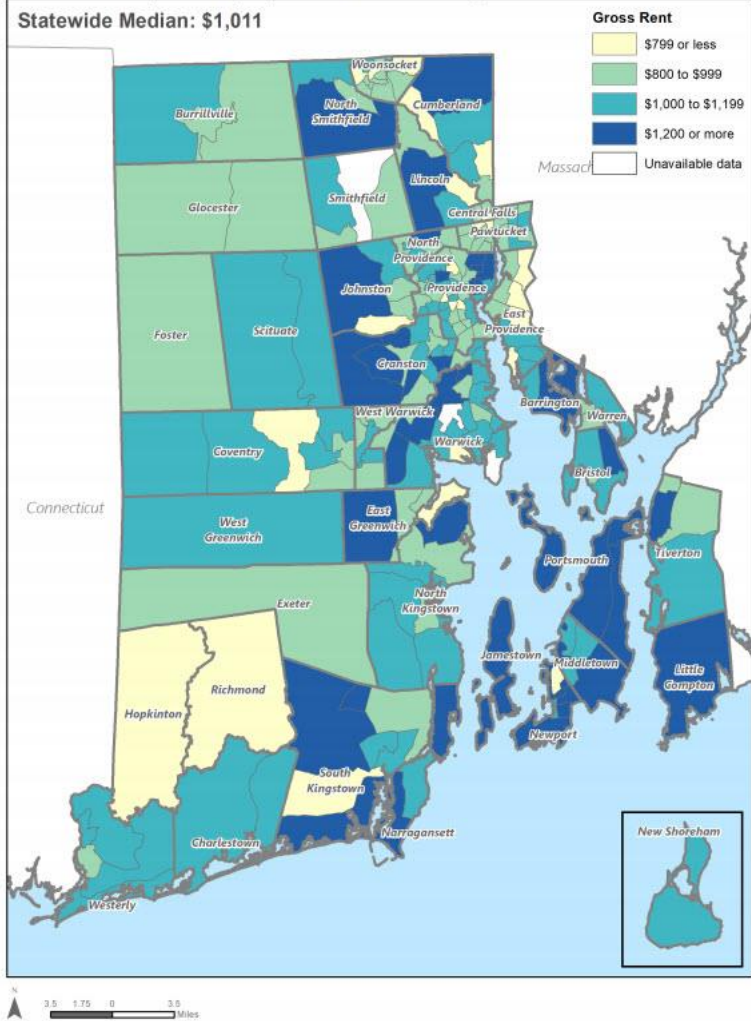
Source: 2013 – 2017 American Community Survey

# Contract Rent, 2010 (adj. to 2017 dollars)



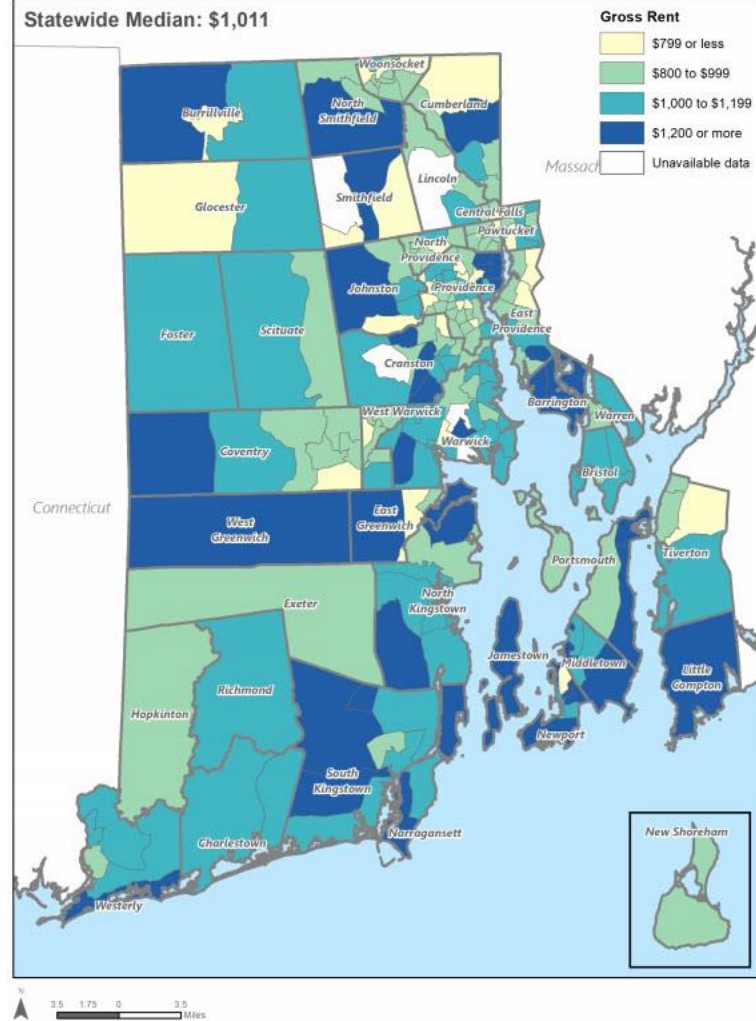
Source: 2013 – 2017 American Community Survey; calculations by Mullin & Lonergan Associates, Inc

### Gross Rent, 2010 (adj. to 2017 dollars)



Source: 2013 – 2017 American Community Survey; calculations by Mullin & Lonergan Associates, Inc

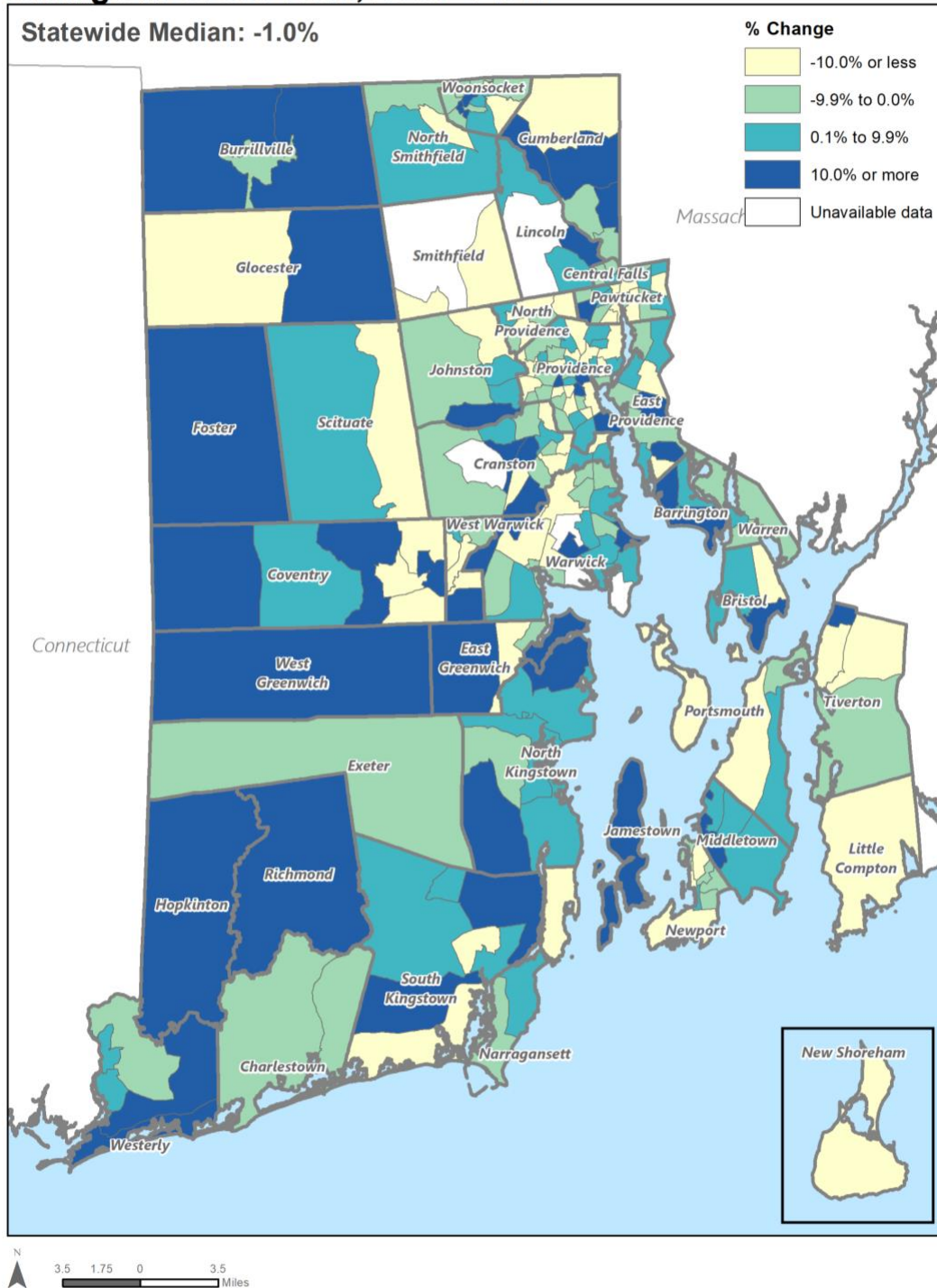
### Gross Rent, 2017



Source: 2013 – 2017 American Community Survey



# Change in Gross Rent, 2010 - 2017



## Housing Affordability

**Table 36: Number of Units Affordable to Households by Income Level**

Income Level	Renter	% of Total Renters	Owner	% of Total Owners
30% HAMFI	21,135	11.8%	No Data	0.0%
50% HAMFI	48,985	27.4%	7,655	6.7%
80% HAMFI	108,365	60.7%	38,480	33.7%
100% HAMFI	No Data	0.0%	68,120	59.6%
<b>Total</b>	<b>178,485</b>	<b>100.0%</b>	<b>114,255</b>	<b>100.0%</b>

*Source: 2011-2015 CHAS*

## Monthly Rent

**Table 35: Monthly Rent**

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
<b>Fair Market Rent</b>	\$794	\$898	\$1,075	\$1,340	\$1,591
<b>High HOME Rent</b>	\$786	\$889	\$1,060	\$1,328	\$1,488
<b>Low HOME Rent</b>	\$717	\$768	\$922	\$1,065	\$1,188

*Source: HUD FMR for FY20 (Prov-Fall River Metro Area only), HOME FY19 Rent Limits (Prov-Fall River Metro Area only)*

### Is there sufficient housing for households at all income levels?

Across Rhode Island, there is a mismatch between the number of affordable units and the population of low- and moderate-income households. Although there are over 65,000 extremely low-income households (0-30 percent AMI), about 50,000 low-income households (30-50 percent AMI), and over 64,000 moderate income households (50-80 percent AMI), Table 36 indicates that most housing units are affordable to households earning 80 percent AMI or above. Specifically, an estimated 11.8 percent of rented units (21,135 units) are considered affordable for extremely low-income households. Twenty seven percent of rented units (48,985 units) are affordable for low-income households with the remaining 60.7 percent (108,365 units) affordable to moderate income or above households. Owner housing units also tend to be affordable to households earning higher incomes. Only 6.7 percent of owner units are affordable to low-income households, 33.7 percent are affordable to moderate income

households, and the remaining 59.6 percent of units are affordable to households earning 100 percent AMI.

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

The Housing Gap in Rhode Island, like other trends, is not easily defined by urban, suburban or rural area but rather by tenure and income tier. The problem of finding available and affordable housing is acute for renter households with incomes below 30% AMI and is problematic in some areas up to 60% AMI. Affordable ownership housing is a problem for most income tiers, but the problems with affordability tend to be concentrated among lower incomes (among people who may be least able to afford homeownership) and above 100% of AMI, where there is more competition for a limited inventory of housing. In large part, Rhode Island has stabilized since the recession in terms of housing prices and housing cost burden. Wages are growing, unemployment has dropped, and the State has largely reset. The challenge now is to facilitate a housing market that can better address the needs of a diverse household population based on income, tenure, and type.

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

Each year, RIHousing compiles data on average rental costs across the state by municipality and bedroom size. The purpose of this survey is to track changes in the rental housing market to support program planning and policy efforts. In 2018, the average rents (adjusted for inflation) in Rhode Island were:

- Studio - \$1,394
- 1-Bedroom - \$1,267
- 2-Bedroom - \$1,621
- 3-Bedroom - \$1,732
- Affordable for Median Income Renter - \$829

Per the [2018 Rental Survey](#) findings, there has been an upwards trend in rental costs over the past five years. In particular, there has been a rapid increase in costs for studio apartments, which are now more expensive than one-bedroom apartments. This is largely due to the growing number of large ‘luxury’ buildings with smaller unit sizes. Since 2014, average rental costs have increased by 22% for studios, 8% for one-bedroom, 10% for two-bedroom and 7% for three-bedroom apartments. In contrast, median income for renters has increased by less than 1%. A household earning the median income for renters (\$34,396 in 2018) can afford to

pay \$829 per month toward housing costs. However, costs for all unit types are well above \$1,200. A typical renter household would struggle to find an apartment they can afford in nearly all communities in Rhode Island.

Fair Market Rents, on average, are 80% of rental housing costs measured in the RIHousing Rental Survey. Overall, the average rental rates are significantly higher than the HOME and FMR rents. Average rents have been consistently climbing since also reaching peaks from 2006-2008, but these consistently high rents stress so much of Rhode Island because the majority of Rhode Island's renters earn 80% or less than the area median income.

The area median contract rent generated for this report was \$791, which comes from 2015 census data. In 2017, the median contract rent was measured to be \$820, a 3.5% increase in only two years.

Fair market Rents for the Providence-Fall River Metro areas and the current median gross rent for the state of Rhode Island are relatively even. 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.

## **MA-20 Condition of Housing – 91.310(a)**

### **Introduction**

Rhode Island’s housing inventory is old; the share of rental units built prior to 1940 is higher 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 needs 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.

### **Describe the jurisdiction’s definition for “substandard condition” and “substandard condition but suitable for rehabilitation:”**

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, an oven 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 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% of household income. Based on this definition, nearly half of all renter-occupied households in the state (45%) have at least one selected condition. A lower, yet significant proportion of owner-occupied households in the state (31%) have at least one selected condition.

## Condition of Units

**Table 37: Condition of Housing Units by Tenure**

Condition of Units	Owner-Occupied		Renter-Occupied	
	# Owner Units	% Total Owner Units	# Renter Units	% Total Renter Units
With one selected Condition	75,386	30.5%	73,766	45.1%
With two selected Conditions	1,162	0.5%	4,053	2.5%
With three selected Conditions	101	0.0%	452	0.3%
With four selected Conditions	5	0.0%	39	0.0%
No selected Conditions	170,255	69.0%	85,383	52.2%
<b>Total</b>	<b>246,909</b>	<b>100.0%</b>	<b>163,693</b>	<b>100.0%</b>

*Source: 2011-2015 CHAS*

## Year Unit Built

**Table 38: Year Housing Units Built by Tenure**

Year Unit Built	Owner-Occupied		Renter-Occupied	
	# Owner Units	% Owner Units	# Renter Units	% Renter Units
2000 or later	19,843	8.0%	8,912	5.4%
1980-1999	51,278	20.8%	24,398	14.9%
1950-1979	98,637	39.9%	52,754	32.2%
Before 1950	77,151	31.2%	77,629	47.4%
<b>Total</b>	<b>246,909</b>	<b>100.0%</b>	<b>163,693</b>	<b>100.0%</b>

*Source: 2011-2015 CHAS*

An aging housing stock is a major concern for Rhode Island; it has the third oldest housing stock in the nation. The median year of structures built in Rhode Island is 1956, giving structures an estimated median age of 63 years. Older homes are more likely to contain environmental health hazards, such as lead in pre-1978 homes, and lack accessibility features for elderly persons and persons with disabilities. In addition to the potential risk of lead exposure, older homes typically need mechanical system and energy efficiency upgrades which may not be financially feasible, particularly among low- and moderate-income households. High energy costs can contribute to cost burden. For persons with health conditions such as asthma, features such as excessive moisture and dampness, inadequate or poorly maintained heating and ventilation systems and structural defects are associated with exposure to indoor asthma triggers.

## Risk of Lead-Based Paint Hazard

**Table 39: Share of Housing Units at Risk of a Lead-Based Paint Hazard**

Housing Units	Owner-Occupied		Renter-Occupied	
	# Owner Units	% Total Owner Units	# Renter Units	% Total Renter Units
Total Units Built Prior to 1980	175,788	71.2%	130,383	79.7%
Units Built Prior to 1980 with Children Present	14,450	5.9%	9,425	5.8%

*Source: 2011-2015 ACS (for Total Units Built Prior to 1980) and 2011-2015 CHAS (for Units Built Prior to 1980 with Children Present)*

## Vacant Units

**Table 40: Number of Vacant Housing Units**

Housing Units	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units			54,642
Abandoned Vacant Units			
REO Properties			731
Abandoned REO Properties			

*Source: 2013-2017 ACS*

Rhode Island has a 5.6% vacancy rate for all housing units, including both owner- and renter-occupied units. Vacancy rate is the ratio of unoccupied units to the total number of units, as used by ACS.

Homeowner vacancy rates in Rhode Island sit near the national average at 1.8% indicative of a tight sales market. Homeowner vacancy is the ratio of vacant available for-sale and sold housing units to the total number of vacant and owner-occupied housing units. Low Opportunity Legacy markets have the highest homeowner vacancy rates at 5.1% followed by High Opportunity Legacy markets at 2.0%. High Opportunity Magnet and Homeowner Magnet markets have below-average homeowner vacancy rates.

Rental vacancy rates at 7.3% with the highest rates found in Renter Magnet and Low Opportunity Legacy markets. Like homeowner vacancies, rental vacancies are the ratio of vacant available for-rent and rented unoccupied units to the total number of vacant available

and rental-occupied housing units. Given the high concentration of renters in Low Opportunity Legacy markets, this trend may indicate there are barriers inhibiting access to rental properties. High opportunity markets experience below average rental vacancy rates.

Seasonal vacancies consist of 33.1% of all vacancies and including these vacancies with owner- and renter-occupied units inflates the State vacancy rate to 11.7%.

According to the U.S. Census Bureau, there are a total of 410,240 households and 468,251 housing units in Rhode Island. An estimated two percent of these housing units are vacant, while the apartment market vacancy rate is 2.3%.

### **Need for Owner and Rental Rehabilitation**

Given the age of housing stock and input from stakeholders, there is a large need throughout the state for owner and rental rehabilitation. This includes assisted properties that may be aging out of their affordability covenants.

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

Data from the 2011-2015 CHAS estimates that only 6% of owner-occupied and 6% of renter-occupied units built before 1980 are occupied by households with children. This equates to 23,875 households.

To estimate the number of household units occupied by low- or moderate-income families with LBP hazards, the assumption can be made that housing units by year built are distributed evenly across all income levels. As such, using the household counts in the Needs Assessment, the share of low-income households (0-50% AMI) with children under the age of six in Rhode Island is 37% (17,855 low-income households divided by 47,970 total households with children under 6). The share of moderate-income households (50-80% AMI) is 17% (8,230 moderate-income households divided by 47,970).

Given these shares and the assumption stated above, it can be estimated that of the 23,875 households with children at risk for lead-based paint hazards (built before 1980), approximately 8,833 (37% multiplied by 23,875) are occupied by low-income households and approximately 4,058 (17% multiplied by 23,875) are occupied by moderate-income households.



## MA-30 Homeless Facilities – 91.310(b)

### Introduction

This section provides an inventory of facilities, housing, and services that meet the needs of homeless persons throughout Rhode Island, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth.

### Facilities Targeted to Homeless Persons

**Table 41: Capacity of Facilities Serving Homeless Persons**

Facility Type	Family Units <sup>1</sup>	Family Beds <sup>1</sup>	Adult - Only Beds	Child-Only Beds	Total Year-Round Beds	Seasonal	Overflow Voucher	Chronic Beds	Veteran Beds <sup>3</sup>	Youth Beds <sup>3</sup>
Emergency, Safe Haven & Transitional Housing	133	375	623	5	1,003	142	7	N/A	68	21
Emergency Shelter	68	184	473	5	662	142	7	N/A	0	5
Transitional Housing	65	191	150	0	341	N/A	N/A	N/A	68	16
Permanent Housing	314	991	1,277	0	2,268	N/A	N/A	N/A	350	38
Permanent Supportive Housing*	144	513	731	0	1,244	N/A	N/A	547	288	37
Rapid Re-Housing	71	222	144	0	366	N/A	N/A	N/A	61	0
Other Permanent Housing**	99	256	402	0	658	N/A	N/A	N/A	1	1
<b>Grand Total</b>	<b>447</b>	<b>1,366</b>	<b>1,900</b>	<b>5</b>	<b>3,271</b>	<b>142</b>	<b>7</b>	<b>547</b>	<b>418</b>	<b>59</b>

*Source: HMIS*

**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**

Mainstream Services: The mainstream services available for homeless persons in Rhode Island include:

- Supplemental Nutritional Assistance Program (SNAP)
- MEDICAID health insurance
- MEDICARE health insurance
- Women, infants, and children supplemental nutritional program
- Veterans Administration medical services
- Temporary Assistance for Needy Families child care
- Transportation or other services

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

Health Care: Rhode Island's Department of Health and OHCD has 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 residencies. 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.**

The U.S. Department of Housing and Urban Development (HUD) primarily funds local responses to homelessness through the Continuum of Care Program. The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. RIHousing acts as the designated Collaborative Applicant agency for the Rhode Island Continuum of Care (RICOC) for CoC program funds and is responsible for overseeing RICOC's annual funding competition, compliance processes and system planning and policy oversight.

The purposes of the RI Continuum of Care are to:

- Promote communitywide commitment to employ best practices to end homelessness in Rhode Island;
- Secure funding for efforts by providers and government entities to prevent homelessness and quickly re-house homeless individuals (including unaccompanied youth) and families in Rhode Island, while minimizing the trauma and dislocation that homelessness causes to individuals, families, and communities;
- Promote access to and effective utilization of mainstream programs by homeless individuals and families; and

- Optimize self-sufficiency among individuals and families that experience homelessness.

The Rhode Island Coalition for the Homeless acts as the Lead Agency for managing RICOC's Homeless Management Information System (HMIS). A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care (CoC) is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Under the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act), The Rhode Island Continuum of Care is required to implement a coordinated entry system. Coordinated entry is a powerful tool designed to ensure that households experiencing homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. Coordinated Entry is a data-driven concept which is widely accepted as a best practice in homeless assistance systems to achieve three goals:

1. Helping households move through the homeless system faster
2. Reducing new entries into homelessness
3. Improving data collection and quality

The Rhode Island Coordinated Entry System (CES) is a partnership of all the homeless providers in the state and is an initiative of the Rhode Island Continuum of Care. The day to day operations of this program is led by the Rhode Island Coalition for the Homeless and Crossroads Rhode Island.

Crossroads Rhode Island operates the Coordinated Entry Hotline and all diversion/entry to the shelter system. The Rhode Island Coalition for the Homeless manages the permanent housing placement part of the program, once persons are in a shelter or are living on the street. For more information go to <https://www.RIHousingomeless.org/coordinated-entry>.

Through its FY2018 CoC program award from HUD, RICOC funded 37 programs with \$7,160,233. These programs are provided through a network of non-profit and governmental organizations, including RIHousing.

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

### Introduction

Behavioral Health: The Rhode Island Governor's Council on Behavioral Health is the State's behavioral health planning council. It was established by both federal and State law to review and evaluate the needs and problems associated with Rhode Island's services for individuals with mental health and substance use disorders. In addition, the Council stimulates and monitors the development, coordination, and integration of these State-wide services. The Council also serves in an advisory capacity to the Governor and the General Assembly. The Governor's Council has eighteen Public Members. These members may be behavioral healthcare service providers, consumers of these services, their family members, individuals in recovery from mental illness or substance use disorders, behavioral healthcare advocates or other interested parties. More than half of the members must be consumers of behavioral healthcare services, their family members, advocates or others. Representatives from State departments are also members, but do not vote. Council meetings are open to the public, and guests are encouraged to participate, although they may not vote. Meetings are held monthly.

Division of Behavioral Healthcare, Developmental Disabilities and Hospitals (“BHDDH”) Rhode Island has a network of six private, nonprofit licensed community mental health centers, known as CMHCs: Community Care Alliance; Gateway; The Providence Center; Thrive Behavioral Health (Kent Center); East Bay Mental Health; and Newport Mental Health. Rhode Island’s network also includes a specialty provider, Fellowship Health Resources. This network provides comprehensive behavioral health services to adults with behavioral health needs. Typically, the CMHCs provide behavioral health services ranging from emergency services, general and intensive community-based outpatient treatment, substance use treatment, case management and other services.

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. In most cases, improved access and coordination of care is achieved by the Health Home (HH) Teams developing better linkages with primary care providers. 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.

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 subacute 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.

Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing: Across Rhode Island, BHDDH funds 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. 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. 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 nonreversible 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. Most 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. 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 everyone 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 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.

HIV/AIDS: OHCD administers two competitive Housing Opportunities for Persons with AIDS (HOPWA) grants, for \$1,240,606 and \$741,365. Each are for 3 years. Both provide HOPWA housing activities exclusively within Rhode Island and both primarily provide facility-based (residential) housing assistance, both transitional and permanent. In 2018, grants combined housed 47 households with permanent housing and 8 households with transitional housing (meaning, stays are expected to be <24 months). Supportive services were provided to all assisted households.

The City of Providence RI is a HOPWA formula grant recipient, receiving \$1,180,379.00 in FY2019. [It is important to note that the Providence EMSA includes Bristol County, Massachusetts. In 2017-18, \$252,100 of the City of Providence's HOPWA allocation went outside of RI, to housing activities in Massachusetts.] The City of Providence funds AIDS Care Ocean State for the provision of HOPWA housing activities in Rhode Island. HOPWA annual performance reporting does not break out annual results at the sub-recipient level, so CAPER results includes outputs and outcomes for activities also provided in Bristol County, MA. In 2018, the City of Providence served 15 households with tenant-based rental assistance, 41 households with facility-based permanent housing, and 22 households with short-term rent, mortgage, and utilities assistance. It also provided supportive services to 313 households. In general, black/African-American individuals were served at a rate exceeding representation among persons living with HIV/AIDS. The formula grantee also reported Hispanic/Latino



participation at 24% of total served; competitive grantees reported 0% Hispanic/Latino participation. In total, the HOPWA grantees provided transitional and permanent housing to 109 households in 2017-2018, though a portion of that total would be households in Massachusetts.

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 persons living with HIV/AIDS across Rhode Island. 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 provide housing and supportive service resources to persons living with HIV/AIDS. Housing services include tenant-based rental assistance, project-based rental assistance, and short-term rent, mortgage and utilities assistance. Supportive services include:

- Patient advocacy
- Transportation to and from medical appointments
- Referrals for medical and mental health services
- Emergency financial assistance
- Medication adherence
- Respite care
- Eviction prevention
- Clinical counseling

**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**

See above.

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

See above.

**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€**

Ongoing activities provide by the state include the Supportive Housing Program and supportive services for persons with special needs.

## **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 Rhode Island’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 regulatory barriers and helping to address the need for more affordable housing options.

However, much more needs to be done to increase building permit activity and reduce the growing affordability gap in the state.

The state has identified 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

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

### Economic Development Market Analysis

Per HUD’s Market at a Glance report, prepared by PD&R/Economic & Market Analysis Division (EMAD) in November 2019, economic conditions in the state of Rhode Island have improved since 2010. During the 3 months ending (3ME) July 2019, nonfarm payrolls averaged 507,300, representing an increase of 5,600 jobs, or 1.1 percent, from a year ago. By comparison, nonfarm payrolls grew by 6,100, or 1.2 percent, during the same period a year earlier. During the more recent period, nonfarm payroll growth was led by the education and health services sector, which increased by 2,800, or 2.7 percent. The construction sector added 700 jobs, at a rate of 3.3 percent. This rate of growth was the second highest in the state, behind all other services, which grew by 800, 3.4 percent. The professional and business services and manufacturing sectors both contracted, with payrolls declining by 1,500 jobs and 1,300 jobs, or 2.1 percent and 3.1 percent, respectively. During the 3ME July 2019, the unemployment rate averaged 3.4 percent, compared with 3.8 percent a year earlier.

### Business Activity

**Table 42: Business Activity by Sector**

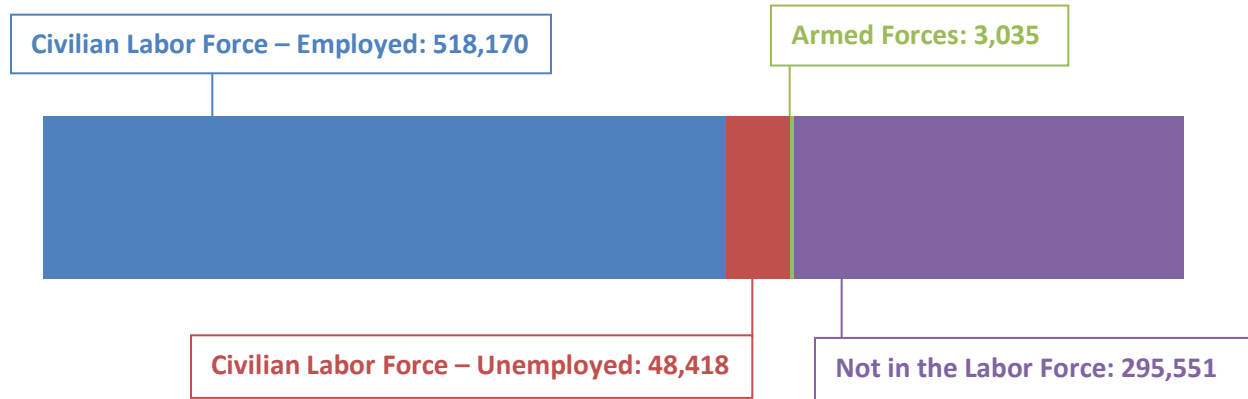
Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	2,245	749	0.5	0.2	-0.3%
Arts, Entertainment, Accommodations	56,402	53,705	12.2	11.7	-2.1%
Construction	26,853	17,147	5.8	3.7	-3.2%
Education and Health Care Services	141,815	131,821	30.8	28.6	-3.2%
Finance, Insurance, and Real Estate	35,361	30,608	7.7	6.6	-1.6%
Information	8,515	9,029	1.8	2.0	0.1%
Manufacturing	56,613	41,977	12.3	9.1	-1.0%
Other Services	23,661	18,029	5.1	3.9	2.7%
Professional, Scientific, Management Services	50,090	60,679	10.9	13.6	-2.2%

Public Administration	22,296	18,829	4.8	4.1	-0.6%
Retail Trade	62,071	47,314	13.5	10.3	-0.8%
Transportation, Warehousing, and Utilities	19,032	11,843	4.1	2.6	-1.2%
Wholesale Trade	13,216	17,097	2.9	3.7	0.8%
<b>Total</b>	518,170	460,827	--	--	--

*Source: 2011-2015 ACS (Workers), 2015 Longitudinal Employer-Household Dynamics (Jobs)*

## Labor Force

**Figure 15: Employment Status of the Population Age 16 Years and Over**



Source: 2011-2015 ACS

**Table: Summary of Rhode Island Labor Force**

Labor Force Statistics	Estimate
Total Population in the Civilian Labor Force	566,588
Civilian Employed Population 16 years and over	518,170
Unemployment Rate	8.5%
Unemployment Rate for Ages 16-24	16.3
Unemployment Rate for Ages 25-65	7.2

Source: 2011-2015 ACS

**Table 43: Employment Status by Age Bracket**

Population	# Individuals	Labor Force Participation Rate	Unemployment Rate
Total Population 16+	865,174	65.8%	8.5%
16 to 19 years	62,766	43.6%	25.0%
20 to 24 years	81,767	74.9%	12.4%
30 to 34 years	64,977	85.5%	8.1%
35 to 44 years	128,099	86.3%	6.2%
45 to 54 years	154,674	83.1%	6.2%
55 to 59 years	75,833	75.6%	6.0%
60 to 64 years	64,101	61.4%	5.9%

65 to 74 years	85,493	29.6%	6.0%
75 years and over	76,796	6.0%	8.9%
<i>Source: 2011-2015 ACS</i>			

**Table 44: Occupations by Sector**

Occupations by Sector	Number of People
Management, business and financial	71,395
Farming, fisheries and forestry occupations	10,397
Service	29,435
Sales and office	67,911
Construction, extraction, maintenance and repair	20,154
Production, transportation and material moving	12,693
<i>Source: 2011-2015 ACS</i>	

## Travel Time

**Table 45: Travel Time for Commuters in Rhode Island**

Travel Time Bracket	# Commuters	% Commuters
Less than 10 minutes	62,394	12.6%
10 to 19 minutes	155,265	31.4%
20 to 29 minutes	114,941	23.3%
30 to 39 minutes	76,522	15.5%
40 to 59 minutes	50,425	10.2%
60 or more minutes	34,484	7.0%
<b>Total</b>	<b>494,031</b>	<b>100.0%</b>
<i>Source: 2011-2015 ACS</i>		

## Education

**Table 46: Educational Attainment by Employment Status for Population 16 Years or Older**

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	32,644	5,599	23,035
High school graduate (or equivalency)	100,164	11,462	33,052
Some college or Associate degree	124,050	9,157	28,596
Bachelor's degree or higher	159,593	5,901	22,570

*Source: 2011-2015 ACS*

## Educational Attainment by Age

**Table 47: Highest Level of Educational Attainment by Age Bracket**

Education Level	Age Bracket (years)					Total
	18–24	25–34	35–44	45–64	65+	
Less than 9th grade	1,081	4,206	5,798	15,089	18,452	<b>44,626</b>
9th to 12th grade, no diploma	11,630	9,264	7,862	19,059	20,017	<b>67,832</b>
High school graduate, GED, or equivalent	32,869	32,331	31,717	80,923	52,017	<b>229,857</b>
Some college, no degree	52,367	30,668	25,730	53,558	23,073	<b>185,396</b>
Associate degree	5,209	10,293	12,072	30,140	8,555	<b>66,269</b>
Bachelor's degree	13,760	33,756	27,071	54,140	20,538	<b>149,265</b>
Graduate or professional degree	1,085	15,127	17,849	39,699	19,637	<b>93,397</b>
<b>Total</b>	<b>118,001</b>	<b>135,645</b>	<b>128,099</b>	<b>294,608</b>	<b>162,289</b>	<b>838,642</b>

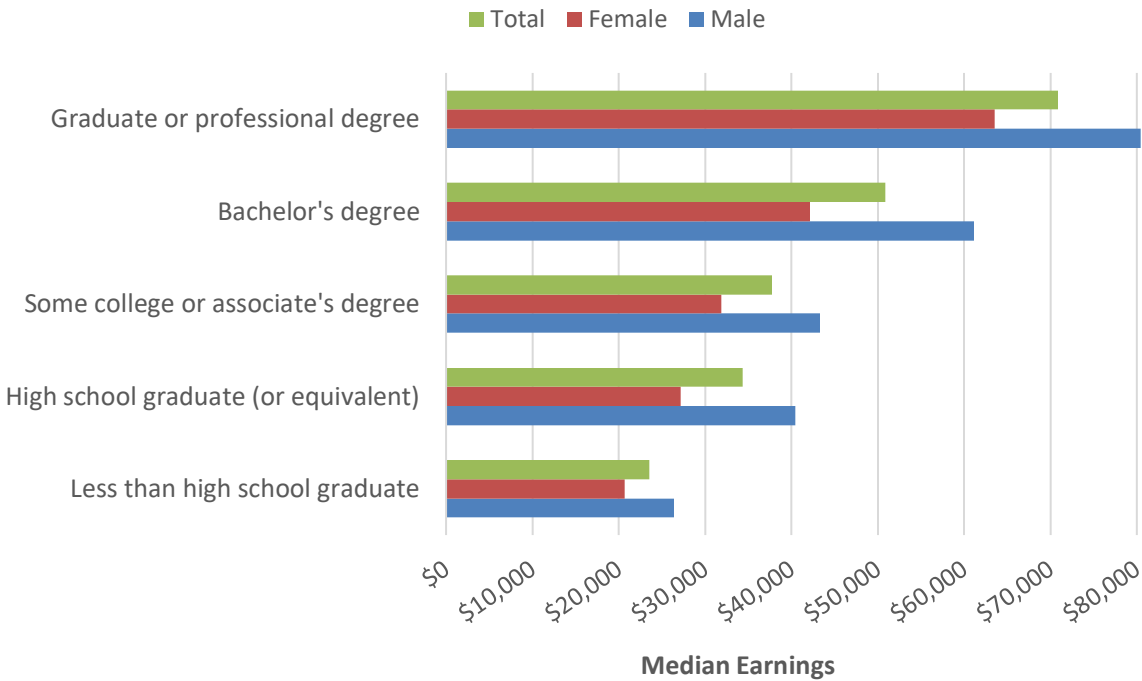
*Source: 2011-2015 ACS*

**Table 48: Median Earnings in the Past 12 Months by Educational Attainment**

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	\$23,540
High school graduate (includes equivalency)	\$34,328
Some college or Associate degree	\$37,783
Bachelor's degree	\$50,880
Graduate or professional degree	\$70,840

*Source: 2011-2015 ACS*

**Figure 16: Median Earnings in the Past 12 Months by Gender and Highest Level of Education**



*Source: 2011-2015 ACS*

**Based on the Business Activity table above, what are the major employment sectors within the state?**

The three largest employment sectors in the state are healthcare/educational services (23%), retail trade (13%), and arts/entertainment/accommodations (13%). The primary job center in



the state is in Providence with a large share of residents commuting into Providence or the immediate metro area.

Some of the most common jobs in Rhode Island are low-paying and vulnerable during times of economic downturn. Households supported by one of these jobs would have to work significantly more than 40 hours a week to afford the median two-bedroom rent. However, Rhode Island also has significant concentrations of some higher-paying jobs. For every 1,000 jobs in Rhode Island, 273 of them pay above the median hourly wage for the state and are more concentrated in Rhode Island than in other states. These jobs include Healthcare Practitioners and Technical Occupations; Education, Training, and Library occupations; and Business and Financial Operations occupations.

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

Over 98.9% of firms in Rhode Island are small businesses that employ 53.5% of the workforce (2017 SBA Small Business Profile). The workforce consists of 4.7 million people that live within a 1-hour commute of Providence.

Regarding transportation infrastructure, Rhode Island's location along Northeast 1-95 corridor means easy access to major metropolitan areas. People can reach Boston in under 45 minutes, and New York City in under three hours. To strengthen the long-term reliability of Rhode Island's roadway infrastructure, the state has made a significant investment of \$4.7 billion over 10 years to improve roads and bridges. In addition, an impressive array of bike paths winds through Providence's urban core and connects significant portions of the state. A recent bond allocated \$10 million to enhance Rhode Island's green economy and included the statewide expansion, creation, and maintenance of bike paths, which employees can use as commuting and leisure options. Rhode Island's rail system serves both high-speed Amtrak trains and Boston's MBTA commuter rail. From Providence, commuters can reach Boston in 35 minutes by taking Amtrak Acela, with more than 40 trains daily between the two cities. It takes roughly 2.5 hours to reach New York City by Acela, with more than 20 daily trains between Providence and NYC. Just north of Providence, Pawtucket-Central Falls is building a \$50 million Amtrak and commuter rail station which anticipates increasing both the number of riders and trains.

**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.**

Rhode Island has become the first state in the nation to have both free community college & computer science education in all K-12 schools.

Rhode Island Commerce implemented two tax credit programs designed to attract additional employers to the state. The Rebuild Rhode Island Tax Credit program can assist real estate projects that cannot raise sufficient funding by filling the financing gap with redeemable tax credits covering up to 20% - and, in some cases, 30% - of project costs. Commercial office, industrial, residential, mixed-use development, ground-up construction, and historic rehab can qualify. The Qualified Jobs Incentive Tax Credit program allows employers to expand their workforce in Rhode Island or relocate jobs from out of state, and receive annual, redeemable tax credits for up to 10 years. Credits can equal up to \$7,500 per job per year, depending on the wage level and other criteria. The minimum number of new jobs needed to qualify varies by industry and company size but can be as few as 10.

Through the Governor's FY2020 budget, Rhode Island Commerce created the Site Readiness Program in which the state will partner with municipalities and/or developers to fund municipal technical assistance and site-specific planning and improvements.

- Site-Specific Improvements – Funding is available to support the planned or future development of specific sites. Activities funded may include:
  - Site specific planning and pre-development activities including property surveys, master planning, engineering surveys, or environmental studies
  - Site-specific project improvements including activities that will support planned or future build-out of significant sites including infrastructure improvements, land assembly activities, site clearing or demolition, and building improvements
- Municipal Assistance – Program funding is also available to cities and towns to assist in the development of strategies and plans that spur development and growth in support of the municipality's development goals. The activities could include:
  - LEAN Consultation to streamline current land-use development and permitting processes
  - Training/Education for planning/zoning board members as well as Building Officials and Inspectors
  - Assistance with writing zoning ordinances, updating a comprehensive plan
  - Providing strategic planning effort support (including matching funds or support for federal grants) or marketing support that will lead to the development or redevelopment of significant sites in a municipality.

**How do the skills and education of the current workforce correspond to employment opportunities in the state?**

Rhode Island's economy is changing and diversifying. While Rhode Island's regional economy appears highly specialized in healthcare-related services, these jobs also showed the largest drop in location quotient (LQ) between 2014 and 2018. Rising industries include architecture and engineering, business and financial operations, and life, physical, and social sciences. These occupations have a relatively high wages and require higher levels of education, indicating that Rhode Island is attracting a professional, educated workforce.

As can be seen in nationwide trends, the state is dividing into a higher income knowledge economy and a lower income service economy. This divergence has been described as accelerating post-recession nationally and is mirrored in Rhode Island. Increasing differences in earning potential by occupation have long-term implications for the affordability of housing and rates of cost burden among renters and homeowners alike.

**Describe current workforce training initiatives supported by the state. Describe how these efforts will support the state's Consolidated Plan.**

It is the long-term goal of Rhode Island to create a pipeline of educated and skilled workers in hopes to attract more businesses to the state. Rhode Island's Commerce Corporation offers the following statewide initiatives that are currently working toward this very important goal.

- [Real Jobs RI](#) – The Real Jobs RI initiative ensures that employers have the talented employees they need to compete and grow, while it provides targeted education and skills training for workers. By putting employers at the center of job training, everyone wins. It's a win for employers who will have a pipeline of trained workers. It's a win for employees who will have a job once their training is complete. And it's a win for Rhode Island as the state looks to attract and grow more companies. Real Jobs RI puts people to work through employer-centered job-training efforts.
- [10,000 Small Businesses](#) – 10,000 Small Businesses is a proven model for unlocking the growth and job-creation potential of small businesses. It provides a unique opportunity to move Rhode Island forward by strengthening local business – the backbone of the state's economy. 10,000 Small Businesses will build on the comprehensive package of tools the state has launched to support entrepreneurs, create jobs, and ensure everyone can make it in Rhode Island.
- [CS4RI: Computer Science for Rhode Island](#) – Rhode Island's students deserve the best opportunities in today's tech-driven economy, so the state is helping them get ahead by making sure every student, at every level, has access to the new basic skill: computer science. CS4RI is among the most comprehensive statewide computer science (CS) initiatives in the country, and will bring together a coalition of partners – including Microsoft TEALS, Code.org, Project Lead the Way, Brown University's Bootstrap, and University of Rhode Island's CS curricula for high school – to offer schools a menu of

options for expanding computer science education in kindergarten through grade 12. Also, General Assembly, a nationally recognized provider of industry CS training, will collaborate to develop a pilot teacher CS boot camp offered in Rhode Island. CSRI will:

- Give students the skills they need, starting in kindergarten, to be successful
- Stop the brain drain by creating partnerships between schools and business to raise awareness about the opportunities open right now in Rhode Island
- Help students get jobs that pay by giving them relevant 21<sup>st</sup>-century skills
- Attract 21<sup>st</sup>-century business to Rhode Island by demonstrating a commitment to building a pipeline of trained and talented workers
- Address disparities to ensure that everyone can succeed in Rhode Island

## MA-50 Needs and Market Analysis Discussion

### Introduction

Of the market archetypes described in the RI Housing State of Housing in Rhode Island (SHRI) plan, three of the five archetypes contain areas with lower median incomes, older housing stock, and higher concentrations of cost-burdened households compared to the state. Low Opportunity Legacy areas most closely resemble these characteristics, although Renter Magnet and Homeowner Magnet markets also include areas fitting this description. The State of Housing in Rhode Island plan describes them as the following:

**Low Opportunity Legacy:** “This market type is considered the most socioeconomically distressed and is seeing decline in its population and housing. It is primarily concentrated in the center of urban areas, including Providence, East Providence, Pawtucket, Woonsocket, Warwick, and Newport. It is the only market that is primarily renters and is seeing a relatively high decline in owner-occupied units. However, these areas generally have good access to public transit, apart from Burrillville. The population can be characterized as young and ethnically and racially diverse with relatively large households. The areas’ high vacancy rates combined with its low socioeconomic status may indicate a need to improve opportunities in these areas to avoid related issues such as concentrated poverty, blight, and general economic decline.” (pgs. 19-20)

**Renter Magnet:** “This market type is found near the outer boundaries of urban areas, such as Providence and Pawtucket, along with pockets in Burrillville, Woonsocket, and Newport. The level of opportunity is moderate compared to the other market types. While its overall population growth is stagnant, this market type stands out with large growth in renter-occupied units between 2010 and 2017, even with its relatively high gross rent. This growth is comparable to the high opportunity markets. Conversely, homeownership has significantly declined, the highest out of all the market types, and home sales are increasing relatively slowly. High vacancy rates in both the rental and sales market indicate that this market still has room to grow in terms of population and may have seen an increase in housing units between 2010 and 2017. Socioeconomically, this market reflects the overall state’s demographics in terms of income, unemployment, age, and ethnic and racial composition.” (pg. 19)

**Homeowner Magnet:** “Like Renter Magnet markets, Homeowner Magnet markets describe more socioeconomically distressed areas that are attracting residents, especially homeowners. They are primarily found on the fringes of Providence and East Providence along with pockets in Burrillville, Warwick, Westerly, and Woonsocket. This market saw the largest growth in population between 2010 and 2017. Most of this growth can be attributed to an active housing market; this market saw the highest growth in home sales between 2013 and 2018 compared

to other markets. The area's overall low vacancy rate indicates that this market is desirable to move into, especially for homeowners. This area is at-risk of facing a housing shortage if demand keeps up and no additional units are built." (pg. 19)

### Concentration of Housing Problems

**Are there areas where households with multiple housing problems are concentrated?**  
(include a definition of "concentration")

In its State of Housing in Rhode Island plan, RIHousing created a Housing Conditions Model which analyzed the degree of housing quality at the census tract level. The model generated a normalized score for each census tract using data from the American Community Survey including median home value, housing age, and housing cost burden. Each jurisdiction was then assigned one of four labels based on how its score compared to the median score for Rhode Island. The categories include Lowest, Lower, Higher, and Highest Quality.

Figures 18 and 19 depict the resultant scores from the Housing Conditions Model. The maps indicate that many of the Lowest Quality tracts are in and around Providence. There are also pockets of Lowest Quality housing in tracts near Bristol, Westerly, Warwick, Burrillville, and Woonsocket. Conversely, tracts rated as having Highest Quality housing are found across the northern, western, and coastal of the state.

Areas with the oldest housing stock (by median year built):

With median year built < 1939:

Newport, Central Falls, Providence, Woonsocket (pages 236-237)

Figure 17: Map of Housing Condition Scores Across Rhode Island

### Housing Conditions Model, 2017

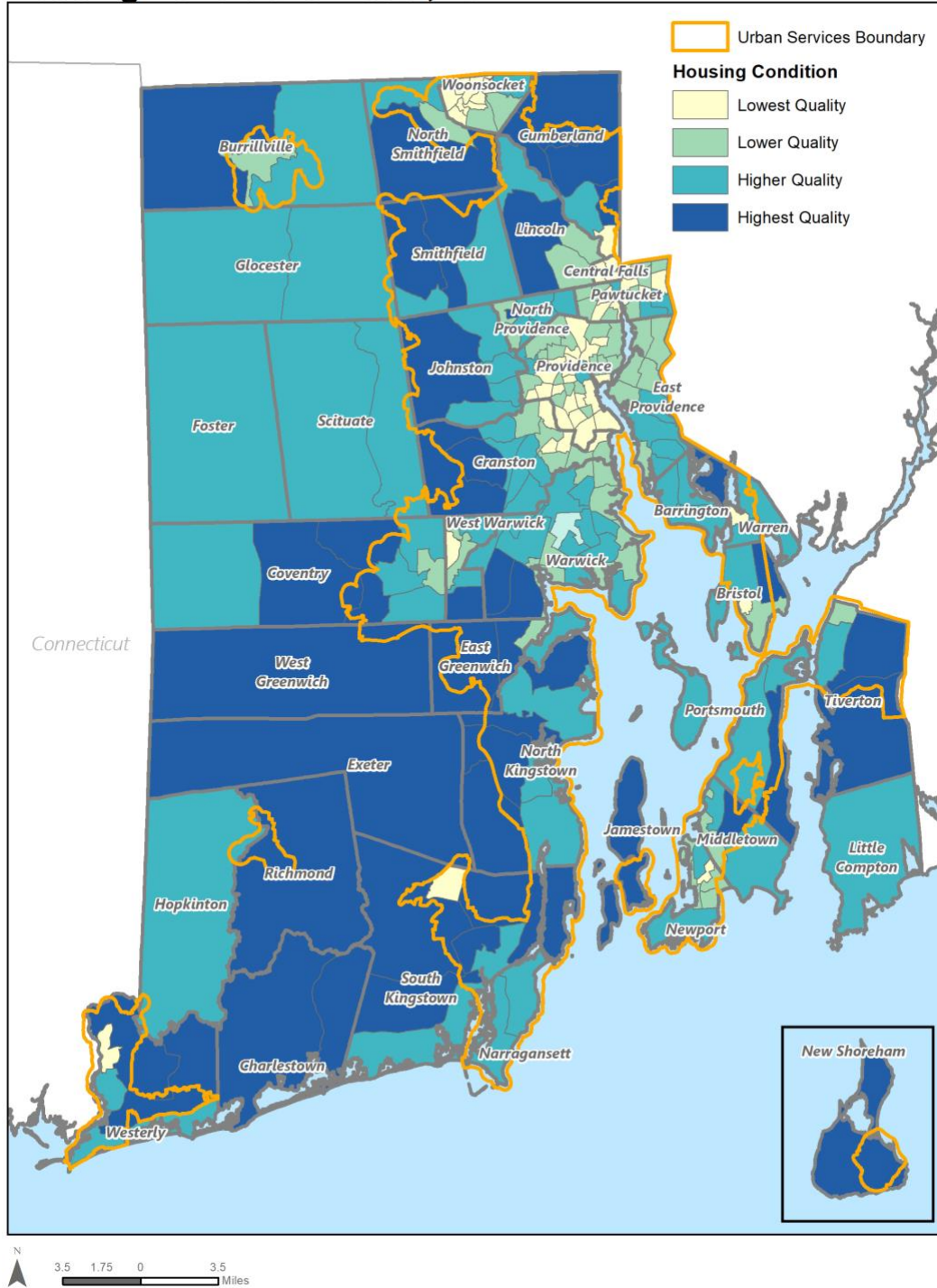
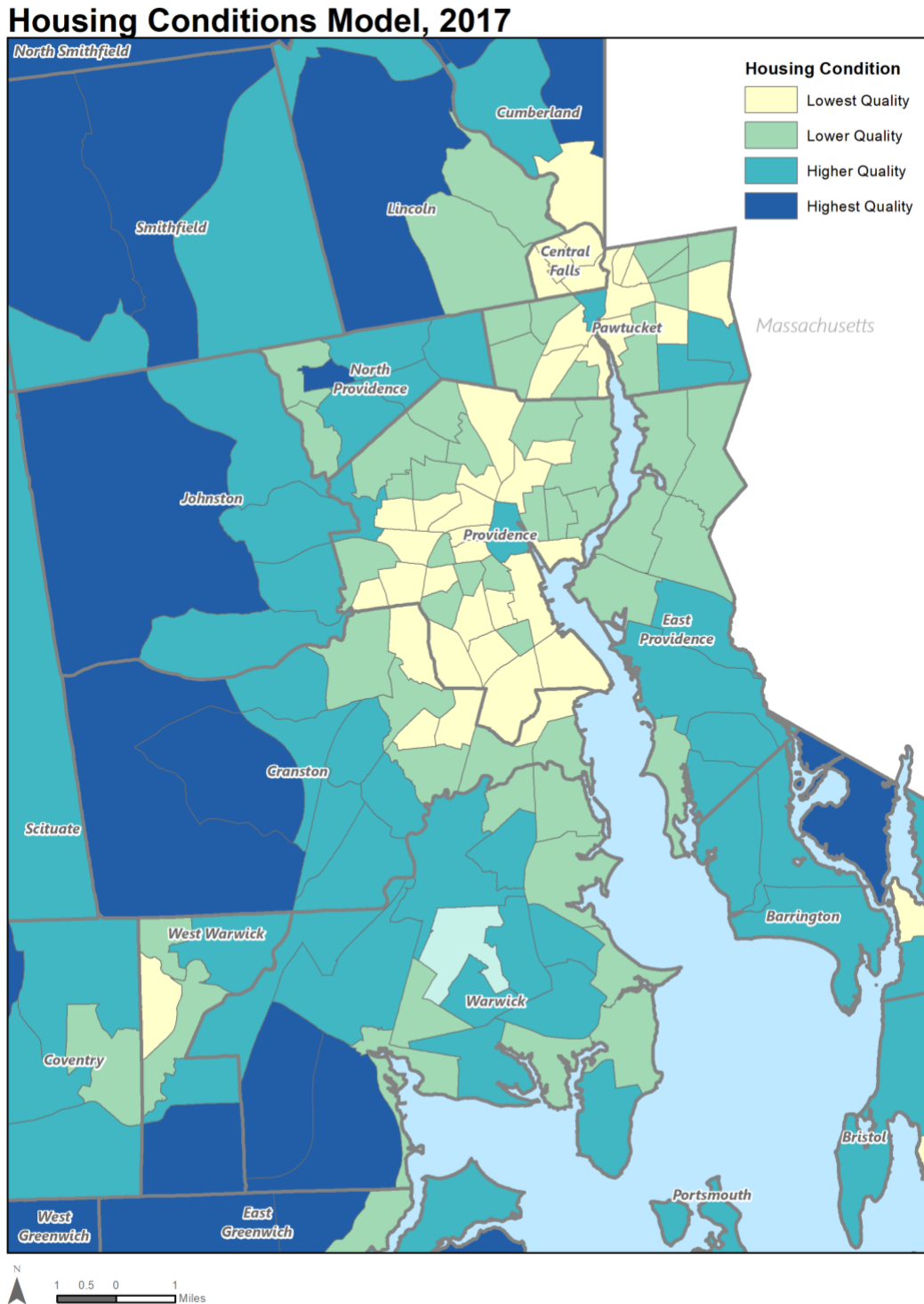


Figure 18: Map of Housing Condition Scores for the Providence Region





Concentration of Racial and Ethnic Minorities, Low-Income Families, Etc.

**Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration")**

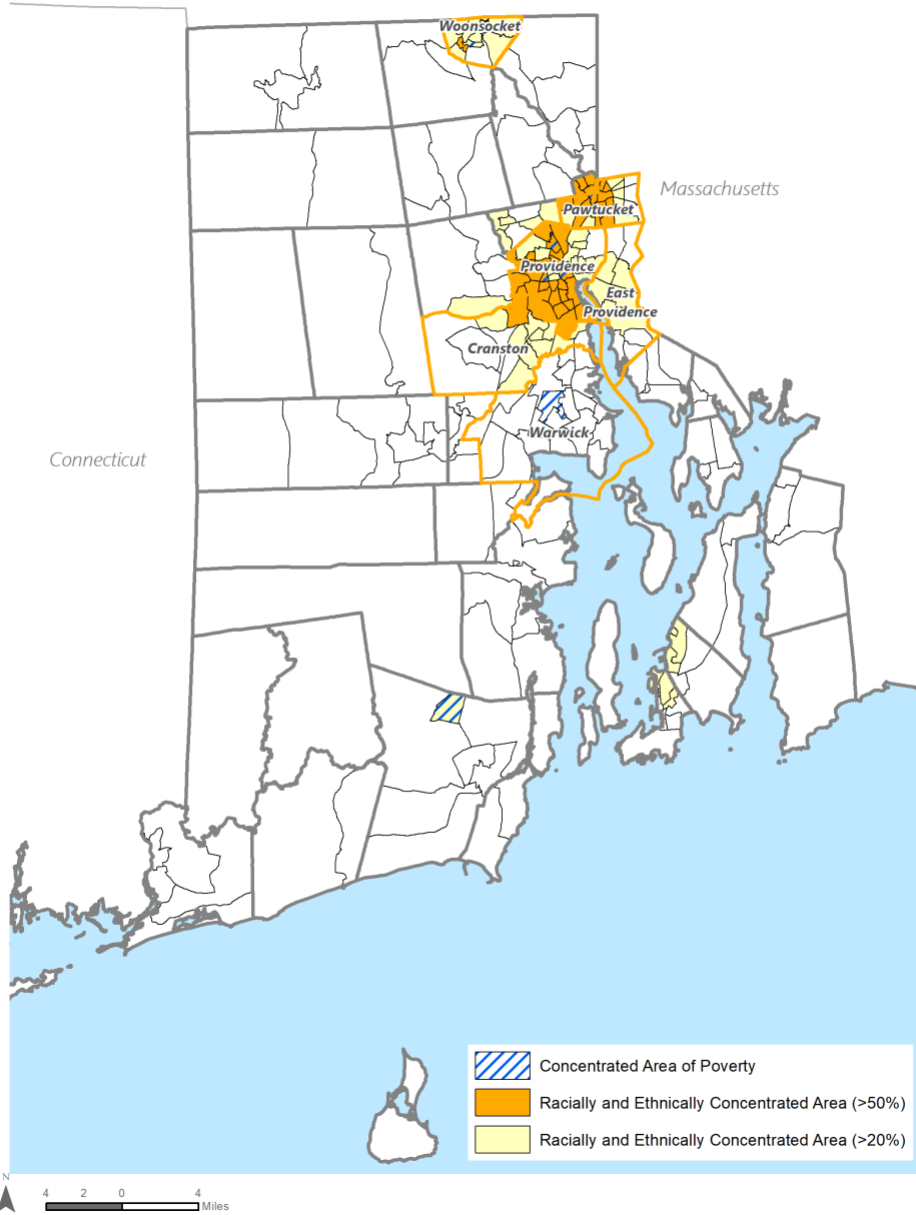
HUD defines R/ECAPs as census tracts with a non-White population of at least 50% (and 20% outside of metropolitan/micropolitan areas) and a poverty rate that either exceeds 40% or is three times the average tract poverty rate for the metropolitan/micropolitan area, whichever is lower. By combining these data, it is possible to determine geographic patterns where there are concentrated areas of poverty among racial/ethnic minorities.

Using the HUD definition of R/ECAPs, there are seven census tracts that meet these requirements. Most of the R/ECAPs are located in urban areas, such as Providence, Woonsocket, and Pawtucket. South Kingstown is the only R/ECAP not located in an Entitlement and can likely be explained by the presence of the University of Rhode Island in this relatively small census tract. There are also census tracts around these three Entitlements that meet the racial and ethnic requirement but do not meet the poverty requirement. Conversely, the central part of Warwick meets the poverty requirement but not the racial and ethnic requirement.

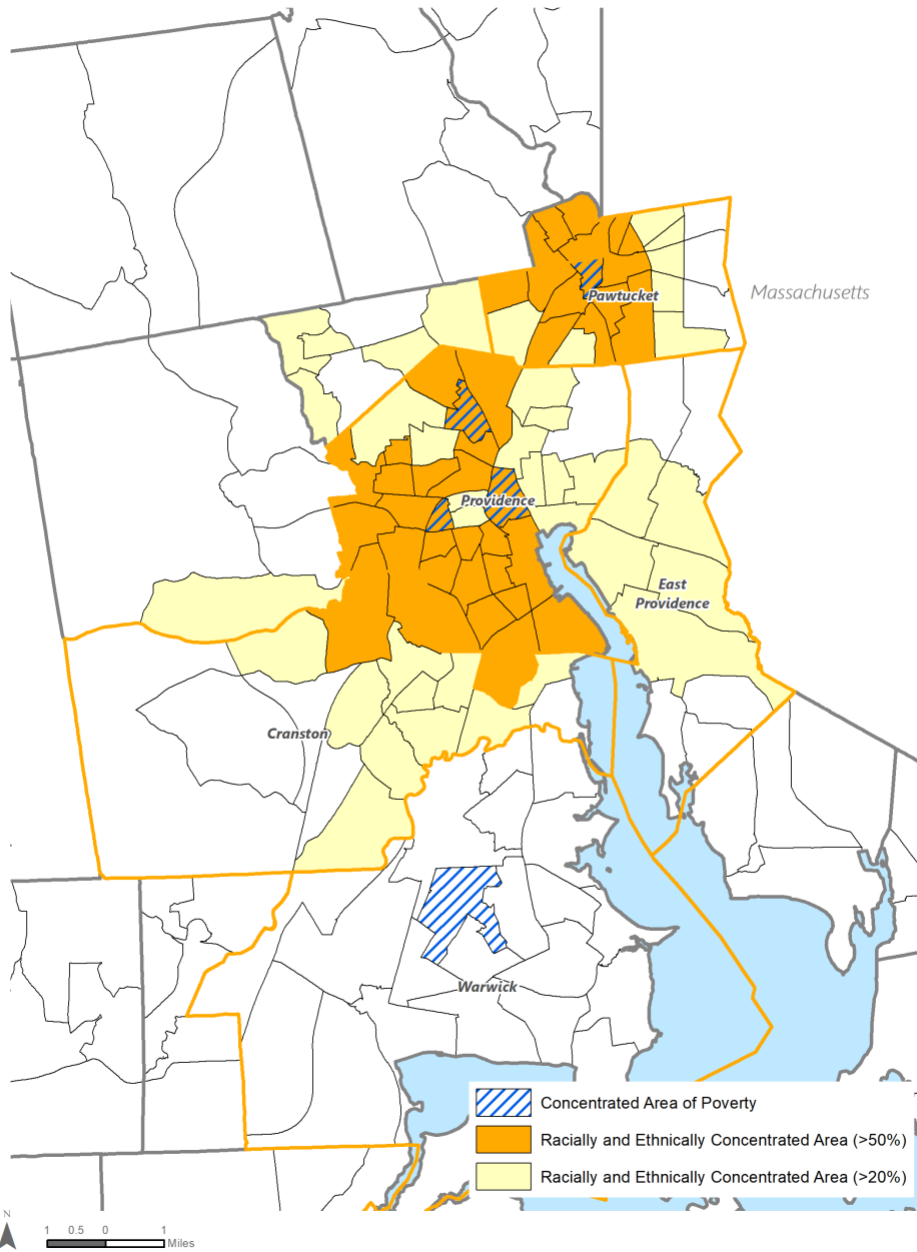
**Table: R/ECAP Census Tracts, 2017**

Census Tract	County Subdivision	Non-White	Poverty Rate
514	South Kingstown	22.1%	53.2%
183	Woonsocket	43.7%	41.0%
152	Pawtucket	76.2%	49.2%
178	Woonsocket	34.3%	40.7%
8	Providence	53.2%	42.6%
10	Providence	53.3%	40.6%
27	Providence	71.5%	41.9%
<i>Source: ACS five-year estimates 2017</i>			

2019 Rhode Island Analysis of Impediments to Fair Housing Choice  
**Racially/Ethnically Concentrated Areas of Poverty, 2017**



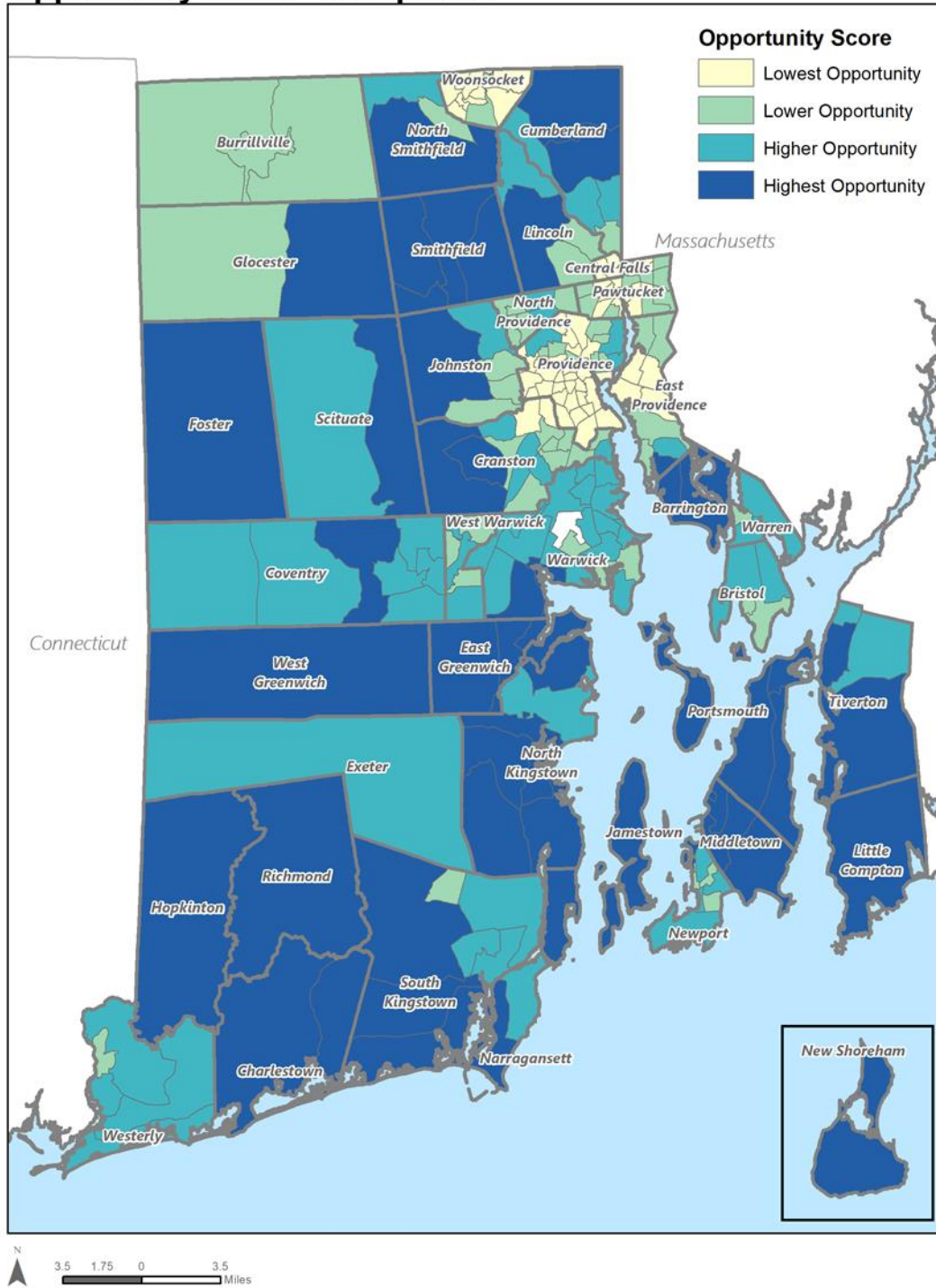
2019 Rhode Island Analysis of Impediments to Fair Housing Choice  
**Racially/Ethnically Concentrated Areas of Poverty, 2017**



**Are there other strategic opportunities in any of these areas?**

As part of the development of the State’s Analysis of Impediments to Fair Housing Choice, the following composite Opportunity Map was developed based on education, labor force engagement, environmental health index, transit and poverty indices. The State has an obligation to balance its investment in lower income communities to improve the quality of life for residents who live there with creating new affordable housing opportunities in higher opportunity communities. The State will prioritize development of new housing in areas with a shortage of affordable housing and in urban areas where a proposed project is part of a revitalization plan. There is significant alignment between areas with a shortage of affordable housing and higher opportunity areas. In addition, preservation of affordable housing is prioritized in areas with a shortage of affordable housing that are most likely to gentrify.

# Opportunity Index - Composite



## **MA-60 Broadband Needs of Housing occupied by Low- and Moderate-Income Households - 91.210(a)(4), 91.310(a)(2)**

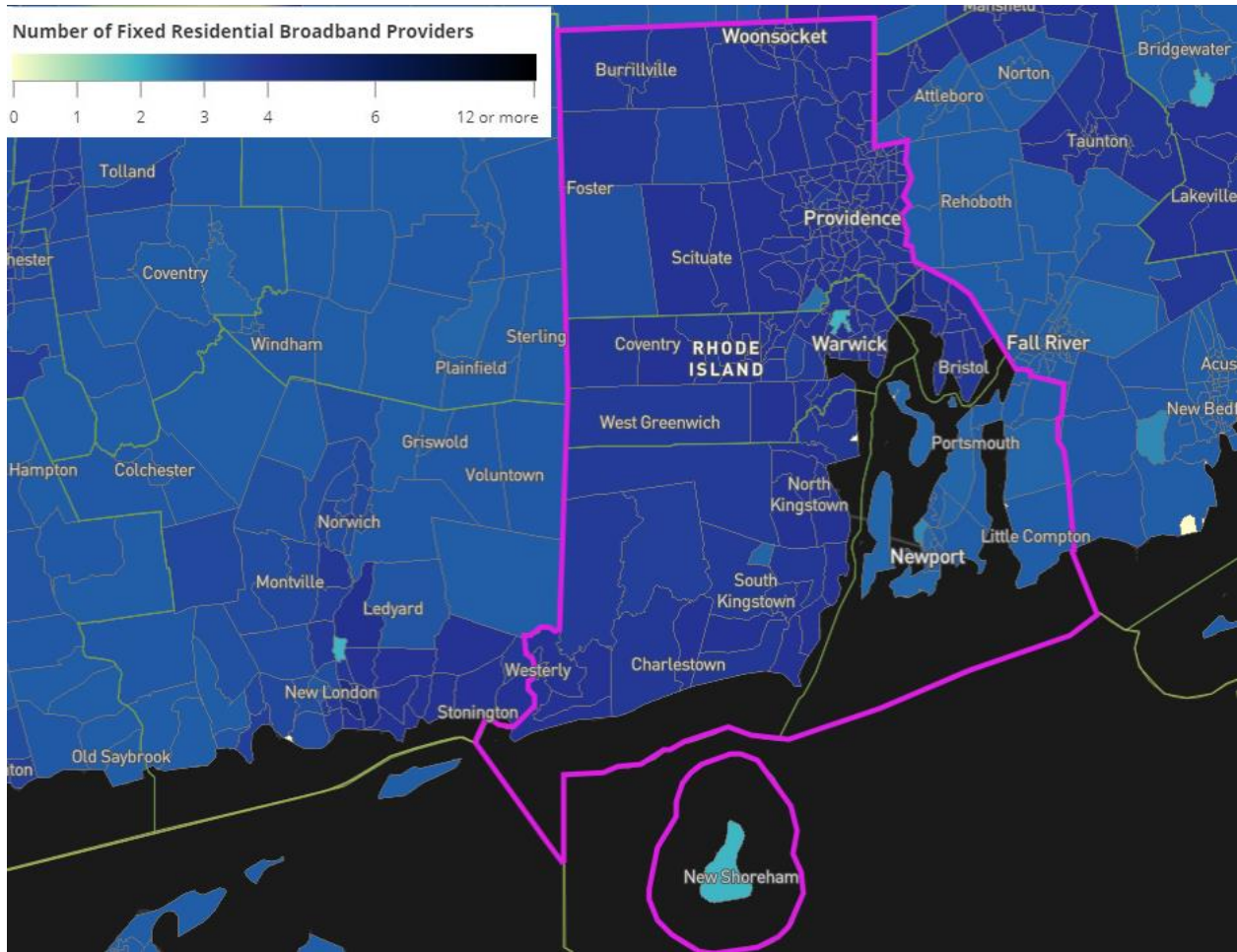
**Describe the need for broadband wiring and connections for households, including low- and moderate-income households and neighborhoods.**

Per HUD guidance, all Consolidated Plans submitted after January 1, 2018, must address broadband needs within the jurisdiction. Below is a map outlining Rhode Island's access to broadband providers. The speeds identified are 25Mbps download and 3Mbps upload, the minimum speeds required to be considered broadband.

Broadband access is often viewed to connect to education, commerce, and a wider community-at-large. It is increasingly becoming a requirement for all households to effectively engage with markets and resources. Further, for low- and moderate-income households, broadband affordability is an issue.

**Describe the need for increased competition by having more than one broadband Internet service provider serve the jurisdiction.**

Due to high population density and location in the North East corridor, Rhode Island has broadband competition statewide. The majority of regions throughout the state have between 3-4 broadband providers.



**Table 49: Share of Population with Access to Broadband Providers by State**

Jurisdiction	No providers	1 or more providers	2 or more providers	3 or more providers
Rhode Island	0.00	100.0	100.00	98.40
Connecticut	0.00	100.0	100.00	100.00
Massachusetts	0.00	100.0	100.00	100.00
New Hampshire	0.00	100.0	100.0	95.93
Vermont	0.00	100.0	100.00	91.19
Nationwide	0.06	99.94	99.76	93.35

*Source:* FCC Fixed Broadband Deployment: <https://broadbandmap.fcc.gov>

## **MA-65 Hazard Mitigation - 91.210(a)(5), 91.310(a)(3)**

### **Describe the jurisdiction's increased natural hazard risks associated with climate change.**

Rhode Island has experienced its share of natural disasters in recent years, with presidential disaster declarations in 2010, 2011, 2012, 2013 and 2015. According to the Rhode Island Hazard Mitigation Plan, a natural hazard is defined as an event or physical condition that has the potential to cause fatalities, injuries, property and infrastructure damage, agricultural loss, damage to the environment, interruption of business, or other types of harm or loss.

The state of Rhode Island has become a national leader in addressing climate change. Rhode Island is the only state in the nation with an offshore wind farm. By aggressively working to combat climate change and protect itself from coastal effects, Rhode Island has created stronger, safer, and greener communities for future generations. Governor Raimondo has established aggressive goals regarding climate change, including:

- Advancing a 100% renewable energy future for Rhode Island by 2030
- Increasing in-state renewable energy tenfold by 2020 (10 1,000 MWs) through new development and regional procurement.

Actions taken by the Raimondo administration to address climate change include:

- In January 2020, Governor Raimondo signed an Executive Order advancing a 100% renewable electricity future for Rhode Island by 2030.
- On July 1, 2018, the Resilient Body strategy outlining an actionable vision for addressing the impacts of climate change in Rhode Island was released
- In September 2017, Governor Raimondo took executive action by issuing Executive Order 17-10 to accelerate the State's preparedness and to mitigate further environmental harm, directing Rhode Island's first Chief Resiliency Officer to develop and lead implementation of a comprehensive climate preparedness strategy by July 1, 2018.
- Working with Deepwater Wind to complete the nation's first offshore wind project.
- Overseeing the creation of 4,000 clean energy jobs in the first year of the administration, far exceeding the projects 1,7000 new clean energy jobs, bringing the total to nearly 14,000 jobs total.
- Issuing an Executive Order requiring Rhode Island to "lead by example" in energy efficiency and clean energy. This involved:
  - Committing State government to obtaining 100% renewable energy by 2025.



- Requiring State agencies to reduce energy use by 10% by 2019.
- Requiring the State fleet to purchase a minimum of 25% zero-emissions vehicles by 2025.
- Asking agencies to consider installing renewables, replacing lighting, purchasing energy-efficient appliances, installing EV infrastructure, and reducing vehicle miles traveled.
- Signed into law a comprehensive package of progressive energy reform forms which:
  - Extended the energy portfolio standard to reach 38.5% by 2035, up from 14.5% previously.
  - Dramatically expanded net metering to allow third-party financing and created a pilot program for community and shared solar.
  - Streamlined the property tax treatment of renewable energy systems, including exempting residential systems from property tax altogether.
  - Extended the state’s renewable energy fund through 2022, which provides a stable and predictable program for homeowners and businesses looking to install renewable energy.
  - Studied the potential to establish a statewide solar permitting process.
- Investing \$35 million into the state’s green economy through a dedicated bond, providing \$10 million for bike path construction, \$8 million for open space and other state land acquisition, \$5 million for brownfields remediation, \$3 million for storm water improvements, and additional funding for outdoor recreation and state parks.
- Creating the RI Infrastructure Bank, a public green bank dedicated to clean energy finance, which:
  - Created the Commercial Property Assessed Clean Energy (C-PACE) program to allow homeowners and businesses to finance cost-effective energy efficiency and renewable upgrades.
  - Established the Efficient Building Fund, which has provided over \$17 million in financing for public buildings over its first year of operation.

**Describe the vulnerability to these risks of housing occupied by low- and moderate-income households based on an analysis of data, findings, and methods.**

The changing conditions in Rhode Island have an impact on the future vulnerability of population, property, and the environment from natural hazards.

# Strategic Plan

## SP-05 Overview

### Strategic Plan Overview

The Strategic Plan outlines the State of Rhode Island's plan for allocating HUD entitlement grants and identifies local priorities within the regional context. Informed by qualitative and quantitative data gathered through citizen participation and consultation with stakeholders throughout the state, market analysis, and an assessment of U.S. Census and other local data that reflect statewide needs, the Strategic Plan identified the highest priority needs toward which to direct grant dollars. The following goals were identified to meet these high-priority needs (in no particular order or ranking):

**Goal 1: Develop and Preserve Existing Stock of Affordable Housing:** Create affordable housing through new construction and rehabilitation for homeowners and renters, including permanent supportive housing, and preserve existing affordable housing with expiring affordability restrictions.

**Goals 2: Prevent and End Homelessness:** Increase opportunities for housing stability through tenant-based rental assistance, rapid rehousing, overnight shelter services, and other support. Assist homeless individuals and families to stabilize permanent housing after experiencing a housing crisis by providing client-appropriate housing and supportive service solutions. Provide homeless households with rapid rehousing rental assistance to move them as quickly as possible into permanent housing.

**Goal 3: Improve Health, Safety, and Efficiency of all Homes:** Rehabilitate and preserve owner- and renter-occupied housing to bring units to code standard to provide safety improvements, energy efficiency improvements, access modifications, or treatment of lead or other home hazards.

**Goal 4: Non-Housing Community Development:** Enhance publicly owned facilities and infrastructure, such as parks, streets, sidewalks, streetscapes and other public infrastructure and facilities. Increase access to jobs, education, health and wellness, recreation, and health and social service activities. Enhance economic stability and prosperity by increasing economic opportunities for residents through job readiness and skill training, promotion of entrepreneurship, and other strategies.

## **SP-10 Geographic Priorities – 91.315(a)(1)**

### **Geographic Priority Areas**

Rhode Island does not have specific designated geographic target area priorities, but it does encourage investments for all HUD CPD grant programs to be targeted toward areas of a high level of need.

### **Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)**

**CDBG** -The State Community Development Block Grant (CDBG) program is intended to develop viable communities by providing decent housing, expanding economic opportunities and creating suitable living environmental – primarily for low/moderate income persons (those earning at or below 80% of Area Median Income).

The CDBG program is governed by regulations of 24 CFR Part 570. Under these guidelines, the State manages the program for those 33 Rhode Island municipalities which do not receive an allocation directly from HUD. The Cities of Cranston, East Providence, Pawtucket, Providence, Warwick and Woonsocket are all entitlement communities that receive CDBG allocations directly from HUD and operate their own programs independent of the state effort. By regulation, the State may only distribute funds to general local government. These communities may; however, distribute funds to non-profit and other entities to undertake eligible activities.

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 in entitlement communities. The Consolidated Homeless Fund combines five different program sources to fund rapid re-housing, state rental assistance, permanent supportive housing vouchers, emergency shelters operations, street outreach and RI Homelessness Systems Development Work. 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 directly from OHCD.

The state CDBG program also sets aside a portion of its allocation for the development of affordable homes, sometimes providing gap funding for projects under the state's bond-funded Building Homes Rhode Island (BHRI) program. State CDBG funding may only be used to assist those projects seeking BHRI funds for much needed affordable housing development in non-entitlement communities.

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.

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 six communities have reached the 10% goal, two of which are entitlement communities (Providence and Woonsocket), the other four are not (Burrillville, Central Falls, Newport and New Shoreham).

**HOME Investment Partnership (HOME)** program funding for development activities 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 for development activities 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 used to determine the geographic areas of the state where HOME will be expended for development activities favors communities with the lowest percentage of affordable housing units to encourage a more equitable distribution of affordable housing throughout the state. HOME Tenant Based Rental Assistance for qualifying households is available statewide.

**The Housing Trust Fund (HTF)** program funding is available to all communities in the state. However, priority will be given to communities who have yet to meet or exceed state requirements that at least 10% of housing stock is affordable. Only six municipalities of the state's 39 meet this threshold, though these six towns (Burrillville, Central Falls, Newport, New Shoreham, Providence, and Woonsocket) combine to contain 25% of the state's non-seasonal housing units. Geographically based distribution criteria for HTF funds also include factors that contribute to improving or sustaining economic opportunity for the future tenants or owners of the homes developed. These criteria include additional points for accessibility to transit, accessibility to employment centers, accessibility to high performing schools and accessibility to community services.

**The State's Emergency Solutions Grant program** is combined with entitlement ESG funds (Pawtucket, Providence and Woonsocket), 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. 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. Geographic distributions of funding are 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 Community Development Block Grant: Disaster Recovery (CDBG-DR)** funding was available statewide during the prior Consolidated Plan cycle. Any remaining CDBG-DR funds will be fully obligated prior to the start of the 2020-2024 planning period.

**Low Income Housing Tax Credit (LIHTC)** -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)** of Rhode Island General Laws. Exempt communities include many entitlement communities: Burrilville (10%), 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)**. More information regarding the general strategy of the LIHTC program can be found in the draft [2020 QAP](#).

## SP-25 Priority Needs – 91.315(a)(2)

### Priority Needs

*Table 50 – Priority Needs Summary*

<b>1.</b>	<b>Priority Need Name</b>	<b>Increase Housing Opportunities for Low- and Moderate-Income Households</b>
	<b>Priority Level</b>	High
	<b>Population</b>	Extremely Low Low Moderate
	<b>Geographic Areas Affected</b>	Statewide
	<b>Associated Goals</b>	Develop and Preserve Affordable Housing Improve Health, Safety and Efficiency of all Homes
	<b>Description</b>	The Needs Assessment finds that renter and homeownership housing that is affordable to households earning at or below 0-30%, 50-60%, and up to 80% of AMI is substantially less than the number of households at each of these income levels.
	<b>Basis for Relative Priority</b>	Data revealed that shortages of affordable and available housing for the State's low-to-moderate income households for both owners and renters. The greatest shortages occur among the state's extremely low-income renters and owners.
<b>2.</b>	<b>Priority Need Name</b>	<b>Preserve Existing Affordable Housing</b>
	<b>Priority Level</b>	High
	<b>Population</b>	Extremely Low Low Moderate
	<b>Geographic Areas Affected</b>	Statewide
	<b>Associated Goals</b>	Develop and Preserve Affordable Housing
	<b>Description</b>	The state currently has over 37,020 affordable homes, that are restricted to households that earn certain percentages of the relevant area median income. Many of these affordable homes are at risk of losing this restriction.
	<b>Basis for Relative Priority</b>	In the next five years alone, over 4,400 assisted housing units face expiring periods of affordability and will need to be preserved through negotiations with the current owners; many will require more investment. The state's public housing stock and its share of rental vouchers are constantly at risk due to declining housing assistance budgets and thin operating margins.
<b>3.</b>	<b>Priority Need Name</b>	<b>End Homelessness</b>

<b>Priority Level</b>	High
<b>Population</b>	Extremely Low Low Moderate Rural Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse Persons with HIV/AIDS Victims of Domestic Violence Unaccompanied Youth Veterans
<b>Geographic Areas Affected</b>	Statewide
<b>Associated Goals</b>	Prevent and End Homelessness
<b>Description</b>	Homelessness unfortunately 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, sub-populations likely in need of supportive services and rely on public or fixed incomes. It is a priority of the homelessness system in Rhode Island to make sure someone experiencing homelessness is matched with services and opportunities that prevent recidivism into homeless facilities. Rhode Island has a large share of its population that are Veterans. In a state that takes such pride in its military services, no former service-member should experience homelessness, and cooperation with VA and other veteran services must improve to achieve this end.
<b>Basis for Relative Priority</b>	Overall, more than 4,300 persons experience homelessness in Rhode Island throughout 2018, with 1,261 of those being families with children. There was also 339 homeless Veterans in 2018, which was a 19% decrease from the previous year.
<b>4. Priority Need Name</b>	<b>Adapt Aged Housing to Fit Resident’s Needs</b>
<b>Priority Level</b>	High
<b>Population</b>	Extremely Low Low Moderate Elderly Frail Elderly Persons with Physical Disabilities
<b>Geographic Areas Affected</b>	Statewide

<b>Associated Goals</b>		Develop and Preserve Affordable Housing Improve Health, Safety and Efficiency of all Homes
<b>Description</b>		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.
<b>Basis for Relative Priority</b>		The Rhode Island population and housing stock continues to age at a steady increase. 16.1% of the population is over the age of 65, with 52,875 households containing at least one-person age 75 or older. In addition, Rhode Island has the third oldest housing stock in the country, with many houses built before 1940.
<b>5.</b>	<b>Priority Need Name</b>	<b>Eliminate Lead Hazards</b>
<b>Priority Level</b>		High
<b>Population</b>		Families with Children
<b>Geographic Areas Affected</b>		Statewide
<b>Associated Goals</b>		Improve Health, Safety and Efficiency of all Homes
<b>Description</b>		Research shows children under 6 are at the highest risk of irreversible damage as a result of elevated blood-lead levels.
<b>Basis for Relative Priority</b>		Estimates show that 306,171 households live in housing built before 1980 and 23,875 if those households 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.
<b>6.</b>	<b>Priority Need Name</b>	<b>Make Infrastructure Improvements</b>
<b>Priority Level</b>		High
<b>Population</b>		Non-housing Community Development
<b>Geographic Areas Affected</b>		Statewide
<b>Associated Goals</b>		Address Non-Housing Community Development Needs
<b>Description</b>		Invest in key infrastructure such as streets, sidewalks and open space (recreation) in distressed areas. Invest in water/sewer projects essential to achieving community development and housing objectives. Invest in improving neighborhoods by addressing the myriad of housing and community development needs essential to their revitalization.
<b>Basis for Relative Priority</b>		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 funding threats to public transit services in and around Rhode Island.
<b>7.</b>	<b>Priority Need Name</b>	<b>Make Investments in Public Services and Facilities</b>
	<b>Priority Level</b>	High
	<b>Population</b>	Non-housing Community Development
	<b>Geographic Areas Affected</b>	Statewide
	<b>Associated Goals</b>	Address Non-Housing Community Development Needs
	<b>Description</b>	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.
	<b>Basis for Relative Priority</b>	Section NA-50: Non-Housing Community Development Needs lists the common needs shared among municipalities, including investments in: essential services and facilities, particularly for special needs populations such as the homeless and elderly/disabled; providing job training/employment opportunities for low- and moderate-income persons; and improving neighborhoods by addressing the myriad of community development needs essential to their revitalization.
<b>8.</b>	<b>Priority Need Name</b>	<b>Develop Permanent Supportive Housing</b>
	<b>Priority Level</b>	High
	<b>Population</b>	Extremely Low Low Individuals Families with Children
	<b>Geographic Areas Affected</b>	Statewide
	<b>Associated Goals</b>	Develop and Preserve Affordable Housing Prevent and End Homelessness
	<b>Description</b>	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.
	<b>Basis for Relative Priority</b>	Increasing the supply of permanent supportive housing is a key strategy for reducing homelessness, particularly for populations with special needs.

<b>9.</b>	<b>Priority Need Name</b>	<b>Removed Barriers to Fair and Affordable Housing</b>
	<b>Priority Level</b>	High
	<b>Population</b>	Extremely Low Low Moderate
	<b>Geographic Areas Affected</b>	Statewide
	<b>Associated Goals</b>	Affirmatively Further Fair Housing Provide Tenant-Based Rental Assistance
	<b>Description</b>	Almost all aspects of the preservation and development of affordable housing furthers fair housing in that expands housing choice. Barriers to fair and affordable housing also prevent households from fully accessing the existing housing stock.
	<b>Basis for Relative Priority</b>	One barrier to affordable accessible housing is the requirement under the Fair Housing Act that landlords make reasonable accommodations to the home of a disabled renter. The cost to developers to conform to public policies meant to protect sub-populations of owners and renters, such as zoning, building codes, tax policies and other requirements is another barrier to affordable housing as determined in MA-40.
<b>10.</b>	<b>Priority Need Name</b>	<b>Increased Transitional Housing for Persons in Recovery with Substance Abuse Disorder</b>
	<b>Priority Level</b>	Moderate
	<b>Population</b>	Extremely Low Low Moderate
	<b>Geographic Areas Affected</b>	Statewide
	<b>Associated Goals</b>	Prevent and End Homelessness Improve Health, Safety and Efficiency of all Homes
	<b>Description</b>	Rental assistance and/or rehabilitation of units for persons in recovery with substance abuse disorders.
	<b>Basis for Relative Priority</b>	The Needs Assessment finds that a significant portion of both sheltered and unsheltered homeless persons are suffering from chronic substance abuse.

## **Narrative**

Ten (10) priority needs have been identified as the focus of this Consolidated Plan period. These ten 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.

Priority Needs 1 and 2 address the need to increase the stock of homes affordable to low- and moderate-income Rhode Islanders.

Priority Needs 4 and 5 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 Healthy 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 Need 3 and 10 focus on the needs of two special needs populations, homeless persons and persons in recovery from substance abuse disorder. Strategies, goals and outcomes described in Rhode Island's homeless population. Specific strategies, goals and outcomes for ending and preventing homelessness are described in the SP-45 Goals section of this Strategic Plan.

Priority Needs 6 and 7 both describe the importance of state investment public infrastructure and services that are crucial to state, regional and local economies. Investments in sidewalks, green and grey infrastructure, and parks in areas of concentration of poverty, 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 9 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 8 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. 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.

## SP-30 Influence of Market Conditions – 91.315(b)

### Influence of Market Conditions

Table 52: Influence of Market Conditions

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
<b><i>Tenant Based Rental Assistance (TBRA)</i></b>	Table 7 of NA-10 Household Summary Section, indicates there are a total of 70,725 renter households at 80% or less of AMI spending more than 30% of their income on housing costs. Of this number, 38,030 (53.7%) report spending more than 50% of their income on housing costs and/or have another serious housing problem. Of those 39,540 households, 26,960 (70.8%) have household incomes below 30% of median income. Most of Rhode Island’s 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 be continuing to improve its tenant-based rental assistance programs to help close these gaps, including through the use of HOME funds for TBRA. RI Housing prioritizes vouchers for currently and at-risk homeless, while other PHAs prioritize different groups, such as disabled households. TBRA may be expanded to support persons in recovery housing.
<b><i>TBRA for Non-Homeless Special Needs</i></b>	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 the 2011-2015 CHAS data. Of all extremely low-income households that face at least one housing problem, just under 30% have at least one disability, with the most common limitation being a condition that limits physical activities (ambulatory).
<b><i>New Unit Production</i></b>	Household projections predict a 1.0% increase in the number of households between 2019 and 2024 for a total of 4,416 households. Providence County is expected to account for 78% of household growth statewide. There are currently 4,017 more households within the 0-30% AMI income tier than units available. Though the comprehensive permit process provides incentives for developers to include 25% set-

	<p>asides for affordable housing, there simply isn't enough building taking place in the private market to produce the needed affordable housing. The allocation priorities of the HOME Program and National Housing Trust Fund address this market condition.</p>
<p><b>Rehabilitation</b></p>	<p>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 306,171 housing units in the state that were built before 1979, which is roughly 75% of the entire state's housing stock. Just under 24,000 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. Given the age of Rhode Island's housing stock (3rd oldest overall, oldest rental housing stock in nation) there is a large need throughout the state for owner and rental rehabilitation. This includes assisted properties that may be aging out of their affordability covenants.</p>
<p><b>Acquisition, including preservation</b></p>	<p>Rhode Island has a 5.6% vacancy rate for all housing units, including both owner- and renter-occupied units. The acquisition, completion, and sale or rental of these properties will be a high priority throughout the State. 2013-2017 ACS data counted over 54,000 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 1,000 households are REO properties, in which banks own the property and will be looking for acquisition proposals from developers.</p>

## SP-35 Anticipated Resources - 91.315(a)(4), 91.320(c)(1,2)

### Introduction

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 nine priority needs summarized in the SP-25 Priority Needs table relies on the resources summarized in this Strategic Plan, and the strategy in which each need will be addressed over the next five years by one or more of the strategic goals described in most detail in SP-45 Goals section.

### Anticipated Resources

**Table 53 Anticipated Resources**

Program	Source of Funds	Use of Funds	Expected Amount Available Year 1			Expected Amount Available Remainder of Con Plan \$	Narrative Description	
			Annual Allocation \$	Program Income \$	Prior Year Resources \$			Total \$
<b>CDBG</b>	Public-Federal	Acquisition Admin & Planning Economic Development Housing Public Improvements	\$5,492,396	\$0	\$2,000,000	\$7,492,396	\$21,969,584	Funds community development and housing activities.

		Public Services						
<b>HOME</b>	Public-Federal	Multifamily rental new construction Multifamily rental rehab	\$3,617,597	\$867,615	\$3,723,228	\$8,208,440	\$14,470,388	Acquisition, rehabilitation and new construction of affordable housing.
<b>HOPWA</b>	Public-Federal	Permanent housing placement Short term or transitional housing facilities STRMU Supportive services TBRA	\$0	\$0	\$0	\$0	\$2,642,616	Rental assistance and supportive services for persons with HIV/AIDS/
<b>ESG</b>	Public-Federal	Conversion and rehab for transitional housing Financial Assistance Overnight shelter Rapid re-housing (rental assistance)	\$718,868	\$0	\$0	\$718,868	\$2,875,868	Emergency shelter and operational support for homelessness program funding, TBRA/Rapid Rehousing



		Rental Assistance services Transitional housing						
<b>HTF</b>	Public-Federal	Acquisition Admin & Planning Multifamily rental new construction Multifamily rental rehab	\$3,000,000	\$0	\$0	\$3,000,000	\$15,000,000	Acquisition, rehabilitation and new construction of affordable housing, primarily targeting households earning 30% of AMI or less.
<b>RHP</b>	Public-Federal	Rental Assistance services	\$1,043,000	\$0	\$0	\$1,043,000	\$4,172,000	HUD still to provide guidance on the Recovery Housing Program.
<b>NSP</b>	Public-Federal		\$0	\$0	\$0	\$0	\$0	Funds community development and housing activities.

**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.

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. In the upcoming planning period, the state anticipates continuing its 10 to 1 leveraging ratio 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.

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 most 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.

HTF Program: The Housing Trust Fund program is still in its relative early days, and to date has been awarded to projects with project-based subsidies to assist in reaching the extremely low-income households served by the program. As with the HOME

program, HTF 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 HTF-assisted projects are identical in origin to those which may serve as match under the HOME program.

RHP Program: The Recovery Housing Program allows states to provide stable, transitional housing for individuals in recovery from a substance-use disorder. The funding covers a period of not more than two years or until the individual secures permanent housing, whichever is earlier. FY2020 is the first year for RHP guidance regarding program requirements are still to be provided by HUD.

NSP Program: There is no match requirement for the NSP Program.

**If appropriate, describe publicly 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 transformed Harrington Hall into what was once known as a 'shelter of last resort' to a Rapid Assessment and Rehousing Center. Crossroads Rhode Island manages the shelter and uses a Housing First approach to service delivery. Harrington Hall typically serves 100-120 men each night (more in the colder months) in this 120-bed facility.

### 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 54: Institutional Delivery Structure**

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
<b><i>RIHousing and Mortgage Finance Corporation (RIHousing)</i></b>	Public Institution	Economic Development Homelessness Non-homeless special needs Ownership Planning Public Housing Rental	State
<b><i>State Office of Housing &amp; Community Development</i></b>	Government	Economic Development Homelessness Non-homeless special needs Ownership Planning Public Housing Rental	State
<b><i>Rhode Island Statewide Planning Program</i></b>	Government	Planning	State
<b><i>RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals</i></b>	Government	Homelessness Non-homeless special needs Public Facilities Public Services	State

### Assess of Strengths and Gaps in the Institutional Delivery System

Strengths include established relationships, coordination of state efforts under EOC, etc. Gaps include capacity and resource limitations at state, local, non-profit level, lack of grant management system/system of record for housing and community development programs.

### Availability of services targeted to homeless persons and persons with HIV and mainstream services

*Table 55: Homeless Prevention Services Summary*

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
<i>Homelessness Prevention Services</i>			
<b>Counseling/Advocacy</b>	X	X	<b>X</b>
<b>Legal Assistance</b>	X	X	<b>X</b>
<b>Mortgage Assistance</b>	X		
<b>Rental Assistance</b>	X	X	<b>X</b>
<b>Utilities Assistance</b>	<b>X</b>	<b>X</b>	<b>X</b>
<i>Street Outreach Services</i>			
<b>Law Enforcement</b>			
<b>Mobile Clinics</b>	X	X	
<b>Other Street Outreach Services</b>	<b>X</b>	<b>X</b>	

<i>Supportive Services</i>			
<b>Alcohol &amp; Drug Abuse</b>	X	X	<b>X</b>
<b>Child Care</b>	X		
<b>Education</b>	X	X	<b>X</b>
<b>Employment and Employment Training</b>	X	X	
<b>Healthcare</b>	X	X	<b>X</b>
<b>HIV/AIDS</b>	X	X	<b>X</b>
<b>Life Skills</b>	X	X	<b>X</b>
<b>Mental Health Counseling</b>	X	X	<b>X</b>
<b>Transportation</b>	<b>X</b>	<b>X</b>	<b>X</b>
<i>Other</i>			
<b>Other</b>	<b>X</b>	<b>X</b>	<b>X</b>

**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 like 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 institutions described in the targeted services table above, 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. Additionally, there are more than 40 sub-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 Coalition for the Homeless).

The Consolidated Homeless Fund has brought together various resources available to support homeless programs into a single, coordinated effort. The CHF includes:

- Pawtucket Emergency Solutions/Shelter Funds
- Providence Emergency Solutions/Shelter Funds
- Woonsocket Emergency Solutions/Shelter Funds
- State of Rhode Island Emergency Solutions/Shelter Funds
- Title XX Shelter/Homeless Service Funds
- Housing Resource Commission Shelter/Homeless Service Funds

CHF provides grant funds to units of general local government and non-profit organizations that provide services to the homeless. Units of general local government and non-profit organizations are encouraged to apply for funding for one or more of the following eligible activities:

- Essential Services Support – for individuals and families who are in an emergency shelter.
- Renovation Costs – including major rehabilitation costs of an emergency shelter or conversion of a building into an emergency shelter. The emergency shelter must be owned by a government entity or private nonprofit organization.
- Shelter Operations – Eligible costs are the costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings, staffing and supplies necessary for the operation of the emergency shelter.
- Rapid Rehousing/State Rental Assistance – CHF funds may be used to provide housing relocation and stabilization services and short and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.
- HMIS Lead Eligible Costs – CHF funds may be used to pay the costs of continuing data to the HMIS designated by the Continuum of Care for the area, including the costs.

More than 4,000 persons annually find themselves in a homeless shelter or a place not meant for human habitation. Although the CHF program does not provide direct support to individuals and families who are homeless, this population is almost exclusively served by programs supported by the Consolidated Homeless Fund.

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 can begin to regain the self-confidence and control over their lives. They also receive case management and support services like those provided by CHF programs.

**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, which serves those persons in need of emergency shelter facilities or transitional housing. The state's continuum of care, staffed by RIHousing administers HEARTH program funding to serve those persons in need of permanent supportive housing. RIHousing 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.

**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 assessment of 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 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.

**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 housed homeless persons to community supports. All of these strategies relate 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. 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.

**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 in 2020, 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 2020 as well. In total, these two rapid re-housing programs will assist 70 families in 2020 (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 rehousing 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

Table 56: Goals Summary

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1.	<b><i>Develop and Preserve Affordable Housing</i></b>	2020	2024	Affordable Housing Public Housing	Statewide	Increased housing opportunities for LMI households Preserved affordability of the state’s LMI stock Aged housing fitted to residents’ needs Permanent Supportive Housing	CDBG: \$8,121,285 HOME: \$14,875,220 HTF: \$15,000,000	Rental units constructed: 210 Rental units rehabilitated: 2,315 Homeowner Housing Added: 35 Homeowner Housing Rehabilitated: 15 Housing for Homeless added: 105
2.	<b><i>Prevent and End Homelessness</i></b>	2020	2024	Homeless	Statewide	Ending Homelessness Permanent Supportive Housing	CDBG: \$3,594,340 HOPWA: \$2,642,616 HOME: \$2,500,000	Tenant-based rental assistance/Rapid Rehousing: 1,250 Homeless Person Overnight Shelter: 15,000 Overnight/Emergency Shelter/Transitional Housing Beds added: 120 Homelessness Prevention: 30

								Housing for Homeless added:
3.	<b>Improve Health, Safety, and Efficiency of all Homes</b>	2020	2024	Affordable Housing Homeless Non-Homeless Special Needs	Statewide	Increased housing opportunities for LMI households Aged Housing Fitted to Residents Needs Elimination of lead-based paint hazards Permanent Supportive Housing	CDBG: \$6,767,735	Rental units rehabilitated: 490 Homeowner Housing Rehabilitated: 1,055
4.	<b>Non-Housing Community Development</b>	2020	2024	Non-Housing Community Development	Statewide	Infrastructure Improvements Investments in Public Services and Facilities Investments in Job Training and Employment	CDBG: \$12,181,925	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 75,000 Public Service Activities other than Low/Moderate Income Housing Benefit: 3,750

### Goal Descriptions

**Develop and Preserve Affordable Housing:** Create affordable housing through new construction and rehabilitation for homeowners and renters, including permanent supportive housing.

**Prevent and End Homelessness:** Increase opportunities for housing stability through tenant-based rental assistance, rapid rehousing, overnight shelter services, and other support. Assist homeless individuals and families to stabilize permanent housing after experiencing a housing crisis by providing client-appropriate housing and supportive service solutions. Provide homeless households with rapid rehousing rental assistance to move them as quickly as possible into permanent housing.

**Improve Health, Safety, and Efficiency of all Homes:** Rehabilitate and preserve owner- and renter-occupied housing to bring units to code standard to provide safety improvements, energy efficiency improvements, access modifications, or treatment of lead or other home hazards.

**Non-Housing Community Development:** Enhance publicly owned facilities and infrastructure, such as parks, streets, sidewalks, streetscapes and other public infrastructure and facilities. Increase access to jobs, education, health and wellness, recreation, and health and social service activities. Enhance economic stability and prosperity by increasing economic opportunities for residents through job readiness and skill training, promotion of entrepreneurship, and other strategies.

While non-housing community development needs broadly include the full range of activities detailed in the Housing and Community Development Act of 1974, certain activities may directly relate to COVID-19 and/or other similar situations may receive priority consideration to adequately respond to the crisis at hand. For example, Rhode Island anticipates allocating a much greater portion of its resources (including CDBG-CV resources) in support of essential service activities designed to assist persons impacted by the health crisis of COVID19. Such public services may include emergency/interim assistance and support of organizations which provide assistance with basic needs.

Rhode Island will attempt to mitigate the economic effect of the COVID-19 crisis by assisting businesses impacted, particularly those entities unable to be assisted by other federal resources made available. The State may also provide training and other services to the workforce, assuring that employees ultimately displaced have the skills necessarily to be employed elsewhere.

Additional goals that the state anticipates to address throughout this planning cycle include:

**Provide Tenant Based Rental Assistance:** Expand the Housing Choice Voucher Program to growth and opportunity areas. Encourage shared jurisdiction of housing vouchers between Public Housing Authorities to provide greater housing opportunities for voucher recipients and reduce delays in leasing-up vouchers upon turnover.

*Recovery Housing Program:* As the state awaits further guidance on the new Recovery Housing Program, it is anticipated that funds will be allocated to rental assistance activities.

**Affirmatively Further Fair Housing:** Remove barriers to fair and affordable housing by supporting passage of legislation to end source of income discrimination in housing; continue to collaborate on statewide fair housing education, outreach and legislative efforts; create an educational campaign on affordable housing as an economic incentive; provide state incentives to address concerns about affordable housing development; and enforce HUD's AFFH certification with sub-recipient units of government.

**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 3 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 the table above are estimate based on prior program performance with relation to the income levels served by household and the projected outcomes by Goal.

The state estimates that it will provide affordable housing to 20,000 extremely low-income households, 4,000 low-income households and 1,000 moderate income households.

## **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 for State of Rhode Island.

### **Activities to Increase Resident Involvements**

Public Housing Authorities (PHAs) throughout Rhode Island operate Family Self Sufficiency (FSS) programs to its Housing Choice Voucher recipients and/or public housing residents. The state's Housing Finance Agency, RIHousing, who 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.

Some of the services coordinated through the FSS program include childcare, 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, RIHousing engages with a Resident Advisory Board (RAB), which is composed of seven residents that utilize RIHousing's vouchers. 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 RIHousing 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?**

No

### **Plan to remove the 'troubled' designation**

Not applicable.



## **SP-55 Barriers to affordable housing – 91.315(h)**

### **Barriers to Affordable Housing**

The state, through its laws, tries to balance the need to incentivize economic growth by preserving Rhode Island’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 and helping to address the need for more affordable housing options.

However, much more needs to be done to increase building permit activity and reduce the growing affordability gap in the state.

The state has identified the following barriers to affordable housing:

1. Lack of public water and sewer infrastructure in non-urban areas, as well as aging infrastructure in older cities.
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

Systemic forces that create unseen and, in some cases, unacknowledged barriers against housing that is associated with communities of color. RIHousing and OHCD will partner with Rhode Island APA on its new Equity, Diversity, and Inclusion (EDI) Committee to jointly provide support and education to municipal decision-makers about implicit bias and anti-racist practices.

### **Strategy 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. In coordination with the updated 2020 Analysis of Impediments to Fair Housing Choice, the state has identified the following strategies to be carried out by both RIHousing and OHCD.

RIHousing & OHCD Strategies:

- 1. Prioritize preservation of existing affordable housing and development of housing in areas with a shortage of affordable homes or that are part of a community revitalization plan.**
  - ✓ Measurable benchmark: Number of housing units developed or preserved in areas of opportunity. Number of Housing units developed or preserved as part of neighborhood revitalization plans.
- 2. Improve the quality of existing units.**
  - ✓ Measurable benchmark: continue the lead abatement and accessibility rehabilitation programs
- 3. Identify and preserve assisted housing developments whose period of affordability expires within five years, with priority given to developments in growth and high opportunity areas.**
  - ✓ Measurable benchmark: a) Prepare a plan outlining location in growth/high opportunity areas, potential partners and funding resources two years before expiration of each development; b) Prioritize expiring developments in the QAP for 4% credits.
- 4. Expand the Housing Choice Voucher Program to growth/opportunity areas**
  - ✓ Measurable benchmark: a) Continue to seek out landlords in growth/opportunity areas to participate in the program; b) Continue to fund the Landlord Risk Mitigation fund
- 5. Seek improvements to the Low- and Moderate-Income Housing Act (RGL: 45-53) to strengthen enforcement of the 10% affordable housing goal and provide incentives to help communities achieve it**
  - ✓ Measurable benchmark: Work with the General Assembly to draft amendment language in partnership with affordable housing partners across the state.
- 6. Expand homeownership opportunities**
  - ✓ Measurable benchmark: Continue the state's down payment assistance program
- 7. Work toward reducing zoning barriers to affordable housing production.**
  - ✓ Measurable benchmarks: a) Participate in State Commissions and interagency efforts to identify and implement strategies to address barriers to development; b) In partnership with APA Rhode Island, provide technical assistance to

municipalities for adopting new zoning provisions that promote the production of affordable housing and eliminate barriers to fair housing.

**8. Incentivize new multi-family rental production in transit-oriented destinations (TODs) and Transit Adjacent locations, such as village/town centers where bus lines stop.**

- ✓ Measurable benchmark: Review the QAP to ensure it adequately prioritizes access to quality transit service.

**9. Create an educational campaign on affordable housing as an economic incentive.**

- ✓ Measurable benchmark: Collaborate with the business community, and other community partners to develop the materials.

**10. Create a dedicated source of statewide funding for affordable housing production and preservation**

**11. In collaboration with all Analysis of Impediments participants, provide statewide fair housing education and outreach.**

- ✓ Measurable benchmarks: a) Sponsor regional fair housing trainings; b) Develop a fair housing webinar for local elected officials and appointed board and commission members; c) amend the RI Fair Housing Practices Act to add “source of lawful income” as a protected class.

**12. Enforce AFFH certification with sub-recipient units of government**

- ✓ Measurable benchmark: adopt a policy to withhold or deny CDBG funding to municipalities that deny approval of affordable housing developments.

## **SP-60 Homelessness Strategy – 91.315(d)**

### **Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs**

The Rhode Island Continuum of Care (RICOC) has a strong outreach network. Continuum of Care funding provides resources for projects to engage those in shelter and those on the street. In 2018, Crossroads Rhode Island and the Rhode Island Coalition for the Homeless partnered to create the Coordinated Entry System, which is a federal mandate that requires the state's homeless service providers to integrate their efforts to achieve the following goals:

- Make it easier for people to access services
- Identify and prioritize services based on need
- Make sure that people who need help the most, get help first

As part of this effort, Crossroads Rhode Island operates the Coordinated Entry Hotline and all diversion/entry to the shelter system. They provide a range of outreach services to homeless adults as part of its crisis intervention programming and has an outreach van out almost every night. The key to Crossroads RI's outreach efforts has been in establishing trust with homeless persons on the street in order for them to enter case management and rapid re-housing.

Rhode Islanders experiencing homelessness are some of the most susceptible to contracting COVID-19 and other viruses since they often reside in congregate settings and are vulnerable to poorer outcomes given the higher prevalence of chronic disease.

In addition to responding to the immediate needs to quarantine and isolate individuals who lack housing, Rhode Island will take steps to create permanent housing solutions to sustainably protect the health and safety of this population, to contain the spread of the disease now and in the face of future waves of this and similar viruses.

Very low-income households, often already housing cost-burdened, are particularly susceptible to housing instability as their income is impacted. Rhode Island will work to mitigate such impacts to employment and income, assuring households who are at-risk of homelessness do not become housing instable due to the crisis.

### **Addressing the emergency and transitional housing needs of homeless persons**

As part of the state's Housing First policy, it is the goal of Crossroads Rhode Island to help people move out of emergency shelter and into stable housing as quickly as possible. Crossroads oversees five emergency shelters that are low-barrier and housing focused.

Diversion and assessment specialists meet with individuals and families to better understand their specific circumstances and housing or service needs. Crossroads uses evidence-informed assessment tools to prioritize clients on factors such as their history of homelessness, physical or mental illness and ability to live independently.

In addition to the RICOC, the Rhode Island Office of Housing and Community Development (OHCD) administers the Consolidated Homeless Fund (CHF), which provides grant funds to units of general local government and non-profit organizations that provide services to the homeless. Units of general local government and non-profit organizations are encouraged to apply for funding for one or more of the following eligible activities:

- Essential Services Support – for individuals and families who are in an emergency shelter.
- Renovation Costs – including major rehabilitation costs of an emergency shelter or conversion of a building into an emergency shelter. The emergency shelter must be owned by a government entity or private nonprofit organization.
- Shelter Operations – Eligible costs are the costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings, staffing and supplies necessary for the operation of the emergency shelter.
- Rapid Rehousing/State Rental Assistance – CHF funds may be used to provide housing relocation and stabilization services and short and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.
- HMIS Lead Eligible Costs – CHF funds may be used to pay the costs of continuing data to the HMIS designated by the Continuum of Care for the area, including the costs.

More than 4,000 persons annually find themselves in a homeless shelter or a place not meant for human habitation. Although the CHF program does not provide direct support to individuals and families who are homeless, this population is almost exclusively served by programs supported by the Consolidated Homeless Fund.

**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.**

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, 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

As part of the Rhode Island Coordinated Entry System partnership, the Rhode Island Coalition for the Homeless manages the permanent housing placement of the program, once persons are in a shelter or are living on the street. In permanent supportive housing settings, funded mostly through RICOC programs, residents sign leases, pay rent and care for their own apartments, which is an important first step for homeless households to regain the self-confidence needed to take control over their lives.

For more information go to <https://www.RIHousingomeless.org/coordinated-entry>.

**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**

The State of Rhode Island assists low-income individuals and families avoid becoming homeless through the following methods.

#### **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.

### **Health Care**

A Memorandum of Agreement between the Dept. of Health (DOH) and OHCD dictates that hospital patients are not 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 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.

### **Mental Health**

A 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 RIHousing).

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.

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.

## **SP-65 Lead based paint Hazards – 91.315(i)**

### **Actions to address LBP hazards and increase access to housing without LBP hazards**

Rhode Island will continue to support the much-needed work in addressing and reducing Lead-Based Paint hazards found in homes built before 1978. Rhode Island has the 3<sup>rd</sup> oldest housing stock in the nation and this stock requires proper maintenance and rehabilitation to mitigate the hazards posed by the widespread use of lead-based paint prior to 1978. Therefore, it is a state goal to improve the health, safety and energy efficiency of all Rhode Island homes. To address this goal, the state will utilize state resources and lead hazard reduction funds from HUD to continue the existing actions:

#### **Action 1: 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 Department of Health. 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 Rhode Island Department of Health (RDIOH).

In 2019, HUD awarded \$12.4 million in Rhode Island to protect low-income families from lead-based paint and home health hazards. RIHousing received \$8.4 million while the remaining \$4 million was provided to the city of Woonsocket. RIHousing plans to use this funding to address lead hazards in 340 homes for low-income families with children, and perform assessments in another 118 units. The work will be targeted in Pawtucket and Central Falls.

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 Rhode Island Department of Health is the designated 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 Center for Healthy Homes and Environment coordinates statewide efforts to eliminate lead poisoning and reduce lead exposure. The Housing Resources Commission provides funding through the state to RIHousing's Lead Safe Homes Program, and together with the Department of Health works



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

RIHousing will continue to work with the RIDOH and the Housing Resources Commission to ensure that the state's lead laws are being implemented effectively.

### **Action 2: 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 childcare 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.

### **Action 3: 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 and in the areas of Pawtucket and Central Falls, to be addressed by the new grant. 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.

#### **Action 4: 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.

#### **Action 5: 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 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 related to the extent of lead poisoning and hazards?**

The [RIHousing 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. Through LSHP, the state provides forgivable loans to property owners to cover the costs associated with addressing lead-paint problems and other unsafe conditions.

Additionally, RIHousing 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).

RIHousing 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.

### **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. Childcare 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. As part of the new lead grant, building officials in Central Falls and Pawtucket are identifying properties without lead conformance certificates, as well as identifying lead hazards when responding to code violations. RIHousing is partnering with both municipalities to make property owners aware of the LeadSafe Homes Program in an effort aimed at bringing property owners into conformance with the law.

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 State of Rhode Island, through its social service agencies, funds or sponsors many anti-poverty programs for poverty-level families.

#### Anti-Poverty Programs

- 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 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.
- **Rite Care and Rite 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 childcare 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.
- **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 (WSDS), which describes itself as “the single point of contact in Rhode Island for employment, workforce information and education and training services. WSDS oversees all programs that guide jobseekers to suitable employment and facilitates the connection between employers and qualified workers. For job seekers, WSDS 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.”

There are two major community-based initiatives across Rhode Island with comparable goals to decrease poverty: Health Equity Zones and the Working Cities Challenge. These initiatives can play a critical role in expanding access to community opportunity and furthering the State’s anti-poverty goals. Both RIHousing and the OHCD are participating in these initiatives.

In a statewide collaborative, Rhode Island has established a **Health Equity Zone** initiative—an innovative, place-based approach that brings communities together to build the infrastructure needed to achieve healthy, systemic changes at the local level. Health Equity Zones are geographic areas where existing opportunities emerge and investments are made to address differences in health outcomes. Through a collaborative, community-led process, each Health Equity Zone conducts a needs assessment and implements a data-driven plan of action to address the unique social, economic, and environmental factors that are preventing people from being as healthy as possible. Launched at an initial 11 sites throughout the State, Rhode Island’s Health Equity Zone initiative is showing that a concerted focus on people and place can have an immediate impact at the local level.

The **Working Cities Challenge** is a groundbreaking effort of the Federal Reserve Bank of Boston to support leaders who are reaching across sectors to ensure that smaller cities in Massachusetts and Rhode Island are places of opportunity and prosperity for low-income and

residents of color by leading teams in both states through a rigorous process that builds cross-sector collaborations. The Working Cities Challenge pushes cities to tap the wisdom of all sectors to develop transformative partnerships that will bring deep and lasting change. The Challenge was funded by and designed in partnership with the Boston Fed's own network of cross-sector collaborators, which takes the form of a Steering Committee comprised of leaders from the public, private, and philanthropic sectors. The resulting Challenge takes the shape of a competition whereby an independent jury of experts evaluates teams' applications against criteria that reflect the core elements of the Working Cities Challenge: leading collaboratively across sectors, engaging diverse community members, using evidence to track progress toward a shared goal, and working to improve the lives of low-income and residents of color by changing systems.

The State of Rhode Island recently began its Working Cities initiative as the next state where the Federal Reserve Bank is expanding the competition and offering this economic development opportunity to 13 eligible Rhode Island cities, in an effort designed to strengthen cross sector collaboration and leadership in the Ocean State's post-industrial cities. The effort will require city teams to concentrate on issues affecting lower-income residents and people of color and include those constituents in the planning and designing of the initiative. The Governor's administration in Rhode Island supports Working Cities and has committed matched public funding to the initiative. Living Cities, and other key public and private funders, will provide additional funding for the competition.

### **How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan?**

All four 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.

OHCD and RIHousing employ a multifaceted approach to reducing the number of families living in poverty. The first is providing affordable, stable housing to low-income families. For families leaving the shelter system with a rental housing placement, stabilization and self-sufficiency programs are offered and promoted. RIHousing and many PHAs throughout the state administer successful family self-sufficiency (FSS) programs that help families transition from public assistance in rental housing to independent homeownership. Continuum of Care-funded projects work to increase cash income from employment, providing employment and training opportunities through their agencies, i.e. CNA training at Crossroads RI, carpentry training and a culinary arts program at Amos House, recovery coach and clinician training at the Providence

Center, retail training at Foster Forward, and retail training at House of Hope. Many of these job training initiatives were funded by the Governor’s Workforce Board – Workforce Innovation Grants program. Projects also assist their participants in accessing training and job openings through a partnership with the RI Department of Labor and Training.

RIHousing will continue to administer a Family Self Sufficiency (FSS) program, which enables individuals and families who receive assistance through the Housing Choice Voucher Program (HCVP) to learn the fundamentals of money management and achieve economic independence.



## **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 a development funding application, the applicant shall enter, execute, deliver and provide RIHousing with such documents, instruments, and further assurances, as RIHousing 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 all items in accordance with the requirements of HUD regulations together with such other requirements as RIHousing may require. The Agreement will include the method of enforcement by RIHousing 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, RIHousing will conduct on-site inspections and financial oversight in accordance with 92.504. The Loan Servicing and Asset Management Department will conduct annual file reviews and on-site property inspections. The assigned 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. If the unit fails on-site inspection, then a discussion with the owner takes place to address repairs noted that would be necessary to bring the unit up to the standard, and these deficiencies and corrections are included in each year’s CAPER. The on-site property inspections measure 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 July 2016, 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.

Minority Business Enterprise / Women's Business Enterprise (MBE/WBE): RIHousing 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.

HOME development funding 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 maintained in program files. NOTE: The HOME Program Monitoring and Record Keeping procedures will also apply to the state's Housing Trust Fund program.

### **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 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**

Program Monitoring Overview

The OHCD uses monitoring to help ESG subrecipients who receive funding through the Consolidated Homeless Fund Partnership to identify problems or potential problems, and to help subrecipients correct them. The objectives of CHFP monitoring are to determine if ESG subrecipients are:

- Carrying out activities as described in their contracts (as modified or amended).
- Carrying out the program in a timely manner, in accordance with the CHFP contract.
- Charging only eligible costs to the program or project.
- Complying only eligible costs to the program or project.
- Complying with other applicable laws, regulations and terms of the CHFP contract.
- Conducting the program in a manner that minimizes the opportunity for fraud, waste, and mismanagement.
- Have a continuing capacity to carry out the approved program.

Risk-Based Analysis

ESG Subrecipients are monitored by OHCD are identified through a risk-based analysis (completed in the fall) of the following factors:

1. Size of Program Complexity (5 points)
2. New Staff/Programs (2 points)
3. Identified Issues (3 points)
  - Discrepancies in financial management
  - Program does not meet quarterly progress reporting deadlines
  - HMIS data not being collected regularly and accurately
  - Slow and inaccurate drawdowns
  - Program has not submitted timely audits
  - Program has not met expenditure deadlines
  - Physical Concerns (shelter habitability and safety concerns)
  - Other issues identified through desk audit

#### Management of Monitoring Activities

OHCD staff monitors subrecipients' performance utilizing a combination of desktop and on-site monitoring.

1. Desktop Review Monitoring – Desktop review monitoring is an on-going process of reviewing grantee performance that uses available data in making judgments about grantee performance and is conducted by the OHCD or the respective ESG entitlement community. Among the sources of information to be reviewed during a desktop review are:

- Request for Reimbursement and back-up documentation provided
- Audit Reports
- Approved Applications
- Quarterly/Progress Reports
- Citizen and Client complaints

Analysis of the data may indicate the need for a special monitoring visit to resolve or prevent a problem.

2. On-site Monitoring – in addition to desktop monitoring, OHCD or the respective entitlement community, may conduct an on-site monitoring visit. On site monitoring visits shall be conducted as necessary. Areas to be monitored may include, but are not limited to:

- Project Progress
- Overall Program Management
- Shelter/Facility
- Policies and Procedures (especially those relating to the ESG Program)

- Contract Management
- Financial Management
- HMIS and Data Tracking
- Client File Review
- Record Keeping

Subrecipients are contacted at least one month prior to the planned date of an on-site monitoring to schedule. Once a date has been set, a formal written letter is sent to confirm:

- Date and time of the visit
- Names and titles of the staff conducting the monitoring
- Elements of the program to be monitored
- Files and records to be reviewed

OHCD staff complete the following steps when conducting an on-site monitoring:

- Conduct an entrance conference with the executive director, director of programs, or other subrecipient official to explain the purpose and schedule for the review
- Interview members of the subrecipient staff to gather information about subrecipients activities and performance
- Review additional materials provided by the subrecipient that provide more detailed information about the program/project
- Examine a sample of expenditures for required documentation and to verify the accuracy of information provided on invoices
- Perform a fiscal review of the program to assure compliance with applicable OMB circulars
- Review a sample of client files for required documentation that program participants meet eligibility requirements and that they are provided access to supportive services
- Hold an exit interview with appropriate subrecipient staff to discuss the preliminary conclusion of the review and identify any follow-up actions the subrecipient will need to take.

3. Monitoring Results - Within 60 days after completion of monitoring, CHFP will send written correspondence to the subrecipient describing the results – in sufficient detail to clearly describe the areas that were covered and the basis for the conclusions. Each monitoring letter will include:

- The program monitored
- The dates of the monitoring

- The name(s) and title(s) of the CHFP staff person who performed the monitoring review
- A listing of the program activity areas reviewed (which, in most cases, will repeat the areas outlined in the notification letter to the participant)
- If applicable, a brief explanation of the reasons why an area specified in the notification letter was not monitored (e.g., time constraints, unanticipated problems arising in another area)
- Monitoring conclusions
- If applicable, clearly labeled findings and concerns
- If there are findings, an opportunity for the program participant to demonstrate, within a time prescribed by HUD, that the participant has, in fact, complied with the requirements;
- Response time frames, if needed;
- An offer of technical assistance, if needed, or a description of technical assistance provided during the monitoring.

## **HOPWA**

OHCD, 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 OHCD, 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 RIHousing, 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 OHCD 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 OHCD detailing how the fee is set and implemented is required. The letter from RIHousing 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

### 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**

Each sub-recipient is monitored at least once a year. Prior to monitoring reviewer(s) should determine what type and combination of monitoring will be conducted at which point reviewer(s) should communicate this to the sponsor. If applicable, reviewer(s) should send grantee's the monitoring packet to be completed and submitted prior to the monitoring visit. In addition, send a list of items that will be reviewed as well as what needs to be made available to take back to the office.

Monitoring may cover some or all the four major areas:

1. Quality of Housing and Services
2. Financial Statements
3. Recordkeeping and Files
4. Adherence to Program Policies and Procedures

On-site monitoring consists of the selection and review of a statistically relevant number of randomly selected files. Prior to monitoring we request sponsors to make accessible all programs files for random selection. If those files are inconsistent, missing forms, lacking appropriate documentation for client eligibility or rent calculations, etc. proceed to review an additional statistically relevant number of randomly selected files; and so on and so forth.

In addition to the questions asked in the packet during monitoring reviewer(s) should also inquire about:

- Any conflicts of interest
- HMIS data collection statement is posted at the intake desk
- Code of Conduct (updated if applicable)
- Due Process for participant termination
- View items paid for through the CoC grant such as improvements, van purchased, furniture purchased

After the monitoring review, sub-recipients, if applicable, may receive a written response to the results of the monitoring. If there were no issues identified during the monitoring letters should go out within 90 days after the visit. However, if minor issues are identified and shared with the subrecipient during monitoring allow sponsors to remedy the issue prior to a written response. Identified issues should be divided into findings (issues which effect program regulations or federal laws) concerns (issues that denote an area of weakness which if not addressed could lead to a finding) and recommendations (issues which do not). Those programs receiving findings or concerns should receive a follow-up letter with the list of finding or concerns and their respective corrective actions. Each finding should reference the federal regulation that was not met. The letter should also specify a timeframe for when the HEARTH Coordinator will



follow-up with another monitoring visit, within a 6-month period, to ensure that corrective action has been taken.

### *Information Requests*

Data Quality Standards for CoC sub-recipients were improved in 2013 to develop distinct categories of requirements, describing standards for timeliness, completeness, quality, accuracy and consistency. The Rhode Island Coalition for the Homeless manages the state's Homelessness Management Information System (HMIS) and provides training on these standards to the subrecipients.

The purpose of monitoring is to ensure that the standards on the extent and quality of data entered into the Rhode Island Continuum of Care (CoC) Homeless Management Information System that have been agreed upon by the CoC and their homeless service providers are met to the greatest possible extent and that data quality issues are quickly identified and resolved. Continuum wide reports are reviewed by the Homeless Management Information System Committee on a quarterly basis. (AHAR, APR, QPR). The committee reviews sponsors that consistently do not meet these standards or do not improve their 'scores' and determine incentives and/or corrective action to have the sponsor meet its obligation. An annual report will be created by the committee to give to the Continuum of Care board to assist them in determining renewal amounts and new projects.

These protocols ensure that the state has open access to all grant-related information, including program participant and financial records