

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 2. Ensuring all questions are answered completely.
 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
 4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.
- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions [click here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: RI-500 - Rhode Island Statewide CoC

1A-2. Collaborative Applicant Name: Rhode Island Housing and Mortgage Finance Corporation

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Rhode Island Coalition for the Homeless

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Faith Based	Yes	Yes
Veterans Administration	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)**

RICOC meetings operate in accordance with the RI Open Meetings Act, which sets a legal standard for communication and documentation of public meetings. Board and Membership agendas, meeting schedules and minutes are posted on the RI Secretary of State's Website to ensure all members of the public have ample notice of meetings in order to attend and participate, be aware of historical meeting content, and any and all action taken. Public comment is incorporated into each Board and Membership Meeting and prompt follow up can be monitored by the COC and the public. In 2017, members of the public commented in a Board meeting regarding the system addressing Unaccompanied Homeless Youth; in response, the RICOC board created a committee to address this population's unique strengths and needs. Annually, the Planner attends training by RI Attorney General to stay updated with RI public meeting policy and disseminates membership solicitation via website, newspapers and email.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)**

To prepare for solicitation of new members, Membership engages in robust discussion of whom to outreach to help fill identified gaps and address emerging needs. This includes discussion of current membership of persons with experience of homelessness and what potential unique homeless subpopulations ought to be outreached to represent those unique experiences. COC planner publicly posts the call to join RICOC Membership and outreaches to known system stakeholders and representation from systems critical to ending homelessness (ex: Medicaid, Behavioral Health, Corrections) regarding the opportunity via email. In between solicitations, Planner responds to requests regarding RICOC membership and meets with stakeholders individually to describe the opportunity. The above described solicitation happens at least annually. Thus far in 2017, Membership has been updated two times, which highlights the COC's focus on recruitment to continue to fill gaps and to engage emerging leaders.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

**include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

The COC announced on 6/1/17 it was open for submission of Letters of Interest (LOI) via email as proposals for New Projects in FY17. Simultaneously the COC released its FY17 scoring criteria for new and renewal projects and FY17 ranking and reallocation policy. This announcement was made publicly on the RICOC website and through email to system stakeholders and clarified that providers who have not previously received COC funding were invited to submit new project proposals. This substantive outreach resulted in new project LOI's received from 3 providers who have not previously received COC funding. On 8/10/17 the Board determined the highest scoring new project applications that would be permitted to submit new project applications. On 8/11/17 the Board notified all new project applicants via email of this determination. The Board Meetings that resulted in these decisions are noticed and their records archived publically on the RI Secretary of State website

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

RI's Consolidated Homeless Fund combines ESG, State, and Title XX monies. COC's Recipient Approval and Evaluation Committee merges with the committee representing ESG, state and policy makers to set parameters for

ESG funding and to determine ESG awards. Planner attends to represent ESG recipient feedback in planning and allocation decisions. COC committees gather ESG recipient feedback to inform: policy, procedures and written standards and to conducting gaps analysis. COC collaborated with Con plan jurisdictions: State of RI, Cities of Providence, Pawtucket, East Providence, and Woonsocket. Collaboration included sharing fiscal and programmatic data (SPMs, LOCCS balances, progress towards Opening Doors RI metrics tracked in HMIS). RIH writes the Con Plan for the State with input from COC, HMIS lead, CA and jurisdictions. This communication is via 6 mtgs annually with ESG eligible jurisdictions and annual email/phone calls with the jurisdictions that are not ESG eligible.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

The HMIS lead manually inputs households that present at DV shelters in the state into the by-name lists it oversees. The HMIS lead created a referral form for DV providers to use that communicates required information (ex, acuity score on the appropriate vulnerability index) from their comparable database without personally identifying information. This ensures client safety is paramount while still prioritizing rapid access to ESG/COC housing and OHHS and DOJ services. This system reinforces that DV services providers well trained this vulnerable homeless subpopulation continue to provide services. Barrier navigation (ex, lack of access to child care) continues. Once housing options are identified, the DV provider remains the household's contact so client choice occurs confidentially. The COC outreaches free training on victim centered practices including trauma informed care and has successfully engaged DV providers to become COC providers to ensure victim centered housing.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

Collaboration with CABHI created free trainings (3 trainings/month) for COC providers & CE staff that includes best practices to serve DV survivors. Topic examples are: trauma informed care (intro/adv), CTI, harm reduction, advanced case and treatment planning. The HMIS lead worked with DV providers comparable database to HMIS to ensure their it can generate metrics being used to inform system decision making (exs: APR and SPM metrics) in COC committees and Board and Membership meeting. These metrics are vetted in System Performance and Recipient Approval and Evaluation Committees to conduct gap analysis and to inform new project application determinations for

DV subpopulation. CE staff receive a form from DV providers that communicates required information for housing placement (ex, acuity score) without divulging personally identifying information. This DV provider remains the point of contact until/after housing placement ensuring safety and allowing for confidential client choice.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Providence Housing Authority	34.00%	No
Woonsocket Housing Authority	5.92%	No
Pawtucket Housing Authority	11.10%	Yes-Both
Rhode Island Housing	100.00%	Yes-HCV
Housing Authority City of Newport	15.70%	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

The COC collaborative applicant (RIH) is a PHA. RIH has had a homeless preference for its HCV program for years; in 2017 RIH received HUD approval of its revised Admin Plan to create an additional 50 voucher "super preference" for those choosing to move on from Permanent Supportive Housing into a mainstream subsidy. RIH established HMIS metrics to inform referrals and ensures client choice drives referrals. Simultaneously, RIH networked extensively with statewide PHA's with and without a homeless preference by convening PHA ED's to describe the importance of a move up strategy in the system to end homelessness and to ask them to consider establishing a Homeless Preference and/or Super Preference similar to the model Rhode Island Housing has proposed. RIH shared admin plan, board approval and programmatic templates to support other PHA's in implementation of a preference. 3 PHAs are in currently in process of implementing a homeless or "super" preference.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

COC outreached 4 webinars on the implementation of the Equal Access Rule and shared materials via website and email. COC outreached regional HUD webinar Jan 2017 on implementation, shared materials via web and email. CE meetings (6 meetings in total) included training on the new rule and implementation strategies. Theses 11 trainings were offered between Oct 2016 – Jan 2017. COC updated monitoring tools to ensure ongoing compliance is evaluated. COC addresses the need of LGBT households through its committees: Board, Membership, and each committee has representation of LGBT stakeholders. The COC created a new committee in 2017 to inform a system to house unaccompanied youth in RI; LGBT stakeholders participate. COC is updating CE procedures by the Jan 2018 deadline. Update to include anti-discrimination policy and training will include implementation strategies. COC has policy prioritizing LGBT; requires providers not discriminate; and provide services responsive to LGBTQ persons.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="checked" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="checked" type="checkbox"/>
Engaged/educated local business leaders	<input checked="checked" type="checkbox"/>
Implemented communitywide plans:	<input checked="checked" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other

checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

The applicant checked all boxes except for "none".

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

The CoC evaluates a number of factors in determining the project ranking and selection process. Prior to providing housing assistance, the CoC requires that all providers complete the VISPDAT and use that tool as well as the professional judgment of assessors to determine the relative vulnerability of households seeking homeless assistance and to prioritize for admission those with highest needs. The tool addresses abuse/victimization, low or no incomes, current and past substance use, abuse history, criminal history and length of time homeless/chronic homeless status. Project applicants receive points in the scoring process based on the vulnerability of households admitted to the project as measured by the VI-SPDAT score. Additionally, project applicants that did not use the VISPDAT for at least 90% of their new admissions lost ten points in the evaluation process.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 08/11/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/08/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	CoC outreach rega...	09/19/2017

Attachment Details

Document Description: CoC outreach regarding new projects through reallocation

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. Governance Charter p 1-15

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Mediware/ Bowman Systems

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Statewide HMIS (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	726	76	510	78.46%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	343	86	251	97.67%
Rapid Re-Housing (RRH) beds	328	0	328	100.00%
Permanent Supportive Housing (PSH) beds	1,239	0	966	77.97%
Other Permanent Housing (OPH) beds	712	13	693	99.14%

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
 (limit 1000 characters)**

The HMIS Steering Committee addresses providers not-participating in HMIS with the goal of 100% system participation. ESG Beds: A large provider (Rescue Mission) does not participate in HMIS. The HMIS lead outreached numerous times, including 3 occasions in the last 12 months. In 2017, the Director of the Rescue Mission indicated willingness to participate in HMIS but has not followed through with verbal indication. In the next 12 months, the HMIS lead will continue to outreach and support the Mission in easing barriers to HMIS participation, which would bring ES bed participation above 85%. 2 small shelters recently and the HMIS lead was still in process of engaging with shelters conduct the required training to participate in HMIS. Both have since been trained. PSH beds: 1 provider is not inputting VASH vouchers into HMIS. At the next HMIS Steering Committee meeting a plan will be developed with the goal of the VASH program participating before the next HIC submission in April 2018

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
 (mm/dd/yyyy)** 04/28/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/28/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)**

Data Quality Changes: not applicable; Methodology changes: Not applicable. There was a slight reduction in our sheltered population. Without COC and HMIS lead efforts in implementing coordinated entry, diversion from the homeless service system, rapid re-housing, and Housing First that there would have been a large increase in the sheltered homeless population due to rising rent levels in the Rhode Island housing market. There has been a 10% increase over the last two years so that a typical available 2-bedroom apartment now costs \$1,288 per month, requiring an annual income of \$52,500 to be affordable for a household at 30% of income.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? No

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

Data Quality Changes: In response to feedback from 2016 PIT teams, the HMIS lead increased training in advance of the PIT to improve data quality in the unsheltered count. Training focused on interviewing skills to increase information gathered and how to use the PIT phone App to ensure accurate and congruous data quality throughout statewide PIT teams. This change impacted the 2017 PIT results by increasing data quality and number of surveys successfully gathered in the unsheltered count.

Methodology changes: in 2016 RI-500 did not have state-wide coverage on the PIT. Leading up to 2017 PIT, significant COC and HMIS lead recruitment efforts resulted in statewide coverage by PIT teams, including into rural areas. This likely impacted unsheltered PIT count all geographic locations were covered and more surveys were able to be conducted.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

Home to Hope, a program housed at Rhode Island Coalition for the Homeless, spearheaded the 2017 Youth PIT Count. 2 months of planning meetings occurred to design PIT and select locations to target efforts. These meetings involved youth system stakeholders: Foster Forward, the Parent Support Network, our Runaway and Homeless Youth providers, Youth Pride, DV providers, and street outreach teams. Four "Come and Be Counted" sites held

events where youth could receive food, gift cards, do laundry, watch movies and get haircuts. The survey was based on the Voices of Youth survey & tailored with feedback from youth who had experienced homelessness. Outreach teams canvassed 3 major cities for 4 days. The online version of the survey was open for a month. Survey assessed for point prevalence of homelessness, demographics, history of runaway status/foster care, income, education, and barriers to services. This youth PIT took place in July 2017 with the goal of informing future PIT methodology.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

in 2016 RI-500 did not have state-wide coverage on the PIT. Leading up to 2017 PIT, significant efforts by the COC and HMIS lead resulted in statewide coverage by PIT teams, including into rural areas previously unsurveyed. In response to feedback from 2016 PIT teams, the HMIS lead also increased training in advance of the PIT. Training focused on interviewing skills to increase information gathered and how to use the PIT phone App to ensure data quality statewide. This increased training was intended to increase PIT teams safety, confidence and interviewing skills with the result of survey being conducted (to count) each eligible unsheltered individual in RI on PIT night.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

SPMs indicate no change in the number of first-time homeless: 1968 in FY15 and FY16. The CoC reviewed admissions in HMIS of those who did not previously have an entry in the system to assess factors leading to homelessness. The CoC implemented a statewide diversion strategy resulting in a 23% reduction in new individuals entering shelter. United Way 211 (COC's diversion provider) has diverted 2/3 of clients presenting with housing instability safely away from entering emergency shelter. The CoC Planner employed by the collaborative applicant agency is responsible for overseeing this strategy. The State of RI passed a bond issue in fall 2016 to provide \$40,000,000 in affordable housing bonds.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

Reduction in LOT homeless by 6 less days for ES and SH and the median decreased by 4 days. Reduction in LOT homeless in ES, SH and TH by 11 days and the median reduced by 7 days. COC measures LOT homeless in HMIS and in CE assessment tool (VISPDAT). COC CE requires housing by acuity (VI) score, which includes in its scoring a measure of LOT homeless so this factor is identified and informs housing placement. Homeless Legal Clinic, State Wide Outreach, and B2H support housing placement by securing documentation required for move-in; providing legal support to people on the BNL with a legal

housing barrier; locating unsheltered individuals as needed, and ensuring newly ID'd homeless clients receive a VISPDAT and entered onto the BNL from the street. HMIS Lead developed a document in HMIS to track documents each client has and who has a copy. The COC has increased its RRH and PSH portfolio to increase housing resources to the system. CoC Planner is responsible for overseeing strategy.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

There was an increase of 179 persons who remained in PH or exited to PH representing 1% of total served in PH. The COC implemented a policy decision in 2016 to reallocate TH into PH beginning with the FY17 competition. The CoC has implemented a CE policy and is in process up updating its procedures in line with HUD reqs. The increased units created by reallocation in tandem with the CE policy will improve permanent housing placements by increase units available while requiring CE fidelity. Simultaneously, the COC/CABHI created a Housing First curriculum with the goal of unifying RI's Housing First approach to fidelity and increase PH retention. The COC CA is also leading a move up strategy statewide to increase PH units available to PSH clients to ease a bottleneck in PSH system through PH solutions outside of the COC portfolio. CoC planner is responsible for overseeing the CoC strategy; a goal of written standard for PSH case management with support this outcome.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)

There was a reduction in this metric by 7 persons. 343 persons returned to homelessness in 2 years in 2015; 336 returned to homelessness in 2016. The COC identifies individuals and families who return to homelessness through HMIS data; HMIS committee has revised its end user training to focus on increasing data quality to better infor this metric. COC/CABHI provides training on motivational interviewing and HMIS lead provides training on definitions of terminology. The COC CA is also leading a move up strategy statewide to increase PH units available to PSH clients support deeply subsidized units exist to support vulnerable households access affordable housing. The COC planner is responsible to oversee this strategy.

3A-5. Performance Measures: Job and Income Growth

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)**

COC membership includes statewide SOAR coordinator. SOAR staff attend CE committees and outreach to SOAR eligible households on BNL. COC participates in RI SOAR steering committee. SOAR data since 10/1/2016 boasts a 71% initial approval rate; 33% reconsideration approval rate & 99 average days to a decision on this cash income resource. CE staff working for the HMIS lead developed a pilot program with Dept of Labor to ensure access to training and employment opportunities for formerly homeless veterans. Similar efforts to implement a pilot project for clients in TH and RRH in partnership with DLT are in process. The Governor of RI recently introduced an approved initiative to provide RI residents with 2 yrs of community college free to increase job and income growth. The COC planner is responsible to oversee this strategy.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

**3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)**

The response to 3A-6 was "no".

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.
(mm/dd/yyyy)** 05/24/2017

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	528	436	-92

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	469
Total number of beds dedicated to individuals and families experiencing chronic homelessness	251
Total	720

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)**

COC adopted RRH written standards were drafted with stakeholder input and designed to support a strategy of RRH households with children within 30 days. COC gap analysis indicated additional RRH funds needed to meet demand in RI to be able to respond promptly with RRH intervention. COC has ranked new projects to create RRH units in FY15, FY16 and FY17 to help meet the need for family RRH subsidy in RI. With Written Standards in place, and CoC planning grant funds earmarked to continue RRH training as new projects come online at the end of 2017 and if approved in 2017, providers will be supported in quick implementation of RRH programs to fidelity. FY15 RRH new project was slow to implement (ineffective); COC planner focus effort on bring RRH providers up to date with best practices and clear expectations to increase effectiveness. As a result, FY16 new RRH project is implementing on schedule & 3 new RRH proj's in the FY17. COC planner is responsible.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	44	55	11

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)**

The COC prohibits discrimination including discrimination based on the following subcategories identifies in the subcategories list: age, sex, gender, LGBT status, marital status and/or disability. The COC ensures recipient and subrecipient compliance with this policy via ongoing training and annual monitoring of all projects includes review of providers antidiscrimination policies

and recipients and subrecipients compliance with this COC policy. COC/ESG policies and procedures prohibit involuntary separation of family members from other family members or caregivers when entering shelter or housing and there is a method for to alert the COC if involuntarily separation were to occur.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

COC created a Committee to address youth experiencing homelessness. It responded to HUD's YHDP NOFA to secure additional funding for youth system development. Committee successfully engaged new coc applicant to provide RRH for youth coming out of foster care. It acts as a CE meeting and services connections meeting. Stakeholders from public, private and nonprofit youth housing and services providers navigate barriers and make recommendations for COC supported system's change. Committee conducted Youth specific PIT, apply for the HYDP NOFA, and is reorganizing the RI youth system to align with national best practices and local need. The Committee engaged TA to provide best practices and recommendations on metrics. Current metrics are Youth PIT

and HMIS data including from the Y-SPDAT. COC selected the youth PIT metric to have a best-practice and data driven benchmark to assess scale, need and measure future change and HMIS data to align with other COC metric goals.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

Statewide McKinney-Vento liaison is on COC membership. This partnership supports the PIT and Youth PIT to ensure local education authorities and school districts participate and collaborate. Statewide liaison's attendance and participation in quarterly Membership meetings ensures education and district needs and goals are represented in statewide planning. COC Membership of the RI Dept of Education (RIDE) recently lead to COC joining "Building Teams for Change" Initiative that RIDE qualified for; this initiative (hosted by School House Connections, a national organization promoting success for youth experiencing homelessness) will give COC access to intensive training on strategic planning to support statewide policy review and updating with a focus on youth homelessness. COC plans to use this training resource to support youth with experience of homeless in statewide policy initiatives. COC monitors recipient's procedures on informing households of eligibility for education serv's.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem

**(GPD).
(limit 1000 characters)**

COC runs bi-monthly Veteran Placement COC Committee meetings to oversee that homeless veterans are referred to eligible VA services and Housing, SSVF and GPD. These meetings also serve as the placement committee (CE committee) for COC and ESG programs targeted to the veteran subpopulation; the BNL is reviewed in each meeting and plans developed as needed to contact and house those vets with the highest vulnerability scores as measured by a common assessment (VISPDAT). Stakeholders in regular attendance are the VA, SSVF and GPD representatives, local veteran housing and services providers, homeless services and housing providers, mental health agencies, CABHI and Behavioral Health Department, and housing authorities with homeless preferences, including homeless preferences specific to homeless veterans.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

COC ensures program staff has current information regarding benefits and other resources by dissemination of educational materials and relevant updates and during trainings. Public, private and non-profit Stakeholders are COC members including but not limited to SOAR statewide coordinator, TANF, substance abuse programs and behavioral health. RI is a Medicaid expansion state; coc collaboration with RI's managed care organizations resulted in an approved housing stabilization package. Since program approval last year, 6 homeless services providers have been approved by CMS to bill Medicaid for housing stabilization payments on Medicaid qualified residents in PSH. COC also partners with managed care organizations as health navigators tasked with engaging sheltered and unsheltered homeless individuals with mainstream benefits. Case managers engage housed individuals and families in benefits

coordination. COC planner is responsible to address this performance measure.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	39.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	39.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	39.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	39.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

Funding requires Street Outreach (SO) positions cover 100% of the COC's geography at least five nights per week. SO engages clients in the places where they are staying (streets, encampments, unoccupied buildings) to build rapport and ensure that emergency needs (shelter, food, clothing,) are met. SO is housing oriented: they discuss housing options available, conduct the vulnerability index required for inclusion in the BNL, assist with obtaining documents to enter housing opportunities. Since individuals receiving street outreach may not be easy to locate, SO locates potential COC households to support their navigation of the housing system with the end goal of permanent housing placement. SO workers participate in the COC's various Placement Committees (CE committees) to ensure outreach services are target to the most vulnerable, those identified by the BNL for housing placement, and those with ESL or other communication barriers, disabilities, and/or other identified barriers.

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive**

services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

COC provides regular training on fair housing standards and outreached free fair housing trainings offered throughout the community as they are available. COC requires documentation of fair housing policy during annual monitorings. COC posts its annual request for membership in spanish and english and advertises in both spanish and english newspapers. COC planner ensures public posting of all official COC documents on the RI secretary of state website and/or the RICOC website. COC requires all provides to not discriminate in housing or services provisions. COC planner responds promptly to any requests for information and material and utilizes CA agency resources as needed to effectively communicate with persons with disabilities and persons with limited english proficiency.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	308	328	20

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Rejection-Reducti...	09/19/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Rating and Review...	09/21/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating and Ra...	09/15/2017
05. CoCs Process for Reallocating	Yes	CoC process for r...	09/21/2017
06. CoC's Governance Charter	Yes	RI-500 Gov Charter	09/15/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	09/15/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA admin plans -...	09/20/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	Order of Priority...	09/21/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	FY2017 CoC Compet...	09/21/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Rejection-Reduction and Approval-Ranking

Attachment Details

Document Description:

Attachment Details

Document Description: Rating and Review Procedures FY17

Attachment Details

Document Description: CoC Rating and Ranking Procedure - Public Posting

Attachment Details

Document Description: CoC process for reallocation FY17

Attachment Details

Document Description: RI-500 Gov Charter

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: PHA admin plans - RIH and Paw HA

Attachment Details

Document Description:

Attachment Details

Document Description: Order of Priority COC policy

Attachment Details

Document Description:

Attachment Details

Document Description: FY2017 CoC Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/14/2017
1B. Engagement	09/25/2017
1C. Coordination	09/26/2017
1D. Discharge Planning	09/14/2017
1E. Project Review	09/20/2017
1F. Reallocation Supporting Documentation	09/15/2017
2A. HMIS Implementation	09/20/2017
2B. PIT Count	09/20/2017
2C. Sheltered Data - Methods	09/20/2017
3A. System Performance	09/25/2017
3B. Performance and Strategic Planning	09/25/2017

4A. Mainstream Benefits and Additional Policies	09/25/2017
4B. Attachments	Please Complete
Submission Summary	No Input Required

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Thursday, June 01, 2017 4:07 PM
To: 'Brophy, Michelle (BHDDH)'
Subject: Local 2017 COC competition documents
Attachments: Ranking and Reallocation Policy FY2017.pdf; LOI new projects RI CoC 2017.pdf; 2017 new project scoring .pdf; 2017 Ranking Criteria_Renewal Project Scoring.pdf

Dear RICOC Stakeholders,

To prepare for the anticipated upcoming FY2017 Continuum of Care competition, I am pleased to announce that the RICOC Board approved the attached documents in today's meeting. In an effort to ensure transparency and alignment with best practices in COC governance, the Board is releasing these documents immediately.

Attached please find the RICOC adopted:

- 2017 Ranking and Reallocation Policy
- 2017 Ranking Criteria/Renewal Project Scoring
- 2017 Letter of Interest for New Projects
- 2017 New Project Scoring

Please note:

- The request for 2017 Letter of Interest for New Projects is being issued at this time and has a deadline of July 14, 2017 at 5pm EDT.
- RICOC Projects voluntarily reallocating Transitional Housing projects into new Permanent Housing projects will need to respond with an LOI for New Projects by the deadline to be considered for voluntary reallocation.
- The RICOC may revise and reissue these documents as needed to ensure alignment with the FY2017 HUD Continuum of Care Program Notice of Funding Available (NOFA), once it is issued.

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*
Rhode Island Housing
p. 401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence, RI 02903



Click [here](#) to view our 2016 Annual Report



Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new do. Please update your address book; all other contact information remains the same.

[BCC:]





Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new domain rihousing.com. Please update your address book; all other contact information remains the same.

This email was sent to transitional housing providers informing them of the steps to voluntarily reallocate their TH projects into PH projects on 6/12/2017

This message was sent with high importance.

From: Elizabeth Bioteau
To: "Doreen Smith" <dsmith@rihousing.com>; "Kathleen Bioteau" <kbioteau@rihousing.com>; "Jennifer Bioteau" <jbioteau@rihousing.com>; "David Bioteau" <david@rihousing.com>; "Sarah Bioteau" <sarah@rihousing.com>; "Michael Bioteau" <michael@rihousing.com>; "Jessica Bioteau" <jessica@rihousing.com>
Cc: Elizabeth Bioteau
Subject: Continuing Transitional COC Projects to Permanent Housing and Reallocation Policy (2017) pdf (2017)

Message: [RI Coc Grant Estimating v2.pdf \(791 KB\)](#) [2017 New Project Estimating.pdf \(500 KB\)](#) [LOI New Projects RI Coc 2017.pdf \(95 KB\)](#)

You are receiving this email because the agency you are affiliated with is currently operating a COC project that provides transitional housing.

As you are already aware, the RI COC will not be making transitional housing component projects in the upcoming anticipated COC competition.

Please see forwarded email and attached documents for instructions on submitting an LOI for a new Permanent Housing COC project. I have also attached the project point presentation from the upcoming Rhode Island Housing posted earlier this year on restructuring a TH into a PH grant.

RI COC Projects voluntarily reallocating Transitional Housing projects into new Permanent Housing projects will need to respond with an LOI for New Projects by the deadline to be considered for voluntary reallocation.

If your agency is not planning to voluntarily reallocate one or more of your TH projects into COC PH projects in the upcoming competition, please email me to notify me of that decision in writing.

Thank you,

Elizabeth Bioteau | Continuum of Care Planner / Program Manager

Rhode Island Housing

p. 401-479-1478 | ebioteau@rihousing.com

44 Washington Street | Providence, RI 02903



[Click here](#) to view our 2016 Annual Report



Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new domain rihousing.com.

Please update your address book; all other contact information remains the same.

Rhode Island Continuum of Care RI-500

June 2017

Request for Letters of Interest to Apply for New Permanent Housing (Permanent Supportive Housing/Rapid Re-Housing) Funds During the 2017 Continuum of Care Program Competition

The Rhode Island Continuum of Care is requesting Letters of Interest from qualified nonprofit organizations and/or local government agencies for new project applications for the 2017 Continuum of Care Program Competition. The CoC seeks projects that can make maximum efficient, economical, and effective use of the prospective allocation of the United States Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funds.

A total of approximately \$450,000 in reallocated funding for new projects and a not-yet-known amount of bonus funding may be available to apply for in the competition. The CoC intends to allocate this funding to multiple projects. HUD will ultimately select the projects that are to be funded and selection by the CoC does not assure that the application will be funded by HUD.

There are three allowable types of projects:

- **Permanent supportive housing** for homeless individuals and families in which the head or co-head of household is disabled. This housing must primarily serve individuals and families that meet the HUD definition of chronically homeless. All PSH projects will be expected to follow HUD Notice 16-11, "Prioritizing Persons Experiencing Chronic Homelessness ..." Assisted households may be served with rental assistance or leasing funds.
- **Rapid rehousing for individuals and families** currently residing in shelter, unsheltered in streets/public places, or those fleeing domestic violence. Only individuals and families coming from those locations are eligible to be served. Households may ONLY be assisted with tenant based rental assistance.
- **TH- RRH PH projects.** This is a new project type for the 2017 competition and more information will be forthcoming. These projects must:
 - Provide rapid access to safe and secure transitional housing.
 - Use that housing as 'bridge' housing - a temporary residence to provide a stable living situation while the household arranges permanent housing. During the stay, the household will be assisted in obtaining all documentation needed for permanent housing and in locating an appropriate permanent housing unit.
 - Provide short/medium term rental assistance to participants during their RRH program phase.

RHODE ISLAND CONTINUUM OF CARE LETTER OF INTEREST TO SUBMIT NEW PROJECT APPLICATION

All projects must follow **Housing First** principles. These include:

- Minimal barriers to program entry. There cannot be a requirement for sobriety prior to being housed and prior background (criminal history, lack of credit, or eviction history) cannot be used on a blanket basis to exclude potential participants.
- To the maximum extent possible, program participants should be given the opportunity to exercise choice in their living unit.
- All applicants must be accepted from the Coordinated Entry System for permanent supportive housing. Providers of rapid rehousing must accept referrals from Coordinated Entry and exclusively accept referrals from Coordinated Entry when it is fully operation for families and rapid rehousing.
- All participants must be provided with a standard annual residential lease that does not include clauses that are not standard for leases in the community. Individuals and families can only be terminated from the program in accordance with due process rights of tenants under a lease. The RICOC's adopted Housing First Policy and Principles provide additional information.

Sources of funds for these new projects may include bonus funding and funds that may be reallocated from current grantees. All projects will have a grant term of one year.

The CoC is issuing this LOI at this time to ensure that is positioned to respond to the US Department of Housing and Urban Development Continuum of Care Program Notice of Funding Availability (NOFA). The CoC is requesting nonprofit and local government organizations wanting to apply for new project funding during the 2017 competition to complete and submit a letter of interest at this time.

The letter of interest must provide the following information:

Name of Organization: _____

Organization type: _____ Non-profit; _____ PHA or local government agency

Contact information for the Organization: _____

Proposal Type: _____ Permanent Supportive Housing _____ Rapid Re-Housing _____ Transitional Housing to Permanent Housing/Rapid Rehousing

Is this a current grant seeking to reallocate existing funding? _____ Yes _____ No

If yes:

- Grant number for current project: _____
- Total HUD CoC funding for project: _____

All applicants must provide the following information (not to exceed five narrative pages):

1. Target population for project and experience in serving population and providing similar services.

- a. Include a projection of the number of persons/households to be served (point in time at full capacity and number expected to be served during a one-year period)
2. If applying for the TH-PH/RRH option, provide information on: expected length of stay in transitional housing, how the TH component will be used, and how will the project quickly move participants into permanent housing.
3. Applicants must address the scoring factors on the attached form. Provide sufficient detail on each scoring factor to permit evaluation of the project.
4. Project Budget
 - a. Rapid rehousing projects may apply for funding only for:
 - i. Supportive Services
 - ii. Tenant Based Rental Assistance
 - iii. HMIS
 - iv. Administration
 - b. Permanent supportive housing projects may apply for:
 - i. Leasing or rental assistance
 - ii. Supportive services
 - iii. HMIS
 - iv. Administration
 - c. TH-RRH projects:
 - i. Must be existing TH project that is converting
 - ii. TH component may use leasing or operating costs plus supportive services; RRH component tenant based rental assistance and supportive services
 - iii. Admin is allowable for both the TH and RRH components.

Letters of Intent will be evaluated based on the factors identified on the attached New Project Scoring Sheet.

Other: Applicants seeking new funding under the 2017 competition will be required to contract directly with HUD. Rhode Island Housing will not serve as the grantee for any new subrecipient awards.

Letters of Intent accepted by the CoC will be required to complete full applications in HUD's E-SNAPS grant management system when HUD opens the system up for the 2017 NOFA. Applicants are solely responsible for ensuring their applications are submitted in esnaps.

Based on responses, the CoC may request applicants to modify budget targets to ensure equitable and competitive distribution of funding.

Letters of interest must be submitted electronically to the CoC Planner, Elizabeth Bioteau (Elizabeth Bioteau ebioteau@rihousing.com)

PDF document format is preferred.

All letters of interest are due on July 14, 2017 by 5 pm EDT. Please note that, although it does not intend to change the deadline, the RICOC Board may adjust this deadline in response to HUD issuing the FY2017 Notice of Funding Available for the Continuum of Care Program.

Rhode Island CoC: 2017 NOFA Competition, Scoring Sheet for New Projects

Threshold Review

Threshold Review Criteria <i>Applicants must fully meet threshold criteria. Projects not meeting all the specified criteria will not be reviewed further.</i>	Meets Criteria? Yes or No
<ul style="list-style-type: none"> Project must be for rapid rehousing, permanent supportive housing, or the new transitional housing to rapid rehousing (TH-PH-RRH) projects 	
<ul style="list-style-type: none"> The population served must meet program eligibility requirements, including: <ul style="list-style-type: none"> PSH: <ul style="list-style-type: none"> All projects must primarily serve chronically homeless individuals and/or families, as defined by HUD. This will be demonstrated by conformity with HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons. All projects must serve exclusively disabled individuals/households as defined by HUD RRH: All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations or those fleeing domestic violence. TH-PH-RRH. Participants must meet eligibility criteria as indicated in the 2017 NOFA. All participants must initially receive TH services and transition as soon as practical to rapid rehousing. 	
<ul style="list-style-type: none"> Projects can request only these funds for a term of one year: <ul style="list-style-type: none"> PSH: Rental assistance (tenant, sponsor, or project based), leasing or operating funds, supportive services, HMIS and administrative costs RRH: Rental assistance (tenant based only) supportive services, HMIS and administrative costs TH-RRH: Operating or leasing assistance and supportive services for the TH phase; tenant based rental assistance plus supportive services for the RRH phase. 	

Project meets threshold eligibility criteria?

- ☐ Yes
☐ No

Comments:

Application Scoring

Scoring Factor	Maximum Points	Score Assigned
History and Experience (40 points): <ul style="list-style-type: none"> Applicant and subrecipient(s)' prior experience in serving homeless people and in providing housing and services like that proposed in the application. Experience of relevant staff – even if at a different agency – will count toward agency experience. (20 points) Satisfactory experience with prior HUD grants and other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants. (20 points) 	20	
Project Quality <ul style="list-style-type: none"> PSH: Prioritizing Highest Need (15 points) – <ol style="list-style-type: none"> Does the project target a high priority, literally homeless population? Is project targeted toward the chronically homeless/those with high levels of vulnerability? Will participants be offered housing based on their severity of need and length of time homeless? (9 points) Clearly describes the assessment and process it currently uses to determine severity of need. (2 points) Clearly describes its process for prioritizing persons with the most severe needs. (2 points) Clearly describes the outreach process used to engage homeless persons living on the streets and in shelter. (2 points) Questions to consider: <ul style="list-style-type: none"> Does the applicant demonstrate a clear understanding of the order of priority established in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons? Does the applicant describe a specific plan for how the project will participate in the CoC's coordinated entry system? Does the applicant describe a plan for an outreach process to engage those persons that is that is adequate and consistent with the Notice? Does the applicant identify specific and appropriate programs (street outreach, 	15	

Scoring Factor	Maximum Points	Score Assigned
<p>shelters) from which it obtains referrals of potential eligible program participants that will ensure the project operates at full capacity and that eligible persons are served with the most severe needs are served?</p> <ul style="list-style-type: none"> • RRH and TH-RRH: Effective outreach and placement system (15 points) <ul style="list-style-type: none"> a. Extent to which the applicant: <ul style="list-style-type: none"> • Describes how its activities will be targeted toward literally homeless individuals and families. If coordinated entry is operational, the applicant should describe how it will receive referrals and provide notification of available units/beds (5 points) • Clearly describes how households will be assisted to obtain housing as quickly as possible. (10 points) b. Questions to consider <ul style="list-style-type: none"> • Does the applicant describe a specific and viable plan for how the project will participate in the CoC's coordinated entry system? If coordinated entry is not operational in the applicant's area, does the applicant demonstrate that all participants will be literally homeless prior to entry? • How will participants obtain housing? What assistance is provided? 	15	
<p>Housing First (15 points)</p> <ul style="list-style-type: none"> • Extent to which the applicant: <ul style="list-style-type: none"> ○ Has successfully operated a program that is based on Housing First principles. (5 points) ○ Clearly describes a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals. Participants are only terminated from the program based on violation of standard lease terms not due to program requirements.) (10 points) 	15	

Scoring Factor	Maximum Points	Score Assigned
<ul style="list-style-type: none"> • Questions to consider: <ul style="list-style-type: none"> ○ Extent of experience and outcomes of projects operated by applicant that follow Housing First. ○ Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, creditworthiness, income requirements and service participation? ○ Does the applicant clearly demonstrate a model in which continuation of housing is not contingent on service participation requirements or compliance? ○ Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project? ○ Does the applicant clearly describe a project design that is adequate to accomplish those goals? ○ Does the applicant clearly demonstrate a model in which participants are expected to comply with a lease agreement and are provided with services and supports to help maintain housing and prevent eviction? 		
<p>Services Program (30 points)</p> <p>Extent to which the applicant;</p> <ul style="list-style-type: none"> • Clearly describes how it will assist participants to remain stably housed. Describes how case management services will be provided to participants. (15 points) • Has a plan to increase participant's incomes through employment and/or benefit income and/or Describes how disabled persons will be assisted in obtaining benefits and services. (15 points) <p>Questions to consider:</p> <ul style="list-style-type: none"> • Does the applicant describe how case managers will assist participants in maintaining housing stability? Does it indicate any evidence based practices that will be employed? Does the application provide information on the frequency of contact with case managers and process for developing and updating a housing stability plan for all participants? • Does the applicant provide a plan for how the participants will increase or maintain their income (either through employment or assistance in obtaining benefits) and how participants will be connected to employment or other meaningful activity? 	<p>15</p> <p>15</p>	
Total Score Awarded (Before Bonus)	100	

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Friday, August 11, 2017 2:35 PM
To: Elizabeth Bioteau
Subject: Partial Reallocation of RICOC FY17 project budgets
Attachments: RICoC FY2017 GIW - estimated.xlsx

Please be advised that yesterday the RICOC board voted to partially reallocate some RICoC project budgets based on historically unspent funds. You are receiving this email because the agency you are affiliated with has at least one RICOC project budget being partially reallocated in the FY17 competition. Here is a summary of the grants being partially reallocated in the FY17 competition:

Grant No#	RICOC approved partial reallocation	Revised Total budget for FY17 competition
RI0002L1T001609	-\$11,314.60	\$62,620
RI0005L1T001609	-\$40,328.10	\$46,491
RI0014L1T001609	-\$23,828.90	\$124,893
RI0064L1T001603	-\$26,854.40	\$293,472
RI0028L1T001609	-\$29,189.20	\$100,484
RI0041L1T001609	-\$9,075.54	\$42,714
RI0049L1T001602	-\$10,577.75	\$71,059

Please use the revised (adjusted) total budget amount listed above as the total budget for these project's FY17 project budgets that are due to be submitted in eSNAPS by the local deadline of August 23rd at 5pm EDT.

Please contact me with any questions or concerns.
With appreciation,
Elizabeth

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*
Rhode Island Housing
p.401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence, RI 02903

Click [here](#) to visit the RiCoC page.



Click [here](#) to view our 2016 Annual Report



Documentation of the email addresses BCC'd on the included email correspondence – this email regarding the RICOC Board's reallocation decision was sent on 8/11/2017:

Partial Reallocation of RICOC FY17 project budgets - Message (HTML)

File Message

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Thursday, July 27, 2017 4:21 PM
To: 'Laura@thehouseofhopecdc.org'; 'David Kohler'
Subject: Reallocation of CoC Projects

According to RICOC records, in FY14 and/or FY15 House of Hope spent less than 90% of its total project awards on the following CoC projects that are eligible for renewal in the FY17 competition:

Sponsor	Grant No#	Project Name	FY14 Grant Agreement Award Amount	FY14 Amount Disbursed	Balance
House of Hope	RI0014	Fran Conway	\$147,074.00	\$55,976.30	
House of Hope	RI0018	Haswill Street	\$48,969.70	\$20,390.97	
House of Hope	RI0064	Access to Home	\$313,814.62	\$144,967.20	

This is your notification that these projects did not meet the RICOC's expenditure threshold and unexpended funds may be reallocated out of these FY17 renewal project budgets. Please refer to the [RICOC Ranking and Reallocation policy for FY2017](#) and the [RICOC Policy on Under Expenditure of Grant Funds](#) for additional information.

A one year grace period may be extended to providers who appeal proposed reallocation with a plan that demonstrates that the grant's expenditure will be improved in the current program year. If you wish to submit such a plan, these plans must be submitted electronically to ebioteau@rihousing.com by 5pm EDT on Friday August 4, 2017.

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*
Rhode Island Housing
p.401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence, RI 02903



Click [here](#) to view our 2016 Annual Report



Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new domain @rihousing.com.

Please update your address book; all other contact information remains the same.

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Thursday, July 27, 2017 4:05 PM
To: 'mwilcox@crossroadsri.org'; 'jsbolwell@crossroadsri.org'; 'cdove@crossroadsri.org'; 'jhoneycutt@crossroadsri.org'
Subject: Reallocation of CoC Projects

According to RICOC records, in FY14 and/or FY15 Crossroads spent less than 90% of its total project awards on the following CoC projects that are eligible for renewal in the FY17 competition:

Sponsor	Grant No#	Project Name	FY14 Grant Agreement Award Amount	FY14 Amount Disbursed	Balance
Crossroads	RI0003	70 Linwood Street	\$173,099.40	\$113,965.81	
Crossroads	RI0027	PH for Disabled Adults	\$89,289.39	\$45,692.65	
Crossroads	RI0028	PH for Disabled Elders	\$127,276.20	\$49,999.41	
Crossroads	RI0030	RI Family Shelter	\$42,779.08	\$15,917.41	
Crossroads	RI0041	Travelers Aid of RI	\$50,907.35	\$25,379.14	
Crossroads	RI0065	Rapid Rehousing			

This is your notification that these projects did not meet the RICOC's expenditure threshold and unexpended funds may be reallocated out of these FY17 renewal project budgets. Please refer to the [RICOC Ranking and Reallocation policy for FY2017](#) and the [RICOC Policy on Under Expenditure of Grant Funds](#) for additional information.

A one year grace period may be extended to providers who appeal proposed reallocation with a plan that demonstrates that the grant's expenditure will be improved in the current program year. If you wish to submit such a plan, these plans must be submitted electronically to ebioteau@rihousing.com by 5pm EDT on Friday August 4, 2017.

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*
Rhode Island Housing
p.401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence, RI 02903



Rhode Island Housing

Click [here](#) to view our 2016 Annual Report



Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new domain @rihousing.com.

Please update your address book; all other contact information remains the same.

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Thursday, July 27, 2017 3:23 PM
To: 'nparadee@communitycareri.org'; 'rgandhi@communitycareri.org';
'tobrien@communitycareri.org'
Subject: Reallocation of CoC Projects

According to RICOC records, in FY15 CCA spent less than 90% of its total project awards on the following CoC projects that are eligible for renewal in the FY17 competition:

Sponsor	Grant No#	Project Name	FY15 Award Amounts	FY15 Amount Disbursed	Bala
Community Care Alliance	RI0049	Burnside	\$81,636.00	\$62,894.65	

This is your notification that these projects did not meet the RICOC's expenditure threshold and unexpended funds may be reallocated out of these FY17 renewal project budgets. Please refer to the [RICOC Ranking and Reallocation policy for FY2017](#) and the [RICOC Policy on Under Expenditure of Grant Funds](#) for additional information.

A one year grace period may be extended to providers who appeal proposed reallocation with a plan that demonstrates that the grant's expenditure will be improved in the current program year. If you wish to submit such a plan, these plans must be submitted electronically to ebioteau@rihousing.com by 5pm EDT on Friday August 4, 2017.

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*
Rhode Island Housing
p.401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence, RI 02903



Rhode Island Housing

Click [here](#) to view our 2016 Annual Report



Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new domain @rihousing.com.

Please update your address book; all other contact information remains the same.

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Thursday, July 27, 2017 3:17 PM
To: 'ehayes@amoshouse.com'; 'lmontuori@amoshouse.com'; 'cgonzalez@amoshouse.com'
Subject: Reallocation of CoC projects

According to RICOC records, in FY14 Amos house spent less than 90% of its total project awards on the following CoC projects that are eligible for renewal in the FY17 competition:

Sponsor	Grant No#	Project Name	FY14 Grant Agreement Award Amount	FY14 Amount Disbursed	Balance
Amos House	RI0002	414 Friendship Men's Rooming House	\$72,330.29	\$14,813.62	
Amos House	RI0005	Swan Street	\$85,857.24	\$34,866.22	

This is your notification that these projects did not meet the RICOC's expenditure threshold and unexpended funds may be reallocated out of these FY17 renewal project budgets. Please refer to the [RICOC Ranking and Reallocation policy for FY2017](#) and the [RICOC Policy on Under Expenditure of Grant Funds](#) for additional information.

A one year grace period may be extended to providers who appeal proposed reallocation with a plan that demonstrates that the grant's expenditure will be improved in the current program year. If you wish to submit such a plan, these plans must be submitted electronically to ebioteau@rihousing.com by 5pm EDT on Friday August 4, 2017.

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*
Rhode Island Housing
p.401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence, RI 02903



Click [here](#) to view our 2016 Annual Report



Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new domain @rihousing.com.

Please update your address book; all other contact information remains the same.

Elizabeth Bioteau

From: Erik Wallin <erikwallinesq@osdri.org>
Sent: Friday, April 28, 2017 4:08 PM
To: Elizabeth Bioteau
Cc: Robert K. Franklin; Sherry Elderkin
Subject: RE: FY 2017 CoC Program Grant Inventory Worksheets are Available for Review on the HUD Exchange

Elizabeth,

I did not see the # 20 because it was not in our name. We did not renew that grant last year and drew no funding from it. We only have one grant going forward which is the West Warwick RI0026L1T001609. The information for the West Warwick Grant is correct.

Erik B. Wallin, Esquire
Captain, USAF (Fmr.)
Executive Director
Operation Stand Down Rhode Island
1010 Hartford Avenue
Johnston, Rhode Island 02919
(401) 383-4730
ErikWallinEsq@OSDRI.org



RI0057
RI0020

From: Elizabeth Bioteau [mailto:ebioteau@rihousing.com]
Sent: Friday, April 28, 2017 3:33 PM
To: Erik Wallin <erikwallinesq@osdri.org>
Subject: RE: FY 2017 CoC Program Grant Inventory Worksheets are Available for Review on the HUD Exchange

Thank you very much for the quick response! I'll proceed with renewing the information you verified. I will also update the recipient (applicant name on this form) to OSDRI for projects #57 and #20. Please let me know if you have any questions.

Have a great weekend and thanks again for getting right back to me, Elizabeth

From: Erik Wallin [mailto:erikwallinesq@osdri.org]
Sent: Friday, April 28, 2017 2:21 PM
To: Elizabeth Bioteau
Subject: RE: FY 2017 CoC Program Grant Inventory Worksheets are Available for Review on the HUD Exchange

Yes the information is correct as listed. Sorry, I thought someone else from the staff responded.

Erik B. Wallin, Esquire
Captain, USAF (Fmr.)
Executive Director
Operation Stand Down Rhode Island
1010 Hartford Avenue
Johnston, Rhode Island 02919
(401) 383-4730
ErikWallinEsq@OSDRI.org



From: Elizabeth Bioteau [<mailto:ebioteau@rihousing.com>]
Sent: Friday, April 28, 2017 11:10 AM
To: Erik Wallin <erikwallinesq@osdri.org>; Barbara Griffin <BGriffin@osdri.org>; Sherry Elderkin <SElderkin@osdri.org>
Cc: Jessica Mowry <jmowry@rihousing.com>
Subject: FW: FY 2017 CoC Program Grant Inventory Worksheets are Available for Review on the HUD Exchange

I have yet to hear back from OSDRI on this. This is a tight and critical deadline for the RICOC to assure we accurately represent the amount of money eligible to Rhode Island in the next competition. I'm happy to be available for a call this afternoon from (1-3pm) to help work through these details together. Since you all are a direct recipient I need to know your sense of the accuracy of this document. Please be in touch,
Elizabeth

From: Elizabeth Bioteau
Sent: Monday, April 17, 2017 4:36 PM
To: Elizabeth Bioteau
Cc: Jessica Mowry
Subject: FW: FY 2017 CoC Program Grant Inventory Worksheets are Available for Review on the HUD Exchange

Dear RICOC Recipients and Subrecipients,

HUD has issued the Grant Inventory Worksheet (GIW) to prepare for the FY2017 COC competition. It is important we accurately capture each and every project eligible for renewal in 2017 in the RICOC's GIW to maximize our potential in the upcoming FY2017 CoC competition. I have attached a copy of Rhode Island's FY2017 GIW to this email. This GIW was populated by HUD from various databases like LOCCS and eSNAPS this year, and therefore it is important that we check (and double check) it closely for accuracy. I would like your assistance in reviewing your agency's projects.

Please review your agency's project(s) on the GIW for accuracy. Please advise me of any corrections, omissions, questions or concerns you might have about what is listed on the GIW for your agency's project(s) by completing and sending me the attached FY2017 GIW change form with the project's accurate information populated completely in the row(s). Please respond to this email by close of business on Monday April 24, 2017 with either confirmations of your project(s) accuracy or the correct GIW change form attached to the email.

Please call or email me with any questions you have about this process. Thank you very much for your timely attention to this important deadline!
Elizabeth

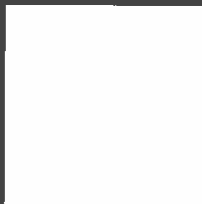
From: HUD Exchange Mailing List [<mailto:news@hudexchange.info>]

Sent: Thursday, April 13, 2017 1:24 PM

To: Elizabeth Bioteau

Subject: FY 2017 CoC Program Grant Inventory Worksheets are Available for Review on the HUD Exchange

Is this email not displaying correctly? [View it in your browser.](#)



*Resources and assistance to support
HUD's community partners*

[Home](#) | [Programs](#) | [Resources](#) | [Training](#)

FY 2017 CoC Program Grant Inventory Worksheets are Available for Review on the HUD Exchange

HUD has posted the Fiscal Year (FY) 2017 Continuum of Care Program (CoC) Competition Grant Inventory Worksheets (GIWs) to the HUD Exchange for review by CoCs, project recipients, and interested stakeholders. HUD's Office of Special Needs Assistance Programs (SNAPS) changed the GIW process to make the process both easier and transparent. SNAPS completed a thorough review to ensure all known eligible projects are included on each CoC's FY 2017 GIW. The GIW calculates the Annual Renewal Amount (ARA) for each project, which is the total renewal amount a project may request under the FY 2017 CoC Program Competition, and the sum of all

calculate each CoC's Estimated Annual Renewal Demand (ARD).

Important Notes:

- SNAPS pre-populated the FY 2017 GIWs with all grants that are eligible for renewal funding within the CoC's jurisdiction in the FY 2017 CoC Program Competition.
- SNAPS used data from FY 2016 GIWS, Line of Credit Control System (LOCCS), and *e-snaps* to review the accuracy of the pre-populated project information.
- The designated Collaborative Applicants for CoCs must review the projects on the posted GIWs and verify accuracy.
- If a CoC identifies missing projects, projects that should be removed or projects with information that must be updated (e.g., BLI changes through a grant agreement amendment, grant consolidations approved by the local HUD CPD field office), the Collaborative Applicants must complete a GIW Change Form and submit it to the local HUD CPD field office for review.
- Collaborative Applicants should only submit one GIW Change Form for all changes within that CoC.
- All GIW Change Forms must be approved by the local HUD CPD Field Office. SNAPS will not consider any GIW Change Forms it receives directly from any CoC.

Important Dates:

- The deadline for Collaborative Applicants to complete GIW reviews and submit GIW Change Forms to their local HUD CPD Field Office is May 4, 2017. Local CPD field offices will not accept GIW Change Forms after May 4, 2017. Therefore, CoCs should not wait to send GIW Change Forms, but should begin their review and submit them early to allow their local CPD field offices time to review and approve or deny changes.
- The local HUD CPD field offices will finalize GIW Change Forms received and provide the GIW Change Forms to SNAPS by June 9, 2017.
- SNAPS will update GIWs based on the GIW Change Forms approved by the local CPD field offices.

- SNAPS will post all revised GIWs to the HUD Exchange no earlier than June 9, 2017.
- SNAPS will send a listserv message to confirm completion of the FY 2017 GIW process.

Additional Resources

The following resources are available on the HUD Exchange:

- [FY 2017 Continuum of Care \(CoC\) Program Grant Inventory Worksheet \(GIW\) Instructions for CoCs, Collaborative Applicants, and Project Applicants](#)
- [GIW Change Form with Rental Assistance Worksheet tab](#)

Questions

If you have questions pertaining to *e-snaps* technical issues or the FY 2017 CoC Program Registration process, submit your questions to the *e-snaps* [Ask A Question](#) (AAQ) portal. To submit a question to the *e-snaps* AAQ portal, select “*e-snaps*” from the “My question is related to” dropdown list on Step 2 of the question submission process.

If you have questions related to the CoC Program interim rule or a policy related question, submit your questions to the CoC Program [Ask A Question](#) (AAQ) portal. To submit a question to the *e-snaps* AAQ portal, select “*e-snaps*” from the “My question is related to” dropdown list on Step 2 of the question submission process.



Visit the HUD Exchange at <https://www.hudexchange.info>

[Forward to a Friend](#) | [Update Subscription](#) | [Unsubscribe from the List](#)

This email was sent to ebiotteau@hodeislandhousing.org by news@hudexchange.info. Do not reply to this message.
Contact the HUD Exchange at info@hudexchange.info.

[Update Profile/Email Address](#) | [Instant removal with SafeUnsubscribe TM](#) | [Privacy Policy](#)

U.S. Department of Housing and Urban Development | 451 7th Street S.W. | Washington | D.C. | 20410

Elizabeth Bioteau | *Continuum of Care Planner*
Rhode Island Housing
p. 401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence RI 02903



Click here to view our 2015 Annual Report



Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new domain (@rihousing .com). Please update your address book; all other contact information remains the same.

Elizabeth Bioteau | *Continuum of Care Planner*
Rhode Island Housing
p. 401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence RI 02903



Click here to view our 2015 Annual Report



Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new domain (@rihousing .com). Please update your address book; all other contact information remains the same.

Elizabeth Bioteau

From: Erik Wallin <erikwallinesq@osdri.org>
Sent: Thursday, June 15, 2017 11:53 AM
To: Elizabeth Bioteau
Subject: RE: Year number 3 APR-Omni Turning Point- Grant#RI0057B1T001100

Elizabeth,

That is correct. 5 Convent Street was known as Turning Point II. 5 Convent Street (AKA Turning Point II) is the property we assumed control of. Turning Point I is a completely separate property and we have never had anything to do with it in anyway. To my knowledge Turning Point I continues to be operated by the original developer.

Best,

Erik B. Wallin, Esquire
Captain, USAF (Fmr.)
Executive Director
Operation Stand Down Rhode Island
1010 Hartford Avenue
Johnston, Rhode Island 02919
(401) 383-4730
ErikWallinEsq@OSDRI.org

-----Original Message-----

From: Elizabeth Bioteau [<mailto:cbioteau@rihousing.com>]
Sent: Thursday, June 15, 2017 11:43 AM
To: Erik Wallin <erikwallinesq@osdri.org>
Cc: Sherry Elderkin <SElderkin@osdri.org>; Jessica Mowry <jmowry@rihousing.com>; Maribel Estevez <mestevez@rihousing.com>
Subject: RE: Year number 3 APR-Omni Turning Point- Grant#RI0057B1T001100

Erik,
I want to update you that the prior operator is in process of completing the APR on the final year of this COC project. Thank you for your communication and assistance with that issue.

Can you also please confirm that I understand your email correctly? I understood you to mean that OSD has assumed ownership of the Convent Property but that OSD did not assume the related COC project RI0057B1T001100 (Turning Point) from the prior operator. Please confirm when you have a moment.

Many thanks,

Elizabeth Bioteau | Continuum of Care Planner / Program Manager Rhode Island Housing
p.401-429-1478 | cbioteau@rihousing.com
Providence, RI 02903

-----Original Message-----

From: Erik Wallin [<mailto:erikwallinesq@osdri.org>]

Sent: Tuesday, June 06, 2017 4:23 PM

To: Maribel Estevez

Cc: Sherry Elderkin; Elizabeth Bioteau; Jessica Mowry

Subject: Re: Year number 3 APR-Omni Turning Point- Grant#RI0057B1T001100

Marabel, operation stand down upon taking over the property determined from the lack of files of the occupants that there was insufficient evidence of compliance with SHP. As such OSDRI chose to not draw down a single penny from the grant. As such we will not be providing an APR. You will need to contact the prior operator.

Sent from my iPhone

> On Jun 6, 2017, at 4:14 PM, Maribel Estevez <mestevez@rihousing.com> wrote:

>

>

Elizabeth Bioteau

From: Vickie Walters <VWalters@provctr.org>
Sent: Friday, August 11, 2017 12:17 PM
To: Jessica Mowry; Todd Spencer
Cc: Denise Patnode; Stephanie Kawa; Tracey Correia; Todd Spencer; Holly Fitting; Elizabeth Bioteau
Subject: Re: Ledge
Attachments: image005.jpg; image006.png; image007.png; image008.png; image009.jpg

Hello Jessica,

So we will not sign the contract that we recently received and therefore will not execute it. Yes this is the route we would like to go with this particular ledge contract which I believe is FY 16 for RI housing.

Vickie Walters, MPA
Director, Community Services and Workforce Development
401-383-7516 (office)
401-473-1111 (cell)

On Aug 11, 2017, at 11:46 AM, Jessica Mowry <jmowry@rihousing.com<mailto:jmowry@rihousing.com>> wrote:

HI Vickie,

You do not need to execute the contract for Ledge for the funds to be reallocated through the NOFA competition. Please confirm that this is how you wish to proceed.

Thank you,
Jessica

Jessica Mowry | Assistant Director of Leased Housing & Rental Services

Rhode Island Housing

p.401-277-1564 | jmowry@rihousing.com<mailto:jmowry@rihousing.com>

44 Washington Street | Providence, RI 02903

Click here<<http://www.rhodeislandhousing.org/sp.cfm?pageid=1017>> to visit the RICoc page.

<image005.jpg><<http://www.rhodeislandhousing.org/>>

Click here<[http://www.rhodeislandhousing.org/filelibrary/2016 Annual Report.pdf](http://www.rhodeislandhousing.org/filelibrary/2016%20Annual%20Report.pdf)> to view our 2016 Annual Report

<image006.png><<https://www.linkedin.com/company/rhode-island-housing>> <image007.png>
<image008.png> <<https://twitter.com/rihousing>>

From: Jessica Mowry
Sent: Monday, August 07, 2017 4:08 PM
To: 'Vickie Walters'
Cc: Denise Patnode; Stephanie Kawa; Tracey Correia; Todd Spencer; Holly Fitting
Subject: RE: Ledge

I haven't heard back but did follow-up again. She's usually quite timely in her response.

Jessica Mowry | Assistant Director of Leased Housing & Rental Services

Rhode Island Housing

p.401-277-1564 | jmowry@rihousing.com<<mailto:jmowry@rihousing.com>>

44 Washington Street | Providence, RI 02903

Click here<<http://www.rhodeislandhousing.org/sp.cfm?pageid=1017>> to visit the RICoc page.

<image009.jpg><<http://www.rhodeislandhousing.org/>>

Click here<http://www.rhodeislandhousing.org/filelibrary/2016_Annual_Report.pdf> to view our 2016 Annual Report

<image006.png><<https://www.linkedin.com/company/rhode-island-housing>> <image007.png>
<image008.png> <<https://twitter.com/rihousing>>

From: Vickie Walters [<mailto:VWalters@provctr.org>]
Sent: Monday, August 07, 2017 9:09 AM
To: Jessica Mowry
Cc: Denise Patnode; Stephanie Kawa; Tracey Correia; Todd Spencer; Holly Fitting
Subject: Ledge

Hi Jessica,

Any updates regarding TPC's Ledge contract? I know you said you were going to check in with Cleonie so just checking in.

Thanks,
Vickie

+++++

NOTICE: This e-mail communication (including any attachments) is CONFIDENTIAL and the materials contained herein are PRIVILEGED and intended only for disclosure to or use by the person(s) listed above. If you are neither the intended recipient(s), nor a person responsible for the delivery of this communication to the intended recipient(s), you are hereby notified that any retention, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify me immediately by using the "reply" feature or by calling me, and then immediately delete this message and all attachments from your computer. Thank you.

+++++

NOTICE: This e-mail communication (including any attachments) is CONFIDENTIAL and the materials contained herein are PRIVILEGED and intended only for disclosure to or use by the person(s) listed above. If you are neither the intended recipient(s), nor a person responsible for the delivery of this communication to the intended recipient(s), you are hereby notified that any retention, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify me immediately by using the "reply" feature or by calling me, and then immediately delete this message and all attachments from your computer. Thank you.

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Monday, June 12, 2017 10:57 AM
To: 'droy@ebcap.org'; 'Diane Smith'; 'susans@ebcap.org'; 'ksatterley@ebcap.org'; 'ehayes@amoshouse.com'; 'lmontuori@amoshouse.com'; 'jennifer@lucyshearth.org'; 'sostiguy@cchcnewport.org'; 'djohnston@phoenix-ri.com'; 'Linda@bvadvocacycenter.org'; 'NParadee@CommunityCareRI.org'; 'rpartridge@warmshelter.org'; 'jsilva@warmshelter.org'
Cc: Brophy, Michelle (BHDDH); Jessica Mowry
Subject: Converting Transitional COC Projects to Permanent
Attachments: Ranking and Reallocation Policy FY2017.pdf; LOI new projects RI CoC 2017.pdf; 2017 new project scoring .pdf; RI CoC Grant Restructuring v2.pdf
Importance: High

You are receiving this email because the agency you are affiliated with is currently operating a COC project that provides transitional housing.

As you are already aware, the RICOC will not be ranking transitional housing component projects in the upcoming anticipated COC competition.

Please see forwarded email and attached documents for instructions on submitting an LOI for a new Permanent Housing COC project. I have also attached the power point presentation from the training Rhode Island Housing hosted earlier this year on restructuring a TH into a PH grant.

RICOC Projects voluntarily reallocating Transitional Housing projects into new Permanent Housing projects will need to respond with an LOI for New Projects by the deadline to be considered for voluntary reallocation.

If your agency is not planning to voluntarily reallocate one or more of your TH projects into COC PH projects in the upcoming competition, please email me to notify me of that decision in writing.

Many thanks,

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*
Rhode Island Housing
p. 401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence, RI 02903



Click [here](#) to view our 2016 Annual Report



Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new do. Please update your address book; all other contact information remains the same.

From: Elizabeth Bioteau
Sent: Thursday, June 01, 2017 4:07 PM
To: 'Brophy, Michelle (BHDDH)'
Subject: Local 2017 COC competition documents

Dear RICOC Stakeholders,

To prepare for the anticipated upcoming FY2017 Continuum of Care competition, I am pleased to announce that the RICOC Board approved the attached documents in today's meeting. In an effort to ensure transparency and alignment with best practices in COC governance, the Board is releasing these documents immediately.

Attached please find the RICOC adopted:

- 2017 Ranking and Reallocation Policy
- 2017 Ranking Criteria/Renewal Project Scoring
- 2017 Letter of Interest for New Projects
- 2017 New Project Scoring

Please note:

- The request for 2017 Letter of Interest for New Projects is being issued at this time and has a deadline of July 14, 2017 at 5pm EDT.
- RICOC Projects voluntarily reallocating Transitional Housing projects into new Permanent Housing projects will need to respond with an LOI for New Projects by the deadline to be considered for voluntary reallocation.
- The RICOC may revise and reissue these documents as needed to ensure alignment with the FY2017 HUD Continuum of Care Program Notice of Funding Available (NOFA), once it is issued.

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*
Rhode Island Housing
p. 401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence, RI 02903



Click [here](#) to view our 2016 Annual Report



Note: As of March 20, 2017, my email address has changed. All RI Housing staff now use this new do. Please update your address book; all other contact information remains the same.

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Wednesday, December 14, 2016 4:49 PM
To: Elizabeth Bioteau
Cc: Bethany Rosa; Jessica Mowry
Subject: Training - save the date - converting transitional CoC housing to permanent

Good afternoon,

You are receiving this email because your agency is currently operating a CoC transitional housing program. As you already know, the RICO board passed a resolution in November 2016 that results in transitional housing programs not being eligible for funding renewal in future CoC competitions (this will begin with the FY17 applications; this does not affect the FY16 applications recently submitted that are awaiting a HUD decision).

To support those subrecipient agencies interested in exploring the process of converting their transitional housing to permanent housing to be eligible for future CoC competitions, we have arranged for a training hosted by Howard Burchman from Housing Innovations on this topic in January.

If you would like to attend, please save the date for **January 18, 2017 from 10am-12pm at Rhode Island Housing**. Please respond to me if you would like to attend so i can gauge the group size and ensure adequate materials are prepared.

Elizabeth

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
ebioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click [here](#) to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Tuesday, January 17, 2017 1:45 PM
To: Elizabeth Bioteau
Cc: Bethany Rosa; Jessica Mowry
Subject: Reminder - Training tomorrow at RIH - converting transitional CoC housing to permanent
Attachments: IMAGE.png; IMAGE.jpg

Please remember that tomorrow at 10am at Rhode Island Housing there will be a two-hour training on how to convert your transitional housing program into permanent housing in order to qualify for future RICOC funding competitions.

If your agency is interested in making this conversion, this training will be very valuable and should not be missed!

Additional details can be found in my original email below, I hope to see you tomorrow for this valuable training opportunity.

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
ebioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click [here](#) to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

>>> Elizabeth Bioteau 12/14/2016 4:48 PM >>>

Good afternoon,

You are receiving this email because your agency is currently operating a CoC transitional housing program. As you already know, the RICoC board passed a resolution in November 2016 that results in transitional housing programs not being eligible for funding renewal in future CoC competitions (this will begin with the FY17 applications; this does not affect the FY16 applications recently submitted that are awaiting a HUD decision).

To support those subrecipient agencies interested in exploring the process of converting their transitional housing to permanent housing to be eligible for future CoC competitions, we have arranged for a training hosted by Howard Burchman from Housing Innovations on this topic in January.

If you would like to attend, please save the date for **January 18, 2017 from 10am-12pm at Rhode Island Housing**. Please respond to me if you would like to attend so i can gauge the group size and ensure adequate materials are prepared.

Elizabeth

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
ebioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click [here](#) to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Monday, February 06, 2017 3:32 PM
To: Elizabeth Bioteau
Cc: Bethany Rosa; Jessica Mowry
Subject: Training at RIH - converting transitional CoC housing to permanent
Attachments: IMAGE.png; IMAGE.jpg; IMAGE.png; IMAGE.jpg; IMAGE.png; IMAGE.jpg; RI CoC Grant Restructuring v2.pdf

Good afternoon,

The next training on how to convert Transitional COC Housing programs into Permanent COC housing programs will be **March 1 from 11am - 1pm at Rhode Island Housing**.

This is the second part of the training hosted by Howard Burchman from Housing Innovations. It was scheduled at the request of the subrecipient agencies who attended the first training and wanted to continue the training and conversation after having a chance to process and digest the information from the first meeting.

I've attached the first meeting's presentation to this email for your convenience. Please mark your calendars to attend this training.

Thank you, Elizabeth

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
cbioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click [here](#) to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

>>> Elizabeth Bioteau 1/18/2017 1:07 PM >>>

Thank you to everyone who participated in today's training! Attached is the presentation for your reference.

As discussed at the end of the training, I will be in touch in the coming weeks with a date in late February/early March for a follow up conversation to help determine next steps after you've all had a chance to digest today's content and decide how you might each want to proceed.

Thanks again,
Elizabeth

Elizabeth Bioteau

Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
cbioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click [here](#) to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

>>> Elizabeth Bioteau 1/17/2017 1:45 PM >>>

Please remember that tomorrow at 10am at Rhode Island Housing there will be a two-hour training on how to convert your transitional housing program into permanent housing in order to qualify for future RICOC funding competitions.

If your agency is interested in making this conversion, this training will be very valuable and should not be missed!

Additional details can be found in my original email below, I hope to see you tomorrow for this valuable training opportunity.

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
cbioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click [here](#) to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

>>> Elizabeth Bioteau 12/14/2016 4:48 PM >>>

Good afternoon,

You are receiving this email because your agency is currently operating a CoC transitional housing program. As you already know, the RICoC board passed a resolution in November 2016 that results in transitional housing

programs not being eligible for funding renewal in future CoC competitions (this will begin with the FY17 applications; this does not affect the FY16 applications recently submitted that are awaiting a HUD decision).

To support those subrecipient agencies interested in exploring the process of converting their transitional housing to permanent housing to be eligible for future CoC competitions, we have arranged for a training hosted by Howard Burchman from Housing Innovations on this topic in January.

If you would like to attend, please save the date for **January 18, 2017 from 10am-12pm at Rhode Island Housing**. Please respond to me if you would like to attend so i can gauge the group size and ensure adequate materials are prepared.

Elizabeth

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
ebioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click [here](#) to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Monday, February 27, 2017 1:53 PM
To: Elizabeth Bioteau
Cc: Bethany Rosa; Jessica Mowry
Subject: Reminder - training on converting transitional CoC housing to permanent
Attachments: IMAGE.png; IMAGE.jpg; IMAGE.png; IMAGE.jpg; IMAGE.png; IMAGE.jpg; IMAGE.png; IMAGE.jpg; RI CoC Grant Restructuring v2.pdf; Agenda for TH Mar 2017.docx

Training reminder:

The second part in the training on how-to transition a transitional COC housing program into a permanent COC housing program is **Wednesday March 1 from 11am - 1pm at Rhode Island Housing.**

This is the second part of the training hosted by Howard Burchman from Housing Innovations. It was scheduled at the request of the subrecipient agencies who attended the first training and wanted to continue the training and conversation after having a chance to process and digest the information from the first meeting. I have attached the presentation from the first training and Wednesday's agenda for your convenience.

Looking forward to seeing you all on Wednesday at Rhode Island Housing,
Elizabeth

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
ebioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click [here](#) to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

>>> Elizabeth Bioteau 2/6/2017 3:31 PM >>>

Good afternoon,

The next training on how to convert Transitional COC Housing programs into Permanent COC housing programs will be **March 1 from 11am - 1pm at Rhode Island Housing.**

This is the second part of the training hosted by Howard Burchman from Housing Innovations. It was scheduled at the request of the subrecipient agencies who attended the first training and wanted to continue the training and conversation after having a chance to process and digest the information from the first meeting.

I've attached the first meeting's presentation to this email for your convenience. Please mark your calendars to attend this training.

Thank you, Elizabeth

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
ebioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click here to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

>>> Elizabeth Bioteau 1/18/2017 1:07 PM >>>

Thank you to everyone who participated in today's training! Attached is the presentation for your reference.

As discussed at the end of the training, I will be in touch in the coming weeks with a date in late February/early March for a follow up conversation to help determine next steps after you've all had a chance to digest today's content and decide how you might each want to proceed.

Thanks again,
Elizabeth

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
ebioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click here to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

>>> Elizabeth Bioteau 1/17/2017 1:45 PM >>>

Please remember that tomorrow at 10am at Rhode Island Housing there will be a two-hour training on how to convert your transitional housing program into permanent housing in order to qualify for future RICOC funding competitions.

If your agency is interested in making this conversion, this training will be very valuable and should not be missed!

Additional details can be found in my original email below, I hope to see you tomorrow for this valuable training opportunity.

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing
44 Washington Street
Providence, RI 02903
Office: 401-429-1478
ebioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click here to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

>>> Elizabeth Bioteau 12/14/2016 4:48 PM >>>

Good afternoon,

You are receiving this email because your agency is currently operating a CoC transitional housing program. As you already know, the RICoC board passed a resolution in November 2016 that results in transitional housing programs not being eligible for funding renewal in future CoC competitions (this will begin with the FY17 applications; this does not affect the FY16 applications recently submitted that are awaiting a HUD decision).

To support those subrecipient agencies interested in exploring the process of converting their transitional housing to permanent housing to be eligible for future CoC competitions, we have arranged for a training hosted by Howard Burchman from Housing Innovations on this topic in January.

If you would like to attend, please save the date for **January 18, 2017 from 10am-12pm at Rhode Island Housing**. Please respond to me if you would like to attend so i can gauge the group size and ensure adequate materials are prepared.

Elizabeth

Elizabeth Bioteau
Continuum of Care (CoC) Planner
Rhode Island Housing

44 Washington Street
Providence, RI 02903
Office: 401-429-1478
ebioteau@rhodeislandhousing.org
www.rhodeislandhousing.org

Click [here](#) to view our 2015 Annual Report

Stay Connected with Rhode Island Housing



Follow Us on Twitter @RIHousing



Like Us on Facebook

Notification to approved projects outside of esnaps of the Board Approved FY17 Project Ranking

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Friday, September 08, 2017 3:37 PM
To: Elizabeth Bioteau
Subject: FY17 CoC competition final project ranking
Attachments: RI-500 FY17 Project Ranking.pdf

Dear RiCoC Stakeholders,

I'm pleased to update you that yesterday the RiCoC Board of Directors voted approve the RiCoC Project Ranking for the FY17 CoC Competition. I have attached the document to this email and it is also available on the [RiCoC Website](#).

Please contact me if you have any additional questions or concerns.

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*
Rhode Island Housing
p.401-429-1478 | ebioteau@rihousing.com
44 Washington Street | Providence, RI 02903

Click [here](#) to visit the RiCoC page.



Rhode Island Housing

Click [here](#) to view our 2016 Annual Report



9/8/2017:

[illegible]



Rank	Applicant Name	Individuals	Resumed Project Name	Resumed Grant Number	Project Component / Program Type	PSH / RHH	Subpop	Resumed / New Performance Estimation Score	FY17 Budget	Year	Notes
1	Operation Stand Down R.I.		Operation Stand Down West Warwick	R000184.11001609	PH	PSH	Veterans	93	\$172,632	1	
2	Rhode Island Housing Mortgage Finance Corporation	House of Hope	HouseB 2016	R000181.11001609	PH	PSH	8	8	\$49,756	1	
3	Rhode Island Housing Mortgage Finance Corporation	Multiple	2015 S-C Project 2016	R000331.11001601	PH	PSH	20	90	\$113,185	1	
4	Rhode Island Housing Mortgage Finance Corporation	The Cent Center	Jerima Apartments 2016	R000171.11001609	PH	PSH - SDO	51	84	\$27,214	1	
5	Amor House		414 Friendship Street 2016	R000021.11001609	PH	PSH	8	85	\$42,670	1	
6	Westbay Community Action		East, East and Warwick Avenue 2016	R000211.11001609	PH	PSH	19	80	\$30,185	1	
7	Community Care Alliance		Rapid Rehousing of Northern RI Youth Project 2017	R000361.11001609	PH	RHH	Youth	79	\$33,077	1	New thru relocation of TH
8	Rhode Island Housing Mortgage Finance Corporation	Community Care Alliance	Constitution Hill Supportive Housing Program 2016	R000361.11001609	PH	PSH	11	79	\$133,732	1	
9	RWCA of Rhode Island	Multiple	S-C Renewal 2016	R000311.11001609	PH	PSH	192	78	\$1,751,909	1	
10	RWCA of Rhode Island		The Sarah Frances Grant Homebased 2016	R000361.11001609	PH	PSH	8	78	\$48,641	1	
11	Rhode Island Housing Mortgage Finance Corporation	Community Care Alliance	Agate Permanent Supportive Housing Program 2016	R000361.11001609	PH	PSH - SDO	8	76	\$24,055	1	
12	Rhode Island Housing Mortgage Finance Corporation	Crossroads Rhode Island	Tremont Place	R000361.11001609	PH	PSH	11	75	\$76,110	1	
13	Crossroads Rhode Island		Permanent Housing for Disabled Adults 2016	R000271.11001609	PH	PSH	16	70	\$90,592	1	
14	Crossroads Rhode Island		Rhode Island Family Shelter 2016	R000301.11001609	PH	PSH	51	70	\$67,500	1	
15	Rhode Island Housing Mortgage Finance Corporation	Community Care Alliance	Burrhead Ave. Permanent Supportive Housing 2016	R000491.11001602	PH	PSH	9	70	\$71,009	1	New through relocation of TH
16	East Bay Community Action Program		East Bay Coalition for the Homeless Permanent Housing	R000191.11001609	PH	PSH	14	70	\$100,484	1	
17	Crossroads Rhode Island		Permanent Housing for Disabled Elders 2016	R000181.11001609	PH	PSH	14	69	\$64,989	1	New thru relocation of TH
18	WARM Center		70 Unwood Apartments 2016	R000311.11001609	PH	PSH	10	69	\$176,915	1	
19	Crossroads Rhode Island		Greater Western Supportive Housing Expansion Project 2017	R000311.11001609	PH	PSH	60	64	\$187,470	1	
20	Crossroads Rhode Island		Crossroads Rapid Re-Housing Project for Families 2016	R000361.11001603	PH	RHH	50	65	\$17,470	1	
21	Crossroads Rhode Island		Tremont Adult Housing 2016	R000491.11001609	PH	PSH	21	64	\$31,003	1	
22	Amor House		Amor House Jean Street 2016	R00051.11001609	PH	PSH	8	60	\$46,491	1	
23	Rhode Island Housing Mortgage Finance Corporation	House of Hope	Iran Conway-Winter 2016	R00041.11001609	PH	PSH	15	60	\$174,893	1	RALC will request performance improvement plan
24	Rhode Island Housing Mortgage Finance Corporation	Multiple	Rhode Island Housing Permanent Supportive Housing Project 2016	R00041.11001602	PH	PSH	15	59	\$78,272	1	RALC will request performance improvement plan
25	Crossroads Rhode Island		Transfers Add at Rhode Island 2016	R00041.11001609	PH	PSH	13	55	\$43,714	1	except from performance improvement - new project
26	Lucy's Memoirs		Lucy's Memoirs Housing Program	R000211.11001609	PH	PSH	4	53	\$43,352	1	RALC will request performance improvement plan
27	Rhode Island Housing Mortgage Finance Corporation	House of Hope	Access to Home 2016	R00041.11001602	PH	PSH	25	50	\$791,472	1	RALC will request performance improvement plan
28	Rhode Island Housing Mortgage Finance Corporation	House of Hope	Coming Home Permanent Supportive Housing Project 2016	R00041.11001602	PH	PSH	10	50	\$16,600	1	HUD did not execute FY18 contract, review FY15 project in FY17
29	Rhode Island Housing Mortgage Finance Corporation	Community Care Alliance	Far Street 2016	R000361.11001603	PH	PSH	30	50	\$12,758	1	HUD did not execute FY18 contract, review FY15 project in FY17
30	Rhode Island Housing Mortgage Finance Corporation	Community Care Alliance	Rapid Rehousing of Northern Rhode Island 2016	R000761.11001503	PH	PSH	30	n/a - FY18	\$12,000	1	
31	Shoreline Housing		Shoreline House Rapid Re-Housing	R000761.11001503	PH	RHH	24	n/a - FY18	\$50,963	1	
32	Shoreline Housing		2016 Summer House Rapid Re-Housing	R000811.11001603	PH	PSH	4	n/a - FY18	\$14,144	1	
33	Crossroads Rhode Island	Multiple	Crossroads RI Bay PSH	R000811.11001603	PH	PSH	51	n/a - FY18	\$17,864	1	
34	Center for Hope		Center for Hope	R000761.11001609	PH	N/A		25	\$214,782	1	
35	Prattville Housing Authority		Prattville Housing Authority's Rapid Re-Housing Project		PH	RHH	Youth	63	\$27,882	2	expansion of RHH
36	Rhode Island Housing Mortgage Finance Corporation		Rapid Rehousing for former foster youth		PH	PSH	8	82	\$10,214	2	Bonus CH project to increase CH beds in system
37	Rhode Island Housing Mortgage Finance Corporation		RIH 2017 CH Bonus		PH	PSH	18	82	\$216,508	2	Bonus CH project for veterans aging @ 60/70+ closure
38	Rhode Island Housing Mortgage Finance Corporation		RIH 2017 CH Bonus		PH	PSH	18	82	\$216,508	2	
39	Rhode Island Housing Mortgage Finance Corporation		RIH 2017 Dedicated VAUS Bonus		PH	PSH	18	82	\$216,508	2	

RALC	\$5,515,107
Fier 1	\$5,184,201
Fier 2 AID	\$38,906
Fier 2 Bns 6N/PPH	\$469,827
Fier 2 Total	\$600,733

Rhode Island Continuum of Care (RiCoC) FY2017 Project Competition Ranking and Re-Allocation Policies

Performance Scoring Policy

Applications for New and Renewal Projects will undergo a threshold review to ensure compliance with CoC regulations at 24 CFR 578 and the CoC Program NOFA and RiCoC Policies. Any new or renewal project not meeting the threshold requirement will not be further reviewed and will not be considered for inclusion in the Collaborative Application to HUD. Renewal projects have previously passed HUD threshold review and only in very exceptional cases of changed HUD policies or program changes will be at risk of not passing the threshold review.

Scoring of renewal projects is largely based on data obtained from the most recent, completed APR and HMIS and aligns with the HUD approved System Performance Measures.

A selection committee appointed by the CoC Board will review, rate and rank applications. No person who has an interest in an application may participate in this process. Renewals will be reviewed based on the renewal evaluation criteria. All New Projects will be reviewed based on the new project scoring criteria. The committee has the discretion to select one or more applications for the amount available for new projects. The committee also may give staff direction to negotiate with conditionally selected applicants.

The RiCoC will rank applications after scoring all New and Renewal Projects within the CoC based on the Renewal Project Scoring Rubric and the New Project Scoring Criteria.

Ranking Policy

HUD requires that CoCs rank projects in two Tiers. Tier 1 projects – provided that HUD has sufficient funding – are essentially assured of renewal funding. Tier 2 projects will be funded competitively on a national basis. Factors for awarding the Tier 2 projects include: the score that HUD gives to the overall Continuum of Care Application, whether the project follows Housing First, and a HUD determined ranking score.

Each CoC funded project that is not a first time renewal will be scored and ranked according to the Renewal Project Scoring Rubric. Renewal projects will be ranked solely on their scores, ahead of new project applications (with the exception of voluntarily reallocated new projects). First time renewal projects will be ranked after the renewal projects scored using the Scoring Rubric, and ahead of the new project applications. Should there be a need to place a first time renewal project(s) in Tier 2, the first time renewal projects will be ranked based on cost (number of households served / total grant award), with the highest ranked program being the one that provides assistance to the greatest number of homeless persons. New projects will be scored based on the New Project Scoring Criteria and ranked after renewal projects.

Projects that are 'voluntary reallocations' wherein an existing grantee is seeking to reallocate its current funding allocation to a new project will be ranked according to their New Project score among the pool of renewal grantees. New and renewal projects will be scored on the same one hundred point scale to facilitate this.

Projects that are deemed essential to the CoC but which would be at risk of loss of funding if placed in Tier 2, will be ranked at the bottom of Tier 1. These projects are not comparable to other new and renewal projects, can only be submitted by the entity designated by the CoC and therefore cannot be competitively evaluated. This includes HMIS and Coordinated Entry projects.

Tier 2: Project components will be ranked to best maximize the Tier 2 project scores.

Projects will be ranked in Tier 2 as follows:

- Renewal project applications ranked according to renewal score (including as appropriate voluntary reallocation new projects)
- First time renewal projects
- Reallocation and Bonus project applications ranked according to new project scores.

Planning Project: not ranked in accordance with the NOFA policy.

Re-Allocation Policy

Any funds reallocated as part of recapturing unspent funds, voluntary or involuntary reallocation will be made available for reallocation to create new projects during the local solicitation process.

Unspent Funds

Projects that are not fully expending or underspending their grant awards are subject to the re-allocation process. Projects that have underspent more than 10% of their award or \$50,000, whichever is less, may be reduced and those funds will go to reallocation for New Project(s). A one year grace period may be extended to providers who appeal proposed reallocation with a plan that demonstrates that the grant's expenditure will be improved in the current program year. Projects that have under-expended more than 10% of their award in two consecutive program years will have their funding reduced through reallocation in the next CoC NOFA competition.

Voluntary Re-Allocation

As part of the local solicitation for inclusion in the HUD CoC collaborative application, providers are asked whether they wish to voluntarily re-allocate some or all of their funding. Such re-allocated funds are pooled for re-allocation to New Projects. Grantees may retain their current funding and reallocate it to a new project of a type that is allowable under the 2017 NOFA. This includes permanent supportive housing primarily serving the chronically homeless, rapid rehousing serving families and individuals, and joint transitional housing - permanent housing/rapid rehousing projects.

Involuntary Re-Allocation (Unconditional v Conditional Renewal)

To be included in the Collaborative Application, renewal applications must either meet the threshold renewal score or submit a Performance Improvement Plan. To meet the renewal threshold, renewal projects must score at least 65% of the score of the highest scoring renewal project. For example, if the top score is 90, the minimum threshold will be set at 58.50.

Projects scoring below the threshold will be asked to develop a plan to address performance issues. Performance plans will be due to be submitted within 30 days of the request and will be reviewed at the next regularly scheduled meeting of the Recipient Approval and Evaluation Committee (RAEC). The Plan must be accepted by the RAEC. If the RAEC does not approve the Plan, the funds may be subject to future reallocation. If a plan is not submitted the project may be subject to future reallocation. Any decisions by the RAEC are subject to appeal through the CoC Grievance process and, if unresolved, to HUD.

Rhode Island Continuum of Care RI-500

June 2017

Request for Letters of Interest to Apply for New Permanent Housing (Permanent Supportive Housing/Rapid Re-Housing) Funds During the 2017 Continuum of Care Program Competition

The Rhode Island Continuum of Care is requesting Letters of Interest from qualified nonprofit organizations and/or local government agencies for new project applications for the 2017 Continuum of Care Program Competition. The CoC seeks projects that can make maximum efficient, economical, and effective use of the prospective allocation of the United States Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funds.

A total of approximately \$450,000 in reallocated funding for new projects and a not-yet-known amount of bonus funding may be available to apply for in the competition. The CoC intends to allocate this funding to multiple projects. HUD will ultimately select the projects that are to be funded and selection by the CoC does not assure that the application will be funded by HUD.

There are three allowable types of projects:

- **Permanent supportive housing** for homeless individuals and families in which the head or co-head of household is disabled. This housing must primarily serve individuals and families that meet the HUD definition of chronically homeless. All PSH projects will be expected to follow HUD Notice 16-11, "Prioritizing Persons Experiencing Chronic Homelessness ..." Assisted households may be served with rental assistance or leasing funds.
- **Rapid rehousing for individuals and families** currently residing in shelter, unsheltered in streets/public places, or those fleeing domestic violence. Only individuals and families coming from those locations are eligible to be served. Households may ONLY be assisted with tenant based rental assistance.
- **TH- RRH PH projects.** This is a new project type for the 2017 competition and more information will be forthcoming. These projects must:
 - Provide rapid access to safe and secure transitional housing.
 - Use that housing as 'bridge' housing - a temporary residence to provide a stable living situation while the household arranges permanent housing. During the stay, the household will be assisted in obtaining all documentation needed for permanent housing and in locating an appropriate permanent housing unit.
 - Provide short/medium term rental assistance to participants during their RRH program phase.

RHODE ISLAND CONTINUUM OF CARE LETTER OF INTEREST TO SUBMIT NEW PROJECT APPLICATION

All projects must follow **Housing First** principles. These include:

- Minimal barriers to program entry. There cannot be a requirement for sobriety prior to being housed and prior background (criminal history, lack of credit, or eviction history) cannot be used on a blanket basis to exclude potential participants.
- To the maximum extent possible, program participants should be given the opportunity to exercise choice in their living unit.
- All applicants must be accepted from the Coordinated Entry System for permanent supportive housing. Providers of rapid rehousing must accept referrals from Coordinated Entry and exclusively accept referrals from Coordinated Entry when it is fully operation for families and rapid rehousing.
- All participants must be provided with a standard annual residential lease that does not include clauses that are not standard for leases in the community. Individuals and families can only be terminated from the program in accordance with due process rights of tenants under a lease. The RICOC's adopted Housing First Policy and Principles provide additional information.

Sources of funds for these new projects may include bonus funding and funds that may be reallocated from current grantees. All projects will have a grant term of one year.

The CoC is issuing this LOI at this time to ensure that is positioned to respond to the US Department of Housing and Urban Development Continuum of Care Program Notice of Funding Availability (NOFA). The CoC is requesting nonprofit and local government organizations wanting to apply for new project funding during the 2017 competition to complete and submit a letter of interest at this time.

The letter of interest must provide the following information:

Name of Organization: _____

Organization type: _____ Non-profit; _____ PHA or local government agency

Contact information for the Organization: _____

Proposal Type: _____ Permanent Supportive Housing _____ Rapid Re-Housing _____ Transitional Housing to Permanent Housing/Rapid Rehousing

Is this a current grant seeking to reallocate existing funding? _____ Yes _____ No

If yes:

- Grant number for current project: _____
- Total HUD CoC funding for project: _____

All applicants must provide the following information (not to exceed five narrative pages):

1. Target population for project and experience in serving population and providing similar services.

- a. Include a projection of the number of persons/households to be served (point in time at full capacity and number expected to be served during a one-year period)
2. If applying for the TH-PH/RRH option, provide information on: expected length of stay in transitional housing, how the TH component will be used, and how will the project quickly move participants into permanent housing.
3. Applicants must address the scoring factors on the attached form. Provide sufficient detail on each scoring factor to permit evaluation of the project.
4. Project Budget
 - a. Rapid rehousing projects may apply for funding only for:
 - i. Supportive Services
 - ii. Tenant Based Rental Assistance
 - iii. HMIS
 - iv. Administration
 - b. Permanent supportive housing projects may apply for:
 - i. Leasing or rental assistance
 - ii. Supportive services
 - iii. HMIS
 - iv. Administration
 - c. TH-RRH projects:
 - i. Must be existing TH project that is converting
 - ii. TH component may use leasing or operating costs plus supportive services; RRH component tenant based rental assistance and supportive services
 - iii. Admin is allowable for both the TH and RRH components.

Letters of Intent will be evaluated based on the factors identified on the attached New Project Scoring Sheet.

Other: Applicants seeking new funding under the 2017 competition will be required to contract directly with HUD. Rhode Island Housing will not serve as the grantee for any new subrecipient awards.

Letters of Intent accepted by the CoC will be required to complete full applications in HUD's E-SNAPS grant management system when HUD opens the system up for the 2017 NOFA. Applicants are solely responsible for ensuring their applications are submitted in esnaps.

Based on responses, the CoC may request applicants to modify budget targets to ensure equitable and competitive distribution of funding.

Letters of interest must be submitted electronically to the CoC Planner, Elizabeth Bioteau (Elizabeth Bioteau ebioteau@rihousing.com)

PDF document format is preferred.

All letters of interest are due on July 14, 2017 by 5 pm EDT. Please note that, although it does not intend to change the deadline, the RICOC Board may adjust this deadline in response to HUD issuing the FY2017 Notice of Funding Available for the Continuum of Care Program.

Rhode Island CoC: 2017 NOFA Competition, Scoring Sheet for New Projects

Threshold Review

Threshold Review Criteria <i>Applicants must fully meet threshold criteria. Projects not meeting all the specified criteria will not be reviewed further.</i>	Meets Criteria? Yes or No
<ul style="list-style-type: none"> Project must be for rapid rehousing, permanent supportive housing, or the new transitional housing to rapid rehousing (TH-PH-RRH) projects 	
<ul style="list-style-type: none"> The population served must meet program eligibility requirements, including: <ul style="list-style-type: none"> PSH: <ul style="list-style-type: none"> All projects must primarily serve chronically homeless individuals and/or families, as defined by HUD. This will be demonstrated by conformity with HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons. All projects must serve exclusively disabled individuals/households as defined by HUD RRH: All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations or those fleeing domestic violence. TH-PH-RRH. Participants must meet eligibility criteria as indicated in the 2017 NOFA. All participants must initially receive TH services and transition as soon as practical to rapid rehousing. 	
<ul style="list-style-type: none"> Projects can request only these funds for a term of one year: <ul style="list-style-type: none"> PSH: Rental assistance (tenant, sponsor, or project based), leasing or operating funds, supportive services, HMIS and administrative costs RRH: Rental assistance (tenant based only) supportive services, HMIS and administrative costs TH-RRH: Operating or leasing assistance and supportive services for the TH phase; tenant based rental assistance plus supportive services for the RRH phase. 	

Project meets threshold eligibility criteria?

- ☐ Yes
☐ No

Comments:

Application Scoring

Scoring Factor	Maximum Points	Score Assigned
History and Experience (40 points): <ul style="list-style-type: none"> • Applicant and subrecipient(s)' prior experience in serving homeless people and in providing housing and services like that proposed in the application. Experience of relevant staff – even if at a different agency – will count toward agency experience. (20 points) • Satisfactory experience with prior HUD grants and other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants. (20 points) 	<p>20</p> <p>20</p>	
Project Quality <ul style="list-style-type: none"> • PSH: Prioritizing Highest Need (15 points) – <ul style="list-style-type: none"> a. Does the project target a high priority, literally homeless population? Is project targeted toward the chronically homeless/those with high levels of vulnerability? Will participants be offered housing based on their severity of need and length of time homeless? (9 points) b. Clearly describes the assessment and process it currently uses to determine severity of need. (2 points) c. Clearly describes its process for prioritizing persons with the most severe needs. (2 points) d. Clearly describes the outreach process used to engage homeless persons living on the streets and in shelter. (2 points) <p>Questions to consider:</p> <ul style="list-style-type: none"> • Does the applicant demonstrate a clear understanding of the order of priority established in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons? • Does the applicant describe a specific plan for how the project will participate in the CoC's coordinated entry system? • Does the applicant describe a plan for an outreach process to engage those persons that is adequate and consistent with the Notice? • Does the applicant identify specific and appropriate programs (street outreach, 	<p>15</p>	

Scoring Factor	Maximum Points	Score Assigned
<p>shelters) from which it obtains referrals of potential eligible program participants that will ensure the project operates at full capacity and that eligible persons are served with the most severe needs are served?</p> <ul style="list-style-type: none"> • RRH and TH-RRH: Effective outreach and placement system (15 points) <ul style="list-style-type: none"> a. Extent to which the applicant: <ul style="list-style-type: none"> • Describes how its activities will be targeted toward literally homeless individuals and families. If coordinated entry is operational, the applicant should describe how it will receive referrals and provide notification of available units/beds (5 points) • Clearly describes how households will be assisted to obtain housing as quickly as possible. (10 points) b. Questions to consider <ul style="list-style-type: none"> • Does the applicant describe a specific and viable plan for how the project will participate in the CoC's coordinated entry system? If coordinated entry is not operational in the applicant's area, does the applicant demonstrate that all participants will be literally homeless prior to entry? • How will participants obtain housing? What assistance is provided? 	15	
<p>Housing First (15 points)</p> <ul style="list-style-type: none"> • Extent to which the applicant: <ul style="list-style-type: none"> ○ Has successfully operated a program that is based on Housing First principles. (5 points) ○ Clearly describes a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals. Participants are only terminated from the program based on violation of standard lease terms not due to program requirements.) (10 points) 	15	

Scoring Factor	Maximum Points	Score Assigned
<ul style="list-style-type: none"> • Questions to consider: <ul style="list-style-type: none"> ○ Extent of experience and outcomes of projects operated by applicant that follow Housing First. ○ Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, creditworthiness, income requirements and service participation? ○ Does the applicant clearly demonstrate a model in which continuation of housing is not contingent on service participation requirements or compliance? ○ Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project? ○ Does the applicant clearly describe a project design that is adequate to accomplish those goals? ○ Does the applicant clearly demonstrate a model in which participants are expected to comply with a lease agreement and are provided with services and supports to help maintain housing and prevent eviction? 		
<p>Services Program (30 points)</p> <p>Extent to which the applicant;</p> <ul style="list-style-type: none"> • Clearly describes how it will assist participants to remain stably housed. Describes how case management services will be provided to participants. (15 points) • Has a plan to increase participant's incomes through employment and/or benefit income and/or Describes how disabled persons will be assisted in obtaining benefits and services. (15 points) <p>Questions to consider:</p> <ul style="list-style-type: none"> • Does the applicant describe how case managers will assist participants in maintaining housing stability? Does it indicate any evidence based practices that will be employed? Does the application provide information on the frequency of contact with case managers and process for developing and updating a housing stability plan for all participants? • Does the applicant provide a plan for how the participants will increase or maintain their income (either through employment or assistance in obtaining benefits) and how participants will be connected to employment or other meaningful activity? 	<p>15</p> <p>15</p>	
Total Score Awarded (Before Bonus)	100	

Performance Evaluation Standards

	A	B	C	D	E	F	G
1	Renewal Performance Evaluation Criteria	Universe	Source	Proposed Benchmark/ Standard			2017 Max Points
2				PH	RRH	TH	
3	PERFORMANCE						
4	1. Occupancy/Utilization (Average of 4 reported PIT counts)	Average Point in Time	APR Q11	90% = 10 89% = 5	85-90% = 10 89% = 5	85-90% = 10 89% = 5	10
5	2. Participants are assessed using the VISPDAT prior to program admission	All Participants	VISPDAT assessment present in HMIS	100% = 10; 95-99% = 8; 90-94% = 5			10
6	3. Average VISPDAT score for households admitted during the program year.	All Households	VISPDAT Score as indicated in HMIS	Average score is 13 or higher (but below 13): 5	Average score is 11 or higher: 10; 9 or higher (but below 11): 5	Average score is 11 or higher: 10; 9 or higher (but below 11): 5	10
7	4. Percentage of all adult participants who gained or increased EARNED income from entry to exit/follow-up (leavers and stayers)	All Adults	APR Q24b3	20% = 10 15-19% = 5	40% = 10 30-39% = 5	40% = 10 30-39% = 5	10
8	5. Percentage of all adult participants who gained or maintained OTHER (non-employment) income from entry to exit/follow-up (leavers and stayers)	All Adults	APR Q24b3	40% = 5 25-39% = 3	40% = 5 25-39% = 3	40% = 5 25-39% = 3	5
9	6. Percentage of adult participants with non-cash benefits (health insurance, food stamps, etc.)	All Adults	APR Q26a1 and Q26b1	70% = 5 55-69% = 3	60% = 5 45-59% = 3	60% = 5 45-59% = 3	5
10	7. Percentage of all participant leavers who exited to shelter, streets or unknown	Participants - Leavers	APR Q29a1 and Q29a2	Less than or equal to 10%	Less than or equal to 10%	Less than or equal to 10%	10
11	8. Spending of last year's HUD grant	N/A	APR Q31a4	100% = 10; 95-99% = 8; 90-94% = 4	100% = 10; 95-99% = 8; 90-94% = 4	100% = 10; 95-99% = 8; 90-94% = 4	10
12	9a. PSH Programs: Percentage of all leavers who remain in PSH or exited to PH	Participants - Stayers & Leavers	APR Q29a1 and Q29a2	90%	n/a	n/a	10
13	9b. TH & RRH Programs: Percentage of all leavers who exited to Permanent Housing	Participants - Leavers	APR Q29a1 and Q29a2	n/a	85%	80%	10
14	10. RRH Only - Length of stay for all participants is 6 months or less* unscored baseline data only	All Participants	APR Q27			n/a	not scored this year

Performance Evaluation Standards

	A	B	C	D	E	F	G
1	Renewal Performance Evaluation Criteria	Universe	Source			Proposed Benchmark/ Standard	2017 Max Points
2							
3							
16	Performance total score						80
17	COMPLIANCE						
18	11. Audit Review	N/A	Provider Submit	Audit covers most recent fiscal year and there are no outstanding findings			5
19	HMIS						
20	12 . HMIS Universal Data Elements null/unknown	All Participants	APR/HMIS	<=5%			5
21	HMIS total score						5
22	COST EFFECTIVENESS						
23	13. Cost/Permanent Housing Placement (total project budget/number of exits to PH during program year)	Participants exiting to permanent housing destinations	APR	For PH = persons in PH or exiting to PH/total project budget; \$15,000/year or less = 10; \$20,000/year or less = 5	For RRH = persons exiting to PH/total project budget; \$15,000/year or less = 10; \$20,000/year or less = 5	For TH = persons exiting to PH/total project budget; \$15,000/year or less = 10; \$20,000/year or less = 5	10
24	Grand Total						100
25	*data will be collected to establish baseline for future standards						

note: average FMR for 1 and 2 BRts = \$686.50 = 25% = \$221.63; total FMR = 25% = \$1,108.82 = \$13,297

Rhode Island Continuum of Care (RI-500)

NOTIFICATION OF INTERNAL COMPETITION FOR HUD CONTINUUM OF CARE FUNDS

JULY 26, 2017

Rhode Island Housing, acting as the Collaborative Applicant for the Rhode Island Continuum of Care announces the start of the local competition for HUD Continuum of Care Funding.

This competition is to award funding made available through the HUD Continuum of Care Notification of Funding Availability (NOFA) issued on July 14, 2017. HUD has made available extensive resources to support applicants. These can be found here:

- [Complete information on the HUD NOFA can be found at this location](#)
- Potential applicants for funding are strongly encouraged to take advantage of the extensive resources for the application process found on this HUD website. [Instructions and resources for the application process are found here.](#)
- [Information specific to submitting a renewal or new project application in HUD's ESNAPS system is found here.](#)

APPLICATION DEADLINE:

All organizations interested in obtaining funding through the HUD NOFA – including both new and renewal project applicants – must submit their application in the ESNAPS grant management system no later than **August 23, 2017 at 5 pm Eastern Daylight Time.**

*****Grantees that applied in prior years as subrecipients of Rhode Island Housing but who are now direct recipients of HUD must submit renewal applications in ESNAPS as the applicant, instead of under Rhode Island Housing's applicant account.***

Renewal applications not submitted by the specified deadline will receive a reduction in their project score – which will likely impact the final ranking of the grant. Renewal project applications not received within 3 days following the posted application deadline will not be included in the Collaborative Application submitted to HUD. New project applications must be submitted by the deadline to be considered.

Simplified Process for Renewal Applications: HUD has simplified the process for renewal applications for which there are no changes from the application submitted in 2016. Applicants can “Submit Without Changes” by importing their data from the 2016 application. This does not apply to first time renewals or to projects that have been amended or consolidated since the 2016 application was submitted to HUD. RICOC encourages recipients and subrecipients to carefully review their submitted 2016 application before deciding to use this submit without changes feature.

ELIGIBLE APPLICATIONS:

Renewal Applications

- Only existing HUD CoC grants are eligible for renewal. The only eligible renewal grants are those with an expiration date within Calendar Year 2018 (January 1, 2018 through December 31, 2018).
- Newly awarded grants in 2016 with a contract executed in 2017 must renew in this competition.¹ Some of these grants may not have started program operations but must renew in this competition to continue providing services.
- Renewal projects cannot be changed through the application process. Grants should be changed through the contract amendment process with the HUD Field Office. The following are the only grant changes that may be made in the competition:
 - If the CoC has reduced the grant size through reallocation, the budget for the renewal application must be changed to reflect the reduced funding allocation.
 - Renewing Rapid Rehousing (RRH) grants that were exclusively serving families or individuals in the 2016 application may as part of this application expand their participant pool to include families or individuals. The total budget amount cannot be changed unless it was revised downward through reallocation.
 - Permanent supportive housing (PSH) grants that were 100% dedicated to chronic homeless – even those awarded through Bonus or Samaritan Initiative – may in this competition change the designated population to DedicatedPLUS (see description below)
- The renewal amount must be consistent with the Final Grant Inventory Worksheet (GIW) for the CoC. The renewal amount may not be exceeded and the budget lines must conform to those indicated on the GIW.

New Project Applications

New project applications are requested from qualified nonprofit and local government organizations for the 2017 Continuum of Care Program Competition. Applications are sought for projects that can make maximum efficient, economical, and effective use of the prospective allocation of the United States Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funds.

The opportunity to submit a Letter of Intent for a new project has concluded. However, HUD provided for new opportunities in the NOFA including the opportunity to 'expand' renewal grants and the opportunity to classify PSH projects, including formerly dedicated chronically homeless beds, as DedicatedPLUS projects. Organizations that submitted a Letter of Intent and are interested in these opportunities do not need to submit a revised Letter of Intent, but should plan to make clear in their new project applications if they intend to take advantage of any of these new opportunities.

¹ Some 2016 contracts might not be executed prior to the HUD NOFA deadline. These must be submitted for renewal. Should HUD fail to execute the contracts in 2017, HUD will automatically remove the projects from the competition.

Expansion Projects

New in the 2017 competition, HUD is allowing renewal projects to apply for a new project that will EXPAND an existing renewal project. To apply for an EXPANSION project, a grantee must have an eligible renewal project. Expansion projects must be the same component (PSH can only expand to increase the size of the PSH project, RRH can only increase the size of the RRH project). To apply for an expansion project, an existing renewal grantee must:

- Provide the eligible renewal grant number;
- Indicate how the new project application will expand units, beds, services, or persons served.

THREE ALLOWABLE TYPES OF PROJECTS:

1. **Permanent supportive housing** for homeless individuals and families in which the head or co-head of household is disabled. Permanent supportive housing must either be 100% dedicated to serving chronically homeless individuals and families or what HUD now calls “DedicatedPLUS” PSH projects. While DedicatedPLUS projects may serve the chronically homeless they may also serve a broader range of homeless people in need of PSH. Please refer to the HUD NOFA resources for detailed information on DedicatedPLUS PSH projects. Admissions must come from the CoC’s coordinated entry process (MVRT).
 - PSH may provide housing assistance through tenant, sponsor or project based rental assistance, through leasing, or by providing operating support to a PSH facility. Because coordinated entry emphasizes participant choice in housing, tenant based rental assistance is the preferred housing type.
2. **Rapid rehousing for individuals and families** targeting households that are living in the following settings:
 - Residing in a place not meant for human habitation
 - Residing in emergency shelter
 - Meet DV criteria in homeless definition (category 4)
 - Residing in a Transitional Housing (TH) project eliminated in the 2017 competition
 - Residing in TH funded as part of a joint TH PH-RRH project
 - Receiving assistance from a VA homeless program and met one of the above criteria on intake into the VA program

RRH includes housing assistance through tenant based rental assistance (providing only on a short term or medium term – NTE 24 months) and supportive services to assist participants secure housing, maintain housing and increase income and employment.

3. **Joint TH-PH/RRH Projects** are a new HUD initiative intended to serve homeless families and individuals who need temporary, safe accommodations while they secure permanent housing, assemble needed documents to secure housing or have other barriers to immediate placement in housing. In joint TH-RRH projects, the provider must be able to offer both TH and RRH to all participants but all participants are not required to participate in both components. Participants should remain in the TH component for as short a period of time as possible; there should be no program requirements to complete, and the need for continuing stay in TH should be determined on a case-by-case basis.

For the TH component, housing assistance may be provided through operating support for existing facilities, leasing assistance or rental assistance. In the RRH component, housing assistance can only be provided through tenant based rental assistance. Supportive services may be provided to participants in both components. As in all RRH, rental assistance is limited to short term or medium term (NTE 24 months).

All of the above project types qualify for funding through reallocation or through the permanent housing bonus.

Eligible persons to be served in Joint TH-RRH projects include:

- Residing in a place not meant for human habitation
- Residing in emergency shelter
- Meet DV criteria in homeless definition (category 4)

OTHER REQUIREMENTS:

Housing First Requirement

In order to be considered for funding, all projects must follow Housing First principles. These include:

- Minimal barriers to program entry. There cannot be a requirement for sobriety prior to being housed and prior background (criminal history, lack of credit, or eviction history) cannot be used on a blanket basis to exclude potential participants. Participants cannot be required to participate in services as a condition of entry and failure to participate in services cannot be used as grounds for termination from the program. Please refer to the RICOC Policy and Principles of Housing First for additional information.
- All applicants must be accepted from the Coordinated Entry System.
- All participants must be provided with a standard annual residential lease that does not include clauses that are not standard for residential leases in the community. Individuals and families can only be terminated from the program in conformance with the lease agreement.

Application submission through ESNAPS

Applications must be submitted via the ESNAPS grants management system by the specified deadline. Applications not developed or submitted through ESNAPS will not be reviewed and will not be funded.

Grantees that applied in prior years as subrecipients to Rhode Island Housing but whose contract has been amended to make them the recipient must submit renewal applications in ESNAPS as applicant, instead of under Rhode Island Housing's applicant account. Because these grants have been amended in 2016 to change recipient, the grant cannot be submitted without changes and the prior year's grant information may not pre-populate in ESNAPS. Please allow for extra time to input these project applications into ESNAPS. The grant renewal process is NOT the time to make changes to the grant. The renewal grants submitted by the new recipients must be the same as the 2016 renewal except for any changes approved by HUD through the grant amendment process.

For any grantee not familiar with ESNAPS or who need refresher information, HUD has a very informative set of resources for project applicants found here. Please check these resources first.

New and Renewal projects may only request **ONE YEAR of funding**. Any requests for multi-year funding will be reduced to a single year.

Renewal projects will be ranked according to Rhode Island Continuum of Care Renewal Standards. These standards are posted on the RICOC webpage located on the Rhode Island Housing website.

Required for Applicants for Federal Assistance

As required in the Code of Federal Regulations (CFR) at 2 CFR 25.200 and 24 CFR Part 5 Subpart K, all applicants for financial assistance must have an active unique entity identifier (currently a DUNS number, <https://fedgov.dnb.com/webform>) and have an active registration in the System for Award Management (SAM) (www.sam.gov) before submitting an application.

DedicatedPLUS PSH Projects HUD Definition:

A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability - including unaccompanied homeless youth - that at intake are:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Renewal projects that are 100% Dedicated to chronically homeless can renew as 100% dedicated or may change from CH Dedicated to DedicatedPLUS in this competition.

Email Inquiries:

Applicants should review the information available in this Internal Competition Notification and from HUD at the websites posted on the first page of this announcement. Please review those materials prior to starting the application or submitting an inquiry to the Rhode Island Continuum of Care. Email inquiries are to be submitted to the CoC Planner, Elizabeth Bioteau at ebioteau@rihousing.com.

Ranking and reallocation policy, Renewal Project Scoring criteria and Scoring for New Projects posted publicly on RICOC website:
<http://www.rhodeislandhousing.org/sp.cfm?pageid=1017>

Project: Rhode Island Housing / x

www.rhodeislandhousing.org/sp.cfm?pageid=1017

Home / About / HUD Exchange / Forms / News / Contact / Privacy Policy / Terms of Use

For more information contact Elizabeth Boleau, CoC Planning/Program Manager at elizabeth@rhodeislandhousing.org or 401-429-1478

CoC current governance and funding priorities

Governance

- Policies and Procedures
- Board of Directors
- Governance Charter

Funding

FY2017 Competition

- FY2017 Competition Final Ranking
- FY17 estimated GIV and FY17 reallocation plan
- FY17 Local Competition Webinar Slides
- Local CoC Competition Information
- Ranking and Reallocation Policy FY2017
- Renewal Criteria Renewal Project Scoring 2017
- Of new projects RICOC 2017
- Non Project Scoring
- HUD's 2017 CoC Program NOFA
- FY2016 Competition Final Ranking

Meeting Minutes

- Click here to visit the Rhode Island Secretary of State's listing of open meeting minutes for agencies and towns in Rhode Island

For CoC Recipients and Subrecipients

Leasing

- Standard Lease
- Rent Calculation
- Environmental Review
- Housing Quality Standard
- Fair Housing Complaints
- Utility Allowance

Financial

- Accounting Policies and Procedures for Rhode Island Housing
- Subrecipients
- Budget Cuts
- Sharing
- HUD guidance on Procurement and Contracting
- RICOC Request Form

Program

- Occupancy Agreement
- CH Employment Verification
- Sample Tenant/Lease
- Sample Policies and Procedures

Rhode Island Continuum of Care (RiCoC) FY2017 Project Competition Ranking and Re-Allocation Policies

Performance Scoring Policy

Applications for New and Renewal Projects will undergo a threshold review to ensure compliance with CoC regulations at 24 CFR 578 and the CoC Program NOFA and RiCoC Policies. Any new or renewal project not meeting the threshold requirement will not be further reviewed and will not be considered for inclusion in the Collaborative Application to HUD. Renewal projects have previously passed HUD threshold review and only in very exceptional cases of changed HUD policies or program changes will be at risk of not passing the threshold review.

Scoring of renewal projects is largely based on data obtained from the most recent, completed APR and HMIS and aligns with the HUD approved System Performance Measures.

A selection committee appointed by the CoC Board will review, rate and rank applications. No person who has an interest in an application may participate in this process. Renewals will be reviewed based on the renewal evaluation criteria. All New Projects will be reviewed based on the new project scoring criteria. The committee has the discretion to select one or more applications for the amount available for new projects. The committee also may give staff direction to negotiate with conditionally selected applicants.

The RiCoC will rank applications after scoring all New and Renewal Projects within the CoC based on the Renewal Project Scoring Rubric and the New Project Scoring Criteria.

Ranking Policy

HUD requires that CoCs rank projects in two Tiers. Tier 1 projects – provided that HUD has sufficient funding – are essentially assured of renewal funding. Tier 2 projects will be funded competitively on a national basis. Factors for awarding the Tier 2 projects include: the score that HUD gives to the overall Continuum of Care Application, whether the project follows Housing First, and a HUD determined ranking score.

Each CoC funded project that is not a first time renewal will be scored and ranked according to the Renewal Project Scoring Rubric. Renewal projects will be ranked solely on their scores, ahead of new project applications (with the exception of voluntarily reallocated new projects). First time renewal projects will be ranked after the renewal projects scored using the Scoring Rubric, and ahead of the new project applications. Should there be a need to place a first time renewal project(s) in Tier 2, the first time renewal projects will be ranked based on cost (number of households served / total grant award), with the highest ranked program being the one that provides assistance to the greatest number of homeless persons. New projects will be scored based on the New Project Scoring Criteria and ranked after renewal projects.

Projects that are ‘voluntary reallocations’ wherein an existing grantee is seeking to reallocate its current funding allocation to a new project will be ranked according to their New Project score among the pool of renewal grantees. New and renewal projects will be scored on the same one hundred point scale to facilitate this.

Projects that are deemed essential to the CoC but which would be at risk of loss of funding if placed in Tier 2, will be ranked at the bottom of Tier 1. These projects are not comparable to other new and renewal projects, can only be submitted by the entity designated by the CoC and therefore cannot be competitively evaluated. This includes HMIS and Coordinated Entry projects.

Tier 2: Project components will be ranked to best maximize the Tier 2 project scores.

Projects will be ranked in Tier 2 as follows:

- Renewal project applications ranked according to renewal score (including as appropriate voluntary reallocation new projects)
- First time renewal projects
- Reallocation and Bonus project applications ranked according to new project scores.

Planning Project: not ranked in accordance with the NOFA policy.

Re-Allocation Policy

Any funds reallocated as part of recapturing unspent funds, voluntary or involuntary reallocation will be made available for reallocation to create new projects during the local solicitation process.

Unspent Funds

Projects that are not fully expending or underspending their grant awards are subject to the re-allocation process. Projects that have underspent more than 10% of their award or \$50,000, whichever is less, may be reduced and those funds will go to reallocation for New Project(s). A one year grace period may be extended to providers who appeal proposed reallocation with a plan that demonstrates that the grant's expenditure will be improved in the current program year. Projects that have under-expended more than 10% of their award in two consecutive program years will have their funding reduced through reallocation in the next CoC NOFA competition.

Voluntary Re-Allocation

As part of the local solicitation for inclusion in the HUD CoC collaborative application, providers are asked whether they wish to voluntarily re-allocate some or all of their funding. Such re-allocated funds are pooled for re-allocation to New Projects. Grantees may retain their current funding and reallocate it to a new project of a type that is allowable under the 2017 NOFA. This includes permanent supportive housing primarily serving the chronically homeless, rapid rehousing serving families and individuals, and joint transitional housing - permanent housing/rapid rehousing projects.

Involuntary Re-Allocation (Unconditional v Conditional Renewal)

To be included in the Collaborative Application, renewal applications must either meet the threshold renewal score or submit a Performance Improvement Plan. To meet the renewal threshold, renewal projects must score at least 65% of the score of the highest scoring renewal project.

For example, if the top score is 90, the minimum threshold will be set at 58.50.

Projects scoring below the threshold will be asked to develop a plan to address performance issues. Performance plans will be due to be submitted within 30 days of the request and will be reviewed at the next regularly scheduled meeting of the Recipient Approval and Evaluation Committee (RAEC). The Plan must be accepted by the RAEC. If the RAEC does not approve the Plan, the funds may be subject to future reallocation. If a plan is not submitted the project may be subject to future reallocation. Any decisions by the RAEC are subject to appeal through the CoC Grievance process and, if unresolved, to HUD.

Performance Evaluation Standards

	A	B	C	D	E	F	G
1	Renewal Performance Evaluation Criteria	Universe	Source	Proposed Benchmark/ Standard			2017 Max Points
2							
3							
4	PERFORMANCE			PH	RRH	TH	
5	1. Occupancy/Utilization (Average of 4 reported PIT counts)	Average Point in Time	APR Q11	90% = 10 89% = 5	85 90% = 10 89% = 5	85 90% = 10 89% = 5	10
6	2. Participants are assessed using the VISP DAT prior to program admission	All Participants	VISP DAT assessment present in HMIS	100% = 10; 95-99% = 8; 90-94% = 5			10
7	3. Average VISP DAT score for households admitted during the program year.	All Households	VISP DAT Score as indicated in HMIS	Average score is 13 or higher: 10; 10 or higher (but below 13): 5	Average score is 11 or higher: 10; 9 or higher (but below 11): 5	Average score is 11 or higher: 10; 9 or higher (but below 11): 5	10
8	4. Percentage of all adult participants who gained or increased EARNED income from entry to exit/follow-up (leavers and stayers)	All Adults	APR Q24b3	20% = 10 15-19% = 5	40% = 10 30-39% = 5	40% = 10 30-39% = 5	10
9	5. Percentage of all adult participants who gained or maintained OTHER (non-employment) income from entry to exit/follow-up (leavers and stayers)	All Adults	APR Q24b3	40% = 5 39% = 3	25-40% = 5 39% = 3	25-40% = 5 39% = 3	5
10	6. Percentage of adult participants with non-cash benefits (health insurance, food stamps, etc.)	All Adults	APR Q26a1 and Q26b1	70% = 5 55-69% = 3	60% = 5 45-59% = 3	60% = 5 45-59% = 3	5
11	7. Percentage of all participant leavers who exited to shelter, streets or unknown	Participants - Leavers	APR Q29a1 and Q29a2	Less than or equal to 10%	Less than or equal to 10%	Less than or equal to 10%	10
12	8. Spending of last year's HUD grant	N/A	APR Q31a4	100% = 10; 95-99% = 8; 90-94% = 4	100% = 10; 95-99% = 8; 90-94% = 4	100% = 10; 95-99% = 8; 90-94% = 4	10
13	9a. PSH Programs: Percentage of all leavers who remain in PSH or exited to PH	Participants - Stayers & Leavers	APR Q29a1 and Q29a2	90%	n/a	n/a	10
14	9b. TH & RRH Programs: Percentage of all leavers who exited to Permanent Housing	Participants - Leavers	APR Q29a1 and Q29a2	n/a	85%	80%	10
15	10. RRH Only - Length of stay for all participants is 6 months or less* unscored baseline data only	All Participants	APR Q27			n/a	not scored this year

Performance Evaluation Standards

	A	B	C	D	E	F	G
1	Renewal Performance Evaluation Criteria	Universe	Source			Proposed Benchmark/ Standard	2017 Max Points
2							
3							
16	Performance total score						80
17	COMPLIANCE						
18	11. Audit Review	N/A	Provider Submit			Audit covers most recent fiscal year and there are no outstanding findings	5
19	HMIS						
20	12 . HMIS Universal Data Elements null/unknown	All Participants	APR/HMIS	<=5%			5
21	HMIS total score						5
22	COST EFFECTIVENESS						
23	13. Cost/Permanent Housing Placement (total project budget/number of exits to PH during program year)	Participants exiting to permanent housing destinations	APR	For PH = persons in PH or exiting to PH/total project budget; \$15,000/year or less = 10; \$20,000/year or less = 5 For RRH = persons exiting to PH/total project budget; \$15,000/year or less = 10; \$20,000/year or less = 5 For TH = persons exiting to PH/total project budget; \$15,000/year or less = 10; \$20,000/year or less = 5			10
24	Grand Total						100
25	*data will be collected to establish baseline for future standards	note: average FMR for 1 and 2 BRs = \$886.50 = 25% = \$221.63; total FMR = 25% = \$1,108 B 12 = \$13,297					

Rhode Island CoC: 2017 NOFA Competition, Scoring Sheet for New Projects

Threshold Review

Threshold Review Criteria <i>Applicants must fully meet threshold criteria. Projects not meeting all the specified criteria will not be reviewed further.</i>	Meets Criteria? Yes or No
<ul style="list-style-type: none"> Project must be for rapid rehousing, permanent supportive housing, or the new transitional housing to rapid rehousing (TH-PH-RRH) projects 	
<ul style="list-style-type: none"> The population served must meet program eligibility requirements, including: <ul style="list-style-type: none"> PSH: <ul style="list-style-type: none"> All projects must primarily serve chronically homeless individuals and/or families, as defined by HUD. This will be demonstrated by conformity with HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons. All projects must serve exclusively disabled individuals/households as defined by HUD RRH: All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations or those fleeing domestic violence. TH-PH-RRH. Participants must meet eligibility criteria as indicated in the 2017 NOFA. All participants must initially receive TH services and transition as soon as practical to rapid rehousing. 	
<ul style="list-style-type: none"> Projects can request only these funds for a term of one year: <ul style="list-style-type: none"> PSH: Rental assistance (tenant, sponsor, or project based), leasing or operating funds, supportive services, HMIS and administrative costs RRH: Rental assistance (tenant based only) supportive services, HMIS and administrative costs TH-RRH: Operating or leasing assistance and supportive services for the TH phase; tenant based rental assistance plus supportive services for the RRH phase. 	

Project meets threshold eligibility criteria?

- ☐ Yes
☐ No

Comments:

Application Scoring

Scoring Factor	Maximum Points	Score Assigned
History and Experience (40 points): <ul style="list-style-type: none"> Applicant and subrecipient(s)' prior experience in serving homeless people and in providing housing and services like that proposed in the application. Experience of relevant staff – even if at a different agency – will count toward agency experience. (20 points) Satisfactory experience with prior HUD grants and other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants. (20 points) 	<p>20</p> <p>20</p>	
Project Quality <ul style="list-style-type: none"> PSH: Prioritizing Highest Need (15 points) – <ol style="list-style-type: none"> Does the project target a high priority, literally homeless population? Is project targeted toward the chronically homeless/those with high levels of vulnerability? Will participants be offered housing based on their severity of need and length of time homeless? (9 points) Clearly describes the assessment and process it currently uses to determine severity of need. (2 points) Clearly describes its process for prioritizing persons with the most severe needs. (2 points) Clearly describes the outreach process used to engage homeless persons living on the streets and in shelter. (2 points) Questions to consider: <ul style="list-style-type: none"> Does the applicant demonstrate a clear understanding of the order of priority established in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons? Does the applicant describe a specific plan for how the project will participate in the CoC's coordinated entry system? Does the applicant describe a plan for an outreach process to engage those persons that is adequate and consistent with the Notice? Does the applicant identify specific and appropriate programs (street outreach, 	15	

Scoring Factor	Maximum Points	Score Assigned
<p>shelters) from which it obtains referrals of potential eligible program participants that will ensure the project operates at full capacity and that eligible persons are served with the most severe needs are served?</p> <ul style="list-style-type: none"> • RRH and TH-RRH: Effective outreach and placement system (15 points) <ul style="list-style-type: none"> a. Extent to which the applicant: <ul style="list-style-type: none"> • Describes how its activities will be targeted toward literally homeless individuals and families. If coordinated entry is operational, the applicant should describe how it will receive referrals and provide notification of available units/beds (5 points) • Clearly describes how households will be assisted to obtain housing as quickly as possible. (10 points) b. Questions to consider <ul style="list-style-type: none"> • Does the applicant describe a specific and viable plan for how the project will participate in the CoC's coordinated entry system? If coordinated entry is not operational in the applicant's area, does the applicant demonstrate that all participants will be literally homeless prior to entry? • How will participants obtain housing? What assistance is provided? 	15	
<p>Housing First (15 points)</p> <ul style="list-style-type: none"> • Extent to which the applicant: <ul style="list-style-type: none"> ○ Has successfully operated a program that is based on Housing First principles. (5 points) ○ Clearly describes a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals. Participants are only terminated from the program based on violation of standard lease terms not due to program requirements.) (10 points) 	15	

Scoring Factor	Maximum Points	Score Assigned
<ul style="list-style-type: none"> • Questions to consider: <ul style="list-style-type: none"> ○ Extent of experience and outcomes of projects operated by applicant that follow Housing First. ○ Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, creditworthiness, income requirements and service participation? ○ Does the applicant clearly demonstrate a model in which continuation of housing is not contingent on service participation requirements or compliance? ○ Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project? ○ Does the applicant clearly describe a project design that is adequate to accomplish those goals? ○ Does the applicant clearly demonstrate a model in which participants are expected to comply with a lease agreement and are provided with services and supports to help maintain housing and prevent eviction? 		
<p>Services Program (30 points)</p> <p>Extent to which the applicant;</p> <ul style="list-style-type: none"> • Clearly describes how it will assist participants to remain stably housed. Describes how case management services will be provided to participants. (15 points) • Has a plan to increase participant's incomes through employment and/or benefit income and/or Describes how disabled persons will be assisted in obtaining benefits and services. (15 points) <p>Questions to consider:</p> <ul style="list-style-type: none"> • Does the applicant describe how case managers will assist participants in maintaining housing stability? Does it indicate any evidence based practices that will be employed? Does the application provide information on the frequency of contact with case managers and process for developing and updating a housing stability plan for all participants? • Does the applicant provide a plan for how the participants will increase or maintain their income (either through employment or assistance in obtaining benefits) and how participants will be connected to employment or other meaningful activity? 	<p>15</p> <p>15</p>	
Total Score Awarded (Before Bonus)	100	

Rhode Island Continuum of Care (RiCoC) FY2017 Project Competition Ranking and Re-Allocation Policies

Performance Scoring Policy

Applications for New and Renewal Projects will undergo a threshold review to ensure compliance with CoC regulations at 24 CFR 578 and the CoC Program NOFA and RiCoC Policies. Any new or renewal project not meeting the threshold requirement will not be further reviewed and will not be considered for inclusion in the Collaborative Application to HUD. Renewal projects have previously passed HUD threshold review and only in very exceptional cases of changed HUD policies or program changes will be at risk of not passing the threshold review.

Scoring of renewal projects is largely based on data obtained from the most recent, completed APR and HMIS and aligns with the HUD approved System Performance Measures.

A selection committee appointed by the CoC Board will review, rate and rank applications. No person who has an interest in an application may participate in this process. Renewals will be reviewed based on the renewal evaluation criteria. All New Projects will be reviewed based on the new project scoring criteria. The committee has the discretion to select one or more applications for the amount available for new projects. The committee also may give staff direction to negotiate with conditionally selected applicants.

The RiCoC will rank applications after scoring all New and Renewal Projects within the CoC based on the Renewal Project Scoring Rubric and the New Project Scoring Criteria.

Ranking Policy

HUD requires that CoCs rank projects in two Tiers. Tier 1 projects – provided that HUD has sufficient funding – are essentially assured of renewal funding. Tier 2 projects will be funded competitively on a national basis. Factors for awarding the Tier 2 projects include: the score that HUD gives to the overall Continuum of Care Application, whether the project follows Housing First, and a HUD determined ranking score.

Each CoC funded project that is not a first time renewal will be scored and ranked according to the Renewal Project Scoring Rubric. Renewal projects will be ranked solely on their scores, ahead of new project applications (with the exception of voluntarily reallocated new projects). First time renewal projects will be ranked after the renewal projects scored using the Scoring Rubric, and ahead of the new project applications. Should there be a need to place a first time renewal project(s) in Tier 2, the first time renewal projects will be ranked based on cost (number of households served / total grant award), with the highest ranked program being the one that provides assistance to the greatest number of homeless persons. New projects will be scored based on the New Project Scoring Criteria and ranked after renewal projects.

Projects that are ‘voluntary reallocations’ wherein an existing grantee is seeking to reallocate its current funding allocation to a new project will be ranked according to their New Project score among the pool of renewal grantees. New and renewal projects will be scored on the same one hundred point scale to facilitate this.

Projects that are deemed essential to the CoC but which would be at risk of loss of funding if placed in Tier 2, will be ranked at the bottom of Tier 1. These projects are not comparable to other new and renewal projects, can only be submitted by the entity designated by the CoC and therefore cannot be competitively evaluated. This includes HMIS and Coordinated Entry projects.

Tier 2: Project components will be ranked to best maximize the Tier 2 project scores.

Projects will be ranked in Tier 2 as follows:

- Renewal project applications ranked according to renewal score (including as appropriate voluntary reallocation new projects)
- First time renewal projects
- Reallocation and Bonus project applications ranked according to new project scores.

Planning Project: not ranked in accordance with the NOFA policy.

Re-Allocation Policy

Any funds reallocated as part of recapturing unspent funds, voluntary or involuntary reallocation will be made available for reallocation to create new projects during the local solicitation process.

Unspent Funds

Projects that are not fully expending or underspending their grant awards are subject to the re-allocation process. Projects that have underspent more than 10% of their award or \$50,000, whichever is less, may be reduced and those funds will go to reallocation for New Project(s). A one year grace period may be extended to providers who appeal proposed reallocation with a plan that demonstrates that the grant's expenditure will be improved in the current program year. Projects that have under-expended more than 10% of their award in two consecutive program years will have their funding reduced through reallocation in the next CoC NOFA competition.

Voluntary Re-Allocation

As part of the local solicitation for inclusion in the HUD CoC collaborative application, providers are asked whether they wish to voluntarily re-allocate some or all of their funding. Such re-allocated funds are pooled for re-allocation to New Projects. Grantees may retain their current funding and reallocate it to a new project of a type that is allowable under the 2017 NOFA. This includes permanent supportive housing primarily serving the chronically homeless, rapid rehousing serving families and individuals, and joint transitional housing - permanent housing/rapid rehousing projects.

Involuntary Re-Allocation (Unconditional v Conditional Renewal)

To be included in the Collaborative Application, renewal applications must either meet the threshold renewal score or submit a Performance Improvement Plan. To meet the renewal threshold, renewal projects must score at least 65% of the score of the highest scoring renewal project. For example, if the top score is 90, the minimum threshold will be set at 58.50.

Projects scoring below the threshold will be asked to develop a plan to address performance issues. Performance plans will be due to be submitted within 30 days of the request and will be reviewed at the next regularly scheduled meeting of the Recipient Approval and Evaluation Committee (RAEC). The Plan must be accepted by the RAEC. If the RAEC does not approve the Plan, the funds may be subject to future reallocation. If a plan is not submitted the project may be subject to future reallocation. Any decisions by the RAEC are subject to appeal through the CoC Grievance process and, if unresolved, to HUD.

The Rhode Island Continuum of Care (RICOC)

Governance Charter

Approved March 2, 2017 by RICOC Membership for RI-500 Continuum of Care

Purpose of Charter

This RI Continuum of Care Governance Charter ("Charter") identifies the goals, purpose, composition, responsibilities and governance structure of the Rhode Island Statewide Continuum of Care. The Continuum of Care's legal authority is established by Subtitle C of Title IV of the McKinney-Vento Homeless Assistance Act, and is currently governed by Title 24 CFR Part 578, known as the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 ("HEARTH"). HUD published the Continuum of Care ("COC") Interim/Final Rule in the Federal Register on July 31, 2012.

A Continuum of Care assists individuals and families experiencing homelessness or those at-risk of homelessness, and provides the housing and support needed to rapidly and permanently end their homelessness and maintain stable housing. The Continuum of Care program promotes community-wide planning and strategic use of resources to: address homelessness; improve coordination and integration with mainstream resources and other programs targeted to people at risk of or experiencing homelessness; and improve data collection and performance measurement that allows each community to tailor its program to the particular strengths and challenges within that community. Representatives of relevant organizations within a geographic area establish a Continuum of Care to carry out the responsibilities set forth in the Continuum of Care Program Interim Rule.

This Charter re-establishes a Continuum of Care that serves the State of Rhode Island.

Article I: Name, Purpose and Responsibilities

A. Name. The name of this association is The Rhode Island Continuum of Care (the "RICOC"). The RICOC is an unincorporated association.

B. Purposes. The purposes of the RICOC 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

C. Responsibilities. The RICOC will fulfill the responsibilities assigned to a Continuum of Care under Title 24 CFR Part 578 of the Code of Federal Regulations and will satisfy all other legal requirements necessary to secure maximum funding under relevant state and federal programs to end homelessness.

The Rhode Island Continuum of Care is advisory to the Housing Resources Commission ("HRC"). The RICOC may also make recommendations to the State's Interagency Council on Homelessness. Funding decisions of the RICOC will be presented at a meeting of the HRC for consideration and ratification.

Article II: Guiding Planning Document

Through its Housing Resources Commission and Interagency Council on Homelessness, the State of Rhode Island adopted Opening Doors Rhode Island ("ODRI"), a strategic plan to end homelessness. This plan, adopted in 2012 is fully aligned with the federal Opening Doors Plan to End Homelessness and serves as the guiding document for the RICOC.

ODRI's goals, strategies and objectives include:

- Eliminate homelessness among Veterans in five (5) years (2017);
- Eliminate chronic homelessness in five (5) years (2017);
- Significantly reduce homelessness among families, children and youth in ten (10) years (2022); and
- Set a path to reducing all homelessness.

Article III: RICOC Members and Meetings

A. Eligibility for Membership. Membership is available to (i) individuals with professional experience as demonstrated through affiliation with relevant organizations and agencies within Rhode Island and (ii) individuals interested in the well-being of homeless and formerly homeless people. Relevant organizations include the following:

- Nonprofit homeless assistance providers
- Victim service providers
- Faith-based organizations
- Political subdivisions and other government entities
- Businesses
- Advocacy organizations
- Public housing agencies
- School districts
- Social service providers

- Mental health agencies
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement organizations
- Organizations that serve veterans
- Organizations that serve individuals experiencing homelessness
- Homeless individuals including those who are currently homeless and those who have experienced homelessness

The RICOC should strive for geographic, cultural and racial diversity of its membership, particularly with regard to the provider and agency categories.

B. Limit on Number of Voting Members from One Organization. Two (2) or more individuals affiliated with a single relevant organization may be members of the RICOC. However, only one such individual affiliated with a single relevant organization may exercise a vote. That voting member will be the highest ranking executive or administrator responsible for managing the relevant organization in attendance at the meeting.

C. Invitation for New Members. On an annual basis the RICOC, through the Continuum of Care Planner, will determine whether all current members intend to continue as members during the next calendar year. In addition, the RICOC will extend invitations for membership by (1) distributing invitations to relevant organizations and individuals interested in the well-being of homeless and formerly homeless people in Rhode Island and (2) using as many media outlets as practical to advertise to these relevant organizations and individuals.

D. Responsibilities of Full Membership.

- Members will vote to elect candidates from among the Membership to fill Board seats as vacancies arise.
- Members will vote to approve the governance framework outlined in Articles I through X of the Charter and any subsequent changes or additions to that framework.
- Members agree to attend four (4) mandatory Membership meetings annually.

E. Enrollment of Members. The Continuum of Care Planner, as defined within the RICOC Policies and Procedures, will manage the enrollment of members. New members are solicited annually by the Continuum of Care Planner.

F. Membership Meetings. Each calendar year at least four (4) meetings of all members will be held at approximately three-month intervals on the days and times set forth in a schedule distributed to members at the beginning of the calendar year. The meetings will serve as

conferences on ending homelessness in Rhode Island. The agenda for the Membership Meetings of the RICOC will include as needed:

- Review of proposed changes to the RICOC's governance framework followed by a vote on those changes. If a quorum of Membership, as quorum is defined by the Rhode Island Open Meetings Act, is not present to convene a Membership meeting to vote on proposed changes to the RICOC's governance framework, then the Board may vote on such changes, if a quorum of the Board of Directors is present in that same meeting so long as the meeting has been properly noticed. If a quorum of the Board is not present in that same meeting, then the Board may vote on proposed changes to the RICOC's governance framework at the next properly noticed meeting of the Board of Directors at which a quorum is present.
- Election of Member(s) to the Board of Directors
- Topics related to ending homelessness in Rhode Island (for example, progress reports from committees or state, regional, or national working groups; field reports; best practices; new evidenced-based approaches; or other information sharing)
- Other business the Board chooses to put before Members.

H. Special Membership Meetings. Special meetings may be called with the approval of the Board or upon written request by at least of thirty (30%) percent of the current RICOC Membership, submitted to the Chair of the Board with a copy to the Continuum of Care Planner. The Continuum of Care Planner will coordinate special meetings.

I. Notice of Membership Meetings. The Rhode Island Open Meetings Act will govern meetings of the RICOC Membership. The Continuum of Care Planner will send notice of the place, the date, time and agenda of each regular and special meeting by e-mail at least three (3) business days before the meeting date. If requested, notice may be sent by other reasonable means of communication.

J. Voting. Issues presented to RICOC Membership for a vote will be decided by a simple majority of the voting Membership in attendance at that Membership meeting.

K. Membership Minutes. Minutes at every Membership meeting will be recorded and made available to the public in accordance with the Rhode Island Open Meetings Act.

Article IV: RICOC Board of Directors

A. Composition. The composition of the RICOC Board will be in accordance with all pertinent HUD requirements of the Continuum of Care program.

The Board of the RICOC will consist of 15 RICOC members. The Board must include:

- At least two individual representatives of organizations providing housing or services for the homeless;
- At least one homeless or formerly homeless individual;
- Individual members from the public and private sectors; and
- Individual representatives of the various subpopulations served by the RICOC, such as persons with substance use disorders, persons with HIV/AIDS, veterans, the chronically homeless, families with children, unaccompanied youth, the seriously mentally ill, and victims of domestic violence, dating violence, sexual assault and stalking, to the extent that someone is available and willing to represent that subpopulation on the board. One board member may represent the interests of more than one homeless subpopulation.

B. The Board's Responsibilities. Except as provided in Article III(D), outlining the responsibilities of RICOC members, the Board will act on behalf of the RICOC to fulfill the responsibilities assigned to continuums of care by HUD.

The Board's primary responsibilities under applicable federal requirements are:

- Operate the RICOC;
- Designate a Homeless Management Information System ("HMIS") Lead Agency;
- Oversee the operations of HMIS;
- Ensure the HMIS is administered in compliance with requirements prescribe by HUD;
- Conduct planning activities;
- Designate a Collaborative Applicant for the annual Continuum of Care application;
- No less frequently than every five (5) years following the initial approval of the Charter, review, update, and approve the process for selecting Directors.

Operations:

The Board governs the following operational activities:

- Hold meetings of the full membership;
- Cause to be conducted an annual invitation to new members; vote to approve new members;
- Appoint Committee, Subcommittee and Working Groups as needed. Standing Committees will report to the Board;
- Establish and monitor performance targets in consultation with recipients and subrecipients and take action on poor performers;
- Monitor performance and outcomes of programs and report findings to HUD;
- Establish and oversee a Coordinated Entry System in consultation with Emergency Solutions Grant (ESG) recipient(s) and meet the necessary requirements (cover the state

of Rhode Island, be easily accessed by individuals and families seeking housing or services, be well-advertised, and include a comprehensive and standardized assessment tool);

- With approval by or ratification of the Housing Resources Commission, approve and cause to be submitted the annual application for funding to HUD in accordance with the requirements outlined in the Notification of Funding Availability (NOFA) published by HUD;
- Establish priorities for funding projects in the state of Rhode Island and a project selection process that is transparent, inclusive and based on standards in 24 CFR 578.19(b); and
- In consultation with Emergency Solutions Grant (ESG) recipients (State Office of Housing and Community Development, Cities of Pawtucket, Providence and Woonsocket) establish criteria for ESG & RICOC funding, as outlined in 24 CFR 578.7(a)(9).

Homeless Management Information System ("HMIS"):

The Board governs the following activities, which are carried out by the HMIS "Lead Agency." Policies and procedures relative to the HMIS are fully set forth in the Rhode Island Homeless Management Information System Policies and Procedures as may be amended from time to time:

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

Planning:

The Board may have additional duties as needed, including:

- Establishing Ad Hoc working groups;
- Evaluating the conduct of directors, especially their compliance with the conflict of interest and attendance policies, as set forth in this governance charter;
- Taking action to correct or recommend the removal of directors who are not fulfilling their responsibilities with a majority vote of the Board;
- Providing information to all RICOC members at the beginning of each calendar year of the work that each Board committee will undertake during the year, if such work is not already clearly defined in this charter; and

- Ensuring that each committee chair develops a reasonable schedule of meetings for the year.

Committees will draft and annually review policies and procedures and monitor operations relating to their discrete areas of responsibility and make recommendations for updates or changes. However, unless otherwise specified in this charter or approved by the Board, no committee of the Board may adopt policies or procedures or take any action on behalf of the RICOC without approval of or ratification by the full Board.

C. Term of Office. Directors will serve two (2) year terms. There is no limit to the number of terms that a Director may serve. At the end of a Director's term, the Continuum of Care Planner will initiate the nomination process set forth in section D below. The Continuum of Care Planner will assess the incumbent Director's interest in continuing for another term and, if the Director is interested in continuing to serve on the Board, the Continuum of Care Planner will submit the Director's name to the Membership for a vote along with the other candidates recommended by the Membership pursuant to the process set forth in section D below.

D. Director Nomination and Selection Process. When there is a vacancy on the Board, the Continuum of Care Planner will solicit recommendations from RICOC members for candidates for election to the Board. The Membership will give preference to those candidates who:

- Help satisfy the Board composition requirements of Article IV(A);
- Bring valuable experience and expertise to the Board; and
- Have proven their interest, diligence, and effectiveness in helping the RICOC fulfill its purposes.

Directors will be elected by a vote of the Membership. If a quorum of Membership, as quorum is defined by the Rhode Island Open Meetings Act, is not present to convene a Membership meeting to vote on election of Board member(s) then the Board may vote to elect Directors at the next properly noticed meeting of the Board of Directors at which a quorum is present.

E. Director Resignation and Removal. Directors may resign from the Board at any time by giving written or oral notice to the Board chair with a copy to the Continuum of Care Planner. In addition, directors may be removed from the Board by a majority vote of remaining Board members for repeated absence, misconduct, failure to participate, disruptive or obstructive conduct, or violation of conflict of interest policies.

F. Board Vacancies. When a director resigns or is removed from the Board or cannot serve his or her full term for any other reason, the Board may appoint another RICOC member to fill the vacancy.

G. Regular Board Meetings: The Board will meet no less than 6 times a year in accordance with a schedule given to all directors at the beginning of each calendar year. The Continuum of Care Planner will publish and maintain the meeting schedule.

H. Special Board Meetings: Special meetings of the Board may be convened by the Board chair or by petition or vote of at least 30 percent of the Directors. The Continuum of Care Planner will coordinate special meetings.

I. Notice of Board Meetings. The Continuum of Care Planner will post notice of the place, date, and time of each meeting of the Board to Directors in accordance with the Rhode Island Open Meetings Act.

J. Board Quorum. Rhode Island Open Meetings Act will govern meetings of the RICOC Board. A simple majority of the RICOC Board of Directors is required for a quorum.

K. Board Voting. All issues presented to Directors for a vote will be decided by a simple majority of Directors present at the applicable meeting.

L. Board Minutes. Minutes of every Board meeting will be recorded and made available to the public in accordance with the Rhode Island Open Meetings Act.

Article V: Board Officers

A. Officer Positions. The Board will have three officers: chair, vice chair, and secretary. No one may occupy more than one office at a time.

B. Election of Officers. Directors will elect officers from among the Board. Elections will take place when an Officer's term expires or at the next scheduled meeting following a mid-term vacancy in any Officer position.

C. Terms of Office. Officers will serve two-year terms unless filling a mid-term vacancy, in which case an officer will serve for the remainder of the calendar year in which s/he is elected and two full years thereafter.

D. Resignation and Removal. An officer may resign from his/her office at any time by giving written or oral notice to the Board chair or vice chair with copy to the Continuum of Care Planner. In addition, officers may be removed from their positions by a majority vote of remaining Directors for repeated violation of the code of conduct or conflict of interest policies outlined in Article IX of this charter.

E. Duties of the Chair. The chair will preside over meetings of (1) RICOC members; and (2) the Board.

F. Duties of the Vice Chair. In the absence of the chair or in the event of a mid-term vacancy in the chair position, the vice chair will assume the duties of the chair.

G. Duties of the Secretary. The Secretary will cause to be kept accurate minutes of Membership and Board meetings. In addition, the Secretary will ensure that:

- All minutes are promptly published; and
- Proper notice is issued for all Membership and Board meetings.

Article VI: Operating Committees - In General

A. Role of Committees. With the exception of work performed by the Continuum of Care Planner, the Continuum of Care is operated by unpaid volunteers who are organized into several standing Committees to carry out the day to day work of the Continuum. The standing committees of the Continuum will include the System Performance Planning Committee, the Recipient Approval and Evaluation Committee, Veterans Committee, Families & Youth Committee, Chronically Homeless/High Need Individuals Committee, and the HMIS Committee. The Standing Committees are further discussed in Article VII.

B. Committee Authority. Committees assist the Continuum to carry out routine operations. In some cases, Committees will provide recommendations or advice to the Board, but Committees do not have the authority to make decisions on behalf of the Continuum and are not subdivisions of the Board. No recommendations or actions taken by a committee will be considered actions of the Board without independent approval or ratification by the Board.

C. Committee Members and Chairs. The chair of each committee will be selected annually by the Board and each committee will include at least one Director. Non-directors and non-members may serve on committees. At least one representative from the Veterans Committee, Families & Youth Committee, and Chronically Homeless/High Need Individuals Committee, and HMIS Committee will sit on the Systems Performance Committee.

The Continuum of Care Planner will provide an opportunity for RICOC Directors and Membership to volunteer for particular committees. Before selecting a chair for a committee, the Board will take into account:

- The relevance of the individual's experience and expertise to the work of the committee;
- The appropriate size of the committee and the unique contribution, if any, that the individual is likely to make to the committee's work;
- The potential conflicts of interest the individual will face in serving on that committee;
- The diligence and effectiveness the individual has demonstrated in carrying out previous assignments for the RICOC;

- The advantages of engaging as many interested members as possible in RICOC work; and
- The need to continuously cultivate new RICOC leaders.

The Board chair and the Continuum of Care Planner may participate on all committees.

D. Notice of Committee Meetings. Each committee chair will provide a meeting schedule to the Continuum of Care Planner who will distribute a complete committee meeting schedule to the Membership. Each committee chair will ensure that notice of the place, date, and time of each committee meeting will be sent to committee members by e-mail or any other reasonable means of communication in advance of the meeting date along with an agenda for the meeting.

E. Committee Recommendations. All committees must strive for consensus among their members in reaching recommendations to be put before the Board. If consensus cannot be achieved on an issue or recommendation, it will be presented to the Board as a whole.

F. Committee Minutes. Within two (2) weeks after every committee meeting a draft of the minutes of the meeting will be disseminated to participating members of the Committee by the Chair of the Committee or designee. Minutes will summarize the matters discussed at the meeting and reflect any recommendations reached and the reasons for those recommendations. In cases where a consensus has not been achieved, the arguments on all sides of an issue should be reflected, and committee participants may ask that their views be recorded in the minutes.

Article VII: Standing Committees

A. System Performance Committee. The System Performance Committee will collaborate with the Continuum of Care Planner, the Collaborative Applicant, services providers, and others to:

- Oversee the annual Point in Time count mandated by the Department of Housing and Urban Development (“HUD”);
- Develop performance measures and goals to evaluate Rhode Island's overall success in ending homelessness in the state using guidance available from HUD and making changes over time as necessary to incorporate any new regulations or guidance available from state and federal authorities;
- Track Rhode Island’s overall process in meeting performance goals and reports findings to the RICOC Board.

B. Recipient Approval and Evaluation Committee. The Recipient Approval and Evaluation Committee will:

- Work with the Collaborative Applicant to design and implement a collaborative process for developing a consolidated application for Rhode Island programs and projects seeking Continuum of Care funding;
- Review and recommend for Board approval the consolidated application for Continuum of Care funding prepared by or caused to be prepared by the Collaborative Applicant;
- In accordance with federal regulation no Continuum of Care member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that a member represents;
- Review proposals for funding from agencies who wish to participate in the RICOC, or participating agencies who propose new programs or service delivery models;
- Evaluate reports provided by the Continuum of Care Planner on the performance of recipients and sub-recipients of Continuum of Care and Emergency Solutions Grant funding and recommend actions to be taken against poor performers;
- Use performance evaluations and funding priorities established by the Board to rank requests for Continuum of Care funding; and
- Develop and oversee the operation of grievance procedures for agencies whose applications for funding have not been approved by the RICOC.

C. Veterans Committee. The Veterans Committee will:

- Use a case conferencing approach and a service priority assessment to house veterans in the most appropriate housing program to meet the unique needs of the household, and to inform policy makers about policies which create barriers to successful placement.

D. Families and Youth Committee. The Families and Youth Committee will:

- Use a case conferencing approach and a service priority assessment to house families and unaccompanied youth in the most appropriate housing program to meet the unique needs of the household, and to inform policy makers about policies which create barriers to successful placement

E. Chronically Homeless/High Need Individuals Committee. The Chronically Homeless Committee will:

- Use a case conferencing approach and a service priority assessment to house chronically homeless/high need individuals, including but not limited to those that meet the HUD definition of chronically homeless, formerly incarcerated individuals, and high users of Medicaid in the most appropriate housing program; and
- Identify housing programs to meet the unique needs of the household, and inform policy makers about policies which create barriers to successful placement.

F. HMIS Committee. The HMIS Committee will work with the HMIS Lead to:

- Develop, annually review, and, as necessary, revise for Board approval a privacy plan, security plan, and data quality plan for the HMIS and all other policies and procedures required by regulations and notices issued by the Department of Housing and Urban Development; and
- Develop for Board approval and implement a plan for monitoring the HMIS to ensure that :
 - Recipients and sub-recipients consistently participate in the HMIS;
 - HMIS is satisfying the requirements of all regulations and notices issued by the Department of Housing and Urban Development; and
 - The HMIS Lead is fulfilling the obligations outlined in its memorandum of agreement with the RICOC, including the obligation to enter into written participation agreements with each contributing HMIS organization.

Article VIII: Appointment of Agents and Designation of HMIS System

A. HMIS Lead. The RICOC Board will designate RICOC's HMIS "Lead Agency" and in so doing, will fulfill the responsibilities outlined in the Memorandum of Agreement.

B. Collaborative Applicant. The RICOC Board will designate the RICOC's "Collaborative Applicant". The Collaborative Applicant will fulfill the responsibilities outlined in the Memorandum of Agreement between the RICOC Board and the designated Collaborative Applicant. These responsibilities will include employing and supervising a Continuum of Care Planner who will carry out the duties outlined in this charter.

C. HMIS Designation. The RICOC Board will designate a single Homeless Management Information System for its geographic area. The responsibilities of this designation will be reflected in a Memorandum of Agreement between the RICOC Board and the designated HMIS Lead.

Article IX: Code of Conduct and Conflicts of Interest

A. Attendance and Conduct. Officers, Directors, Membership, committee participants, and other RICOC employees and agents must exercise care, diligence, and prudence when conducting RICOC business. These individuals must complete on time the work they have agreed to undertake. In addition, as required by their respective positions, they must attend meetings and be prepared to discuss matters presented for their deliberation.

B. Conflicts of Interest. The people of the State of Rhode Island believe that public officials and employees must adhere to the highest standards of ethical conduct, respect the public trust and the rights of all persons, be open, accountable and responsive, avoid the appearance of

impropriety, and not use their position for private gain or advantage. Such persons shall hold their positions during good behavior.

The Rhode Island Code of Ethics regulates the ethical conduct of elected and appointed public officials as well as state and municipal employees. To access specific sections of the Code, including those provisions regarding prohibited conduct, nepotism, gifts, and revolving door (go to: <http://www.ethics.ri.gov/code/>) for more information/detail.

As a condition for their participation on the RICOC Board, Directors voluntarily agree at appointment to strictly adhere to state and federal Conflict of Interest statutes, rules and regulations in conducting any business associated with the RICOC. Directors are required to disclose any personal, professional or business relationship to the Board prior to discussing and/or acting upon any matter in which a possible conflict, perceived or actual, exists. Rules for recusal as set forth in the Rhode Island Code of Ethics will be followed whenever appropriate.

Article X: Approval of Governance Charter and Subsequent Amendments

A. Scope of the Governance Charter. The governance charter of RICOC ("the Charter") includes Articles I through X, which establish a framework for governing RICOC, as well as appendices that establish the policies and procedures needed to comply with Subpart B of 24 CFR Part 578.

B. Approval and Subsequent Amendment of RICOC's Governance Framework. The governance framework outlined in Articles I through X of the Charter and every subsequent amendment to that framework must be approved by a simple majority of the RICOC Membership. If a quorum of Membership, as quorum is defined by the Rhode Island Open Meetings Act, is not present to convene a Membership meeting to vote on proposed changes to the RICOC's governance framework, then the Board may vote on such changes, if a quorum of the Board of Directors is present in that same meeting so long as the meeting has been properly noticed. If a quorum of the Board is not present in that same meeting, then the Board may vote on proposed changes to the RICOC's governance framework at the next properly noticed meeting of the Board of Directors at which a quorum is present.

C. Approval and Subsequent Amendment of Operating Policies and Procedures. The operating policies, procedures, and agreements incorporated into the Charter as appendices and every subsequent amendment or addition to those policies, procedures and agreements must be approved by the Board.

D. Regular Reviews of the Governance Charter. In consultation with the Collaborative Applicant and the HMIS lead, the Membership will review the Charter annually and may act to make changes to improve the functioning of RICOC and maintain compliance with federal and state regulations. If a quorum of Membership, as quorum is defined by the Rhode Island Open

Meetings Act, is not present to convene a Membership meeting to vote on proposed changes to the RICOC's governance framework, then the Board may vote on such changes, if a quorum of the Board of Directors is present in that same meeting so long as the meeting has been properly noticed. If a quorum of the Board is not present in that same meeting, then the Board may vote on proposed changes to the RICOC's governance framework at the next properly noticed meeting of the Board of Directors at which a quorum is present.

Attachment A

History of Charter Review, Amendments and Approval:

Date	Summary of Review including any amendments	Date presented to Membership

Rhode Island Continuum of Care

Rhode Island Homeless Management Information System

POLICIES AND PROCEDURES

INTRODUCTION

As part of the HEARTH Interim Rule, Continuums of Care are to designate a single Homeless Management Information System and designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead. The HMIS Lead will review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS; and ensure the HMIS is administered in compliance with requirements prescribed by HUD (24 CFR Part 578.7(b)). These policies and procedures will provide the guidance necessary for the Rhode Island Continuum of Care to adhere to these requirements. The RIHMIS is designed to respect and meet the needs of consumers and is a reliable, flexible, and consistent technological system. The system will be used to benefit those who are homeless or at risk of becoming homeless by providing data that captures statewide information about characteristics and service needs of people experiencing homelessness. This system will also help to improve the care and access to care by allowing for a fully integrated system of referrals and service delivery to people who are homeless. The RIHMIS utilizes ServicePoint HMIS software developed by Bowman Systems. Excluding domestic violence service providers, all programs which receive the following types of funding are required to enter information into HMIS:

- Consolidated Homeless Fund (CHF)
- Continuum of Care (COC)
- State Rental Assistance
- Rapid Re-Housing (RRH)
- Runaway and Homeless Youth (RHY)
- Supportive Services for Veteran Families (SSVF)
- Projects for Assistance in Transition from Homelessness (PATH)
- Cooperative Agreements to Benefit Homeless Individuals (CABHI)

Other agencies that provide services and housing to the homeless are encouraged to participate.

DEFINITIONS

Bin – A basic organizational unit in ServicePoint. One agency may have several bins which are associated with different location, funding, or types of services provided.

CoC Board - The RICoC consists of a Board of Directors, a membership group, and 6 standing committees (System Performance & Planning, Recipient Approval & Evaluation, Veterans, Families & Youth, Chronically Homeless/High Needs Individuals and HMIS).

Continuum of Care (CoC) - A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.

Covered Homeless Organization (CHO) - An organization that records, uses or processes PPI on homeless clients for HMIS.

HEARTH Act- On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including: A consolidation of HUD's competitive grant programs, the creation of a Rural Housing Stability Assistance Program, a change in HUD's definition of homelessness and chronic homelessness, a simplified match requirement, an increase in prevention resources and emphasis on performance.

HMIS - a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals, families and persons at risk of homelessness.

HMIS Lead Agency - The entity designated by the Continuum of Care to operate the Continuum's HMIS on its behalf.

HMIS Office – RIHMIS Staff

HMIS Steering Committee – Comprised of HMIS stakeholders, this committee focuses on strategic and policy issues facing the HMIS, such as data sharing, data quality standards, privacy, security, and report generation.

HUD - The United States Department of Housing and Urban Development is a Cabinet department in the Executive branch of the United States federal government that funds permanent housing and emergency shelter services for homeless and formerly homeless individuals and families. An HMIS system is required by HUD for all CoCs receiving HUD funding.

Participating Agency – An Agency within the RI CoC that creates, edits or views HMIS data.

Project – A distinct unit of an organization that provides services and/or lodging and is identified by the CoC as part of its service system. A continuum project can be classified as one that provides lodging (lodging project) or one that does not provide lodging (services project).

Protected Personal Information (PPI) - Any information maintained by or for a Covered Homeless Organization about a living homeless client or homeless individual that: (1) Identifies, either directly or indirectly, a specific individual; (2) can be manipulated by a reasonably foreseeable method to identify a specific individual; or (3) can be linked with other available information to identify a specific individual.

RI CoC - Rhode Island has a single Continuum of Care (RICoC) which guides the state's homelessness programs and policies, and administers federal and state homeless funds. The continuum includes a broad

range of state agencies, community partners, and individuals all working together to build a statewide system to prevent and end homelessness.

RIHMIS – The Rhode Island Homeless Management Information System is the database and software interface used by the Rhode Island Continuum of Care to record client data.

ServicePoint – A web-based software interface for the HMIS database, created by Bowman Systems. Rhode Island contracts with Bowman to use ServicePoint for HMIS.

Rhode Island HMIS Key Stakeholders Contact Information

Rhode Island Housing

44 Washington Street, Providence, RI 02903

Tel: (401) 457-1234

Fax: (401) 457-1141

Rhode Island Housing: HMIS Contact Information		
Name, Title	E-mail and Phone	Reasons to Contact
Elizabeth Bioteau, Continuum of Care (CoC) Planner	ebioteau@rhodeislandhousing.org 401-429-1478	To approve and sign HMIS Partnership Agreement. Questions about CoC Funded projects, and CoC policies.
Maribel Estevez, Program Assistant	mestevez@rihousing.org 401-429-1459	To purchase licenses. To remove licenses.

Rhode Island Coalition for the Homeless

1070 Main Street, Pawtucket, RI 02860

Tel: (401) 721-5685

Fax: (401) 721-5688

Rhode Island Coalition for the Homeless: RIHMIS Staff Contact Information

Name, Title	E-mail and Phone	Reasons to Contact
Don Larsen, System Administrator	don@rihomeless.org 401-721-5685 x25	System Administration. HMIS technical problems. Data requests. Changes in bed inventory. Creating and decommissioning Projects.
Bob Maurice, Assistant System Administrator	bob@rihomeless.org 40-721-5685 x 26	Training. HMIS data completeness. Installing HMIS "Cert".
Emalee Lally, HMIS Program Assistant	emalee@rihomeless.org 401-721-5685 x 27	Training Coordinated Entry.
Susan Walker, Data Integrity Specialist	susan@rihomeless.org 401-721-5685 x 30	Data quality issues. Data standard clarification. HMIS paperwork.

RIHMIS Steering Committee

The RIHMIS Committee focuses on the strategic and policy issues facing the HMIS and submits to the RI-CoC board for review and adoption by the RI-CoC. The committee will focus on issues such as data sharing, data quality standards, privacy, security and confidentiality plans, and report generation.

RIHMIS Steering Committee: Key Member Contact Information

Name, Organization	E-mail and Phone	Reasons to Contact
Eric Hirsch, Chair Providence College	EHIRCH@providence.edu 401-865-2510	System Wide Reports and Program Evaluations
Jessica Mowry RI Housing	jmowry@rhodeislandhousing.org 401-277-1564	Assistant Director of Leased Housing and Resident Services

Adam Schultz Crossroads	aschultz@crossroadsri.org 401-521-2255 x 301	Director of Program Outcomes & Evaluation
Pheamo Witcher Office of Housing and Community Development	Pheamo.witcher@doa.ri.gov 401-222-4494	Housing Resources Coordinator (OHCD)
Michael Tondra Office of Housing and Community Development	michael.tondra@doa.ri.gov	
Other RIHMIS Steering Committee meeting invitees include representatives from Rhode Island Housing, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), HMIS administrators from participating agencies and RIHMIS Staff.		

Amending the Policies and Procedures

These Policies and Procedures may be amended. It is expected that information will be added, removed, and altered as necessary. If a change is determined to be necessary, it will be vetted by the RIHMIS Steering Committee and presented to the Board of the Continuum of Care to present for adoption by the Rhode Island Continuum of Care. Any changes suggested by any party in the continuum may be presented by a member of the RIHMIS Steering Committee or any RIHMIS Staff member to the RIHMIS Steering Committee.

1. RI CONTINUUM OF CARE ROLES AND RESPONSIBILITIES

1.1 Rhode Island Continuum of Care Overview

The U.S. Department of Housing and Urban Development (HUD) established the Continuum of Care (CoC) Program to:

- Oversee all system-wide policies, procedures, communication, and coordination
- Promote a community-wide commitment to the goal of ending homelessness
- Provide funding for efforts to quickly re-house individuals and families who are homeless, which minimizes the trauma and dislocation caused by homelessness
- Promote access to and effective use of mainstream programs
- Optimize self-sufficiency among individuals and families experiencing homelessness

The RICoC is responsible for all system-wide policies, procedures, communication, and coordination. Rhode Island Housing is the HMIS Lead agency and primary contact with Bowman Systems. The continuum includes a broad range of state agencies, community partners, and individuals all working together to build a statewide system to prevent and end homelessness. The RICoC is comprised of its

membership, appointed RICoC Board of Directors and Standing Committees including System Performance Committee and the RIHMIS Steering Committee. All RICoC meetings are open to members of the public. The membership votes on general issues but defers most voting rights to the RICoC Board.

1.2 Rhode Island Continuum of Care Policies

- The RICoC contracts with Bowman System for use of ServicePoint software as the RHIMIS platform.
- The Chair of the HMIS Steering Committee will provide reports to the RICoC Board detailing agency/ continuum outcomes including but not limited to data quality, length of stay, positive housing destinations on leaving, increase in earned income, results from required CoC-wide reports, and other reports as requested by the Board.
- The RICoC requires a Coordinated Intake and Assessment process, utilizing a Housing First Model.
- The RI CoC will approve the Protected Personal Information Plan, the Security Plan and the Data Quality Plan.

1.3 Rhode Island Continuum of Care Board of Directors

The RICoC Board of Directors is comprised of 15 members elected by the RICoC Membership to carryout duties laid out in the CoC Program interim rule section 578.7 and the RICOC governance charter. **As designated by the RICOC in the RICoC Governance Charter, the RICoC Board of Directors has ultimate responsibility for the organization and management of the RIHMIS.**

Responsibilities:

- Designate a single HMIS for the RICoC;
- Designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead;
- Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS;
- Ensure consistent participation of recipients and subrecipients in the HMIS; and
- Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

1.4 HMIS Lead Agency

The Lead Agency works with the RI CoC and the HMIS Administrator to ensure an effective and responsive HMIS in Rhode Island.

Responsibilities:

- Oversight of contractual agreements with funding entities;

- Oversight of contractual agreements with Participating Agencies;
- Contracting with Bowman Systems
- Billing and collecting user license fees;
- Ensuring accurate, timely submission of HUD required reports to the RICoC for approval;
- Ensuring reports are provided to standing committees as requested;
- In concert with RIHMIS System Administrator and Staff, ensuring all participating agency's adherence to the guiding principles, as set forth in the most up to date version of the HUD HMIS Data Standards Data Manual, and/or as set forth by the RIHMIS Steering Committee;
- Running and reviewing Data Quality reports readily available in ServicePoint, and custom reports generated by RIHMIS Staff to meet above requirement.
- Ensure that RIHMIS Personal Protected Information Policy is up to date according to current Federal and State law. Ensure clear communication with all stakeholders of any updates.

Additionally, The HMIS Lead and the Participating Agencies are jointly responsible for ensuring that HMIS data processing capability, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance of privacy, security, and confidentiality to ensure all protections are in place

1.5 RIHMIS System Administrator and Staff

The System Administrator and supporting staff are known as RIHMIS Staff. The RHIMIS Steering Committee grants RIHMIS Staff the authority to act on its behalf to address operational and system level concerns as they arise. Rhode Island Coalition for the Homeless RIHMIS Staff is responsible for the day-to-day operation and oversight of the system, as detailed below.

Responsibilities:

- Providing access to RIHMIS System by coordinating with RI Housing to onboard new agencies and users;
- Maintaining access to RIHMIS for all Participating Agencies;
- Providing initial software training to HMIS End Users, ongoing software training, and up to date guidance on HMIS policy and procedure changes through newsletters and training materials, emphasizing the importance of timely data entry as it pertains to accuracy;
- Communicating guidance on national HMIS policies and procedures;
- Setting up Projects in HMIS for Participating Agencies;
- Troubleshooting data with Participating Agencies;
- Managing user accounts, passwords and access control;
- Identifying and developing system enhancements;
- Communicating system-related information and updates to Participating Agencies;

- Developing and modifying reports for end users based on requests;
- Administering the HMIS Steering Committee (convening, agendas, minutes, etc.);
- Preparing HUD required reports for RCoC approval to submit;
- Developing reports for RCoC standing committees;
- In concert with the HMIS Lead Agency, ensuring all participating agency's adherence to the guiding principles, as set forth in the most up to date version of the HUD HMIS Data Standards Data Manual, and/or as set forth by the RIHMIS Steering Committee;
- Running and reviewing Data Quality reports readily available in ServicePoint, and generation custom data quality reports to address specific issues.
- Sharing Data Quality report results with Lead Agency, Participating Agencies who can address data quality concerns, and End Users who can address data quality concerns.
- Monitoring Participating Agency data entry for timeliness, integrity, completeness, compliance with HUD HMIS Data Standards and compliance with state and federal program specific requirements.
- Comply with all policies on Usage and Release laid out in the Personal Protected Information and Security Policies.
- Communicating data quality concerns to Participating Agencies and End Users through email or telephone.
- Including evidentiary support of Data Quality concerns, including, but not limited to, ServicePoint report outputs, spreadsheets, email with description of concerns and screenshots.

1.6 RIHMIS Staff Availability

RIHMIS staff is available for Technical Assistance, questions, and trouble-shooting between the hours of 8:30 AM and 4:30 PM Monday to Friday. The Agency Administrator is available by cell phone outside of these hours for password resets.

1.7 RIHMIS Steering Committee

The RIHMIS Steering Committee focuses on strategic and policy issues facing the HMIS and submits reports and policy decisions to the RCoC board for review and adoption by the RCoC. The committee will focus on issues such as data sharing, data quality, data standards, privacy, security and confidentiality plans, the role of HMIS in coordination of services, and report generation.

Responsibilities:

- In preparation for submitting the following reports, the RIHMIS Steering Committee discusses required data, methods for compiling data, data quality, how the reports will reflect on the CoC, obstacles to representative reports, methods of overcoming such obstacles, and obtaining full cooperation from Participating Agencies and Program Managers.

1. System Performance Measures (SPM)
 2. Housing Inventory Count (HIC)
 3. Annual Homeless Assessment Report (AHAR)
 4. Point in Time (PIT);
- Reviewing and approving criteria, standards, and parameters for the release of aggregate data;
 - Developing, reviewing, and overseeing implementation and maintenance of a data quality plan and monitoring procedures;
 - Making recommendations to the RICOc for software enhancements;
 - Supporting implementation of Coordinated Entry system;
 - Assisting the CoC with conducting general oversight of the HMIS.

Procedures:

- The Committee will meet monthly.
- Rhode Island Coalition for the Homeless staff will coordinate the agenda, send out meeting notices, and record the minutes.
- Policy updates will be presented to the committee prior to submission to the RICOc board. The RI CoC board will present to the RI CoC at the next regularly scheduled meeting.

1.8 Agency Administrator

Each participating Agency must designate an Agency Administrator for the oversight of all personnel that generate or have access to client data in the RIHMIS to ensure adherence to the Policies & Procedures described in this document, as well as federal policies and procedures, including HUD publications and updates in the Federal Register.

Responsibilities:

- Administering and monitoring staff access and use of the RIHMIS;
- Ensuring compliance with all RIHMIS policies and procedures through oversight and training of staff, and through creating agency policies that support overarching RIHMIS policies;
- Preventing staff misuse of the data system by means of training and policy;
- Restricting access to the RIHMIS to staff who have received proper training, and who have a legitimate need for access (need exists only for those staff who work directly with clients, who supervise staff who work directly with clients, or have data entry or technical responsibilities);
- Following procedure changes as determined by the RIHMIS Steering Committee or state and federal regulation;

- Implementing and maintaining data security policies and standards, in compliance with the RHIMIS Personal Protected Information Policy, the Rhode Island Continuum of Care Authorization to Share Information, the Health Information Privacy and Accountability Act (HIPAA), and the RIHMIS Password Policy;
- Administering agency-specified business and data protection controls;
- Providing assistance in and/or coordinating the recovery of data, when necessary; and
- Detecting and responding to violations of federal, RIHMIS or agency policies and procedures.
- Generating Data Quality reports readily available in ServicePoint for Agency projects, and/or reviewing such reports or custom data quality reports generated by RIHMIS Staff, in order to address data gaps and inconsistencies, at regular intervals throughout each grant year.

1.9 End Users

End Users are any persons who use RIHMIS software. End Users enter or view client data for clients served by Participating Agencies. End Users are responsible for protecting client information, in compliance with federal, RIHMIS and agency policies, and for reporting security violations. End Users will be granted RIHMIS access based on demonstration of legitimate need for access, and after training and agency authorization. Legitimate needs for access to RIHMIS include documenting clients served as required by federal and local funders, recording client demographics and project specific data, documenting services provided, viewing client history of homelessness, monitoring agency performance, monitoring data quality, aggregating data for reporting, viewing or entering prioritization assessment scores, and overall administration of the RIHMIS or portion of the RIHMIS attributed to each agency. Contractors, volunteers, interns, and others who function as staff - paid or not; are bound by the same End User responsibilities and rules set forth in this manual.

Responsibilities may include the following:

- Entering client demographic data
- Entering client entries and exits
- Entering client case plans
- Recording services rendered to clients, including financial assistance
- Entering and exiting clients from bed lists
- Editing client records to address data gaps and inconsistencies, as identified within the Participating Agency, or at the request of Lead Agency or RIHMIS Staff
- Running data quality and data summary reports
- Viewing client records with a view to providing housing or other services

- Viewing client records to determine program eligibility
- Viewing client records to assess accuracy and integrity of data
- Entering assessment data such as the VI SPDAT
- Viewing services provided to clients by other agencies in CoC to assess client need and avoid duplication of service
- Viewing client record to identify client's case manager, with a view to providing service

2. AGENCY PARTICIPATION REQUIREMENTS

2.1 Agency Administrator: Designation of one key staff person to serve as Agency Administrator.

2.2 RIHMIS Partnership Agreement: The Partnership Agreement refers to the document agreement made between the participating agency, RI Housing, and RI Coalition for the Homeless. This agreement includes commitment to enter information on clients served within the agency's participating programs. This document is the legally binding document that refers to all laws relating to privacy protections and information sharing of client specific information.

2.3 Security: Complete cooperation with RIHMIS Staff in meeting all requirements set forth in the RIHMIS Security Plan, comprised of the HUD Security Audit worksheet, RIHMIS Checklist for HMIS Agencies, RIHMIS Workstation Security Policy, RIHMIS Laptop Security Agreement, and installation of Website Security Certificates.

2.4 Training: Commitment of Agency Administrator to meet the following training requirements:

- New staff will receive 2 hours of one on one training by RIHMIS Staff, and enter 2 individuals and 2 families into ServicePoint Training Site before being issued a User Name and Password.
- Existing staff will attend at least 2 HMIS Group Trainings per year.

2.5 HMIS End User Agreement: This agreement is signed by the End User, a witness, and the Executive Director of the Participating Agency. By signing the agreement, the End User confirms that they understand and will comply with the full scope of RIHMIS privacy policies, policies regarding access to RIHMIS, and all policies contained in this RI CoC HMIS Policies and Procedures Manual.

2.6 Collecting Data for RIHMIS System: Agencies participating in the RIHMIS should collect personal client information only when appropriate to provide services and/or for other specific purpose of the organization and/or when required by law. In order to obtain an unduplicated count of homeless Rhode Islanders, all **clients served by RIHMIS Participating Agencies must be entered into the HMIS, according to the project type's data standards.** No client shall be entered as anonymous.

Purposes for which agencies collect protected personal information may include the following:

- To provide or coordinate services to clients
- To locate other programs that may be able to assist clients
- For functions related to payment or reimbursement from others for services that are provided
- To operate the agency, including administrative functions such as legal, audits, personnel, oversight, and management functions
- To comply with government reporting obligations
- When required by law
- For research purposes

2.7 Data Usage, Sharing and Confidentiality: In accordance with the HUD Data and Technical Standards, each agency will read and comply with all policies on usage and release laid out in RIHMIS Personal Protected Information Policy.

2.8 Data Quality: In accordance with the HUD Data and Technical Standards, End Users will familiarize themselves with the RIHMIS Data Quality and Monitoring Plan, enter data according to RIHMIS and HUD Standards, and cooperate fully with Program Managers and RIHMIS Staff in correcting aberrations from these standards.

- The percentage of Universal Data Elements with “null/missing” and “unknown/don’t know/refused” for all clients served in the Rhode Island CoC will be no higher than 2%.
- The percentage of Program Specific Data Elements with “null/missing” and “unknown/don’t know/refused” for all clients served in the Rhode Island CoC will be no higher than 5%.
- Accuracy will be measured by incongruity, and last log-in reports that the HMIS administrative team will run and distribute to the appropriate program coordinators for review. The Lead Agency and RIHMIS Staff will randomly check for the presence of updates in sponsor files.
- Data Entry Timeliness: The purpose of timeliness is to ensure access to data when it is needed – either pro-actively (for monitoring purposes, publishing information to increase awareness, or to meet reporting requirements) or reactively (in response to a request for information or to respond to inaccurate information).

Permanent Housing: All HMIS Permanent Housing participating programs will ensure entry of data for new clients, services, and entry/exits for a month are completed by the 15th of the following month. Stayers will have information updated upon recertification - 1 year after initial entry date and annually from then on.

Emergency Shelters: All HMIS Emergency Shelter participating programs will ensure entry for new clients, services, and entry/exits within 72 business hours from initial contact.

Rapid Rehousing: All Rapid Rehousing programs will ensure entry for new clients, services, and entry/exits within 72 hours upon entry into the program. Stayers will have information updated once per year upon recertification.

Outreach Projects: All HMIS Outreach participating projects will log contacts for new clients, services, and entry/exits within 72 business hours from initial contact.

2.9 Maintenance of On-Site Computer Equipment

Executive Director or designee of each participating agency will be responsible for the maintenance and disposal of on-site computer equipment and data used for participation in the RIHMIS including the following:

1. Computer Equipment: The Participating Agency is responsible for maintenance of on-site computer equipment. This includes purchase of and upgrades to all existing and new computer equipment for utilization in the RIHMIS Project including adequate amounts of RAM.
2. Internet Connection: The Participating Agency is responsible for maintaining internet connections compatible with daily ServicePoint usage, and troubleshooting problems with Internet Connections.
3. Data Storage: The Participating Agency agrees to only download and store data in an encrypted format, using industry standard access controls to secure the data. This may include the use of encrypted archive files such as secured WinZip/PKZip, or the use of operating system security such as data encryption in conjunction with the implementation of system policies to enforce individual user profiles and user authentication.
4. Data Disposal: The Participating Agency agrees to dispose of documents that contain identifiable client level data in a manner that will protect client confidentiality. Methods may include:
 - Shredding paper records;
 - Deleting any information from media and destroying the media before disposal; and/or
 - Triple formatting hard drive(s) of any machine containing client-identifying information before transfer of property and/or destruction of hard drive(s) of any machine containing client-identifying information before disposal.
5. Data Retention: Protected Personal Information (PPI) that is not in current use seven years after the PPI was created or last changed must be deleted unless a statutory, regulatory, contractual, or other requirement mandates longer retention. Care must be taken to assure that the guidelines associated with Data Disposal are properly followed.

3. OPERATIONAL PROCEDURES

3.1 System Administrator

User Accounts: User accounts will be created and deleted by the RIHMIS Systems Administrator. ServicePoint automatically generates a unique user code for new End Users.

Designation of User Access Levels: There are different levels of access to the RIHMIS. Typically, one person at each agency is designated **Executive Director** (a ServicePoint Access Level), or **Agency**

Administrator, and subordinate End Users are designated **Case Manager I**. These permissions are granted based on data entry and management needs. The System Administrator will grant users the access level with the fewest permissions possible that will allow the user to accomplish their job effectively. See the User Role Table in ServicePoint for details.

Passwords: ServicePoint generates an initial temporary password for new End Users automatically. The System Administrator provides this password to the new End User. ServicePoint prompts the End User to reset the password immediately, and every 45 days in accordance with federal HMIS password regulations. It is the responsibility of the End User to select passwords that meet password security guidelines set out in the RIHMIS Password Policy and federal HMIS regulations.

Restricting Access: Unauthorized access to the RIHMIS System is prevented, insofar as User IDs and Passwords are only provided to qualified End Users with legitimate need for access, and insofar as inactive user accounts are promptly disabled by the System Administrator.

Auditing Access: The System Administrator can audit the RIHMIS System for unauthorized or questionable accesssing of data as a routine security check, or at the request of Agency Administrators or Program Managers.

Project Descriptor Data Elements (PSH, TH, SH, RRH, PATH, SSVF, etc.):

The Project Descriptor Data Elements (PDDE) serve many purposes. PDDEs need to be entered correctly, according to the most recent version of HUD's HMIS Project Descriptor Data Elements Manual, in order to: 1) complete required reports including the APR, AHAR, SPMs and HIC; 2) track bed utilization; and 3) calculate rates of HMIS participation. PDDE enable clear identification of projects providing direct service to clients versus those who are the overarching corporate/agency name. Because this information is required as part of basic administrative set up of projects within the HMIS system, no null/missing PDDEs are allowed. **Ensuring 100% completion will be the responsibility of the HMIS Administrator.**

Continuous Learning: HUD offers continuous guidance to System Administrators via a monthly System Administrator webinar. The System Administrator is expected to participate in these webinars, and keep up to date with trends and new guidance. The HUD Exchange email list-serve is a resource for additional national policy and procedure updates, and the System Administrator is expected to stay informed of all such news.

3.2 Using RIHMIS Data for Research: The RIHMIS Steering Committee will review and respond to requests for the use of RIHMIS data for research with the Chair of the Steering Committee having the final decision.

- No client protected personal information for any reason may be released to unauthorized entities.

- Only de-identified aggregate data will be released.
- Aggregate data will be available in the form of an aggregate report or as a raw data set.
- Parameters of the aggregate data, that is, where the data comes from and what it includes will be presented with each report.
- Research results will be reported to the RIHMIS Steering Committee prior to publication, for publication approval by the RIHMIS Steering Committee.
- Research will be shared with the appropriate agencies after publication.
- RIHMIS Steering Committee will be granted the rights to utilize all findings (results).

3.3 RIHMIS STAFF PROCEDURES

End User Training: RIHMIS staff will coordinate ongoing trainings for Agency Administrators, and End Users. Initial End User Trainings occur as needed before new agency staff members are granted access to RIHMIS. Each new End User will receive at least 2 ½ hours of one on one training. Group Trainings for existing agency HMIS Users will occur monthly, scheduled by HMIS Office staff. Content of trainings is outlined below

Initial One on One End User Training:

- Introduction to the HMIS
- Review of applicable policies and procedures, including client consent, release of information and Personal Protected Information Policy.
- Entering client information including demographic and HUD Universal Data Elements, Project Specific Data Elements, Exit Assessments, Case Plans, Service Transactions, and Goals.
- Entry and Exit workflows

Second One on One End User Training:

- Exit Interview
- Annual Assessments
- Updates
- Bed lists
- Revisiting entry workflow
- Updates for HUD verifications

Intermediate Agency Administrator One on One Training:

- Review of agency technical infrastructure including roles and responsibilities

- Review of security policies and procedures
- Overview of agency administrative functions
- Setting up users and assigning access levels
- Entering and updating information pertaining to the participating agency
- Review of RIHMIS technical infrastructure
- Running Reports
- Addressing data quality issues

Monthly End User Group Training (topics may include but are not limited to the following):

- Addressing data quality concerns
- Data standards
- Creating households
- Data entry for specific project types, i.e. Rapid Re-Housing
- Running reports
- The Eligibility Module
- Annual Assessments
- Client interview techniques
- Changes in HUD or CoC data collection guidelines

3.4 Technical Support

Service requests may be initiated by Participating Agency staff to address concerns including, but not limited to problems logging into RIHMIS, permissions, visibility, duplicate clients, clarification on data standards, changing bed inventories, adding or removing users, adding or removing bins, problems with data sharing and report writing. The procedure for a Participating Agency to initiate a service request is as follows:

1. End user informs Agency Management Staff (Executive Director or Agency Administrator) of the problem.
2. Agency Management Staff attempts to resolve issue. If unable to resolve, agency staff may contact RIHMIS staff directly.
3. RIHMIS staff investigates and addresses the problem or concern if possible.
4. RIHMIS staff determines resources needed for service and if necessary, contacts vendor for support.

5. Service requests and responses may occur through email, telephone or in-person appointment as needed.
6. Service requests are handled as promptly as possible, often immediately.

3.5 Onboarding New Agencies: All agencies that provide services to homeless Rhode Islanders are encouraged to participate in RIHMIS even when not expressly required by federal or local funders. The procedure for onboarding new agencies into RIHMIS is as follows:

1. Identify Agency Administrator.
2. Complete RIHMIS Partnership Agreement with signatures from the Executive Directors of the Participating Agency, RI Coalition for the Homeless and RI Housing. File Partnership Agreement at RI Coalition for the Homeless.
3. Convene meeting between System Administrator and Agency Administrator to set up bins in HMIS according to funding source and client population, and to determine the number of End Users and required permissions.
4. Direct Agency Administrator to RI Housing to purchase required licenses.
5. Ensure Participating Agency has internet connectivity that meets Bowman System's requirements.
6. Ensure Participating Agency has suitable computers for RIHMIS participation.
7. Complete HUD HMIS Security Audit Checklist for Participating Agency.
8. Complete HMIS Security Checklist for each machine that will log on to RIHMIS.
9. Conduct appropriate trainings for all Participating Agency End Users. Training is considered complete when End Users successfully enter 2 individuals or families into training site.
10. Complete RIHMIS End User Agreement with signatures from Participating Agency Executive Director for each new End User.
11. The System Administrator will provide access to End Users by generating User Names and Passwords upon fulfillment of all above requirements.

3.6 Security Violations and Sanctions

Participating Agency or user access may be suspended or revoked for suspected or actual violation of the security protocols. Serious or repeated violation by users of the system may result in the suspension or revocation of an agency's access.

The procedure to be followed is:

1. All suspected violations of any security protocols will be investigated by the agency, the local systems administrator, and the statewide systems administrator.
2. Any user found to be in violation of security protocols will be sanctioned by his/her agency. Sanctions may include but are not limited to a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of employment and/or criminal prosecution.
3. Access may be restricted prior to completion of formal investigation if deemed necessary by the statewide systems administrator. If access is restricted, the systems administrator will notify a chair of the steering committee of the restriction and will consult with him/her about next steps.
4. Any agency that is found to have consistently and/or flagrantly violated security protocols may have their access privileges suspended or revoked.
5. All sanctions can be appealed to the RIHMIS Steering Committee.

ATTACHMENTS

RIHMIS Personal Protected Information Policy Privacy Plan Updated 12/01/2016

1. Protected Personal Information (PPI) is defined in [Docket No. FR 4848–N–02] as any information maintained by or for an Homeless Management Information System Participating

Agency about a living homeless client or homeless individual that: (1) Identifies, either directly or indirectly, a specific individual; (2) can be manipulated by a reasonably foreseeable method to identify a specific individual; or (3) can be linked with other available information to identify a specific individual.

2. Participating Agencies will uphold relevant Federal and State confidentiality regulations and laws that protect client records, and each Agency will only release confidential client records with written consent by the client, or the client's guardian, unless otherwise provided for in the regulations or laws. A client is anyone who receives services whose information is entered into HMIS from the Agency and a guardian is one legally in charge of the affairs of a minor or of a person deemed incompetent.

3. If all requirements of this HMIS Personal Protected Information Policy are met, Participating Agency may use or disclose PPI from an HMIS under the following circumstances: (1) To provide or coordinate services to an individual; (2) for functions related to payment or reimbursement for services; (3) to carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; or (4) for creating deidentified PPI.

4. Participating Agencies will abide specifically by Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal regulation prohibits the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Agency understands that Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.

5. Participating Agencies will abide specifically with the Health Insurance Portability and Accountability Act of 1996 and corresponding regulations passed by the U.S. Department of Health and Human Services. In general, the regulations provide consumers with new rights to control the release of medical information, including advance consent for most disclosures of health information, the right to see a copy of health records, the right to request a correction to health records, the right to obtain documentation of disclosures of information may be used or disclosed. The current regulation provides protection for paper, oral, and electronic information.

6. Participating Agencies will abide specifically by Rhode Island State law, which in general terms requires an individual to be informed that any and all medical records she/he authorizes to be released, whether related to physical or mental health, may include information indicating the presence of a communicable or venereal disease. The Agency is required to inform the individual that these records may include, but are not limited to the inclusion of information on diseases such as hepatitis, syphilis, gonorrhea, tuberculosis, and HIV/AIDS.

7. Participating Agencies will abide specifically by Rhode Island law in that this law prohibits agencies from releasing any information that would identify a person as a client of a mental health facility, unless client consent is granted.

8. Participating Agencies will provide a verbal explanation of the RIHMIS and arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the RIHMIS Client Informed Consent for Data Entry and Authorization to Share Information.
9. Participating Agencies will not solicit or input information from clients into the RIHMIS unless it is essential to provide services or conduct evaluation or research.
10. Participating Agencies will not divulge any confidential information received from the RIHMIS to any organization or individual without proper written consent by the client unless otherwise permitted by relevant regulations or laws or signed client consent form.
11. Participating Agencies understand that the database server-which contains all client information, including encrypted identifying client information-will be physically located in Shreveport Louisiana.
12. Participating Agencies understand that informed client consent is required before any basic identifying client information is entered into the RIHMIS for the purposes of interagency sharing of information. Informed client consent will be documented by completion of the RIHMIS Client Informed Consent for Data Entry and Authorization to Share Information.
13. The RIHMIS Client Informed Consent for Data Entry and Authorization to Share Information, once completed, authorizes identifying client data to be entered into the RIHMIS, as well as service transaction information. This consent form permits client identifying information to be shared among all RIHMIS Member Agencies and service transactions with RIHMIS Member Agencies.
14. If the client refuses to sign the client consent form the RIHMIS will not be used as a resource for that individual client and her/his dependents.
15. Participating Agencies will incorporate a RIHMIS Clause into existing Agency Authorization for Release of Information form(s) if the Agency intends to input and share confidential client data with the RIHMIS. The Agency's modified Authorization for Release of Information form(s) will be used when offering a client the opportunity to input and share service information. The Agency will communicate to the client what information, beyond identifying data and services transactions will be shared if client consent is given. The Agency will communicate to the client that while the Agency can restrict information to be shared with select agencies, those other agencies will have access to the information and are expected to use the information professionally and to adhere to the terms of the RIHMIS Personal Protected Information Policy. Agencies with whom information so shared are each responsible for obtaining appropriate consent before allowing further sharing of client records. The RIHMIS will conduct periodic audits to enforce informed consent standards, but the primary oversight of this function is between agencies.
16. If a client denies authorization to have information beyond identifying data and beyond service transactions both entered and shared among the RIHMIS, then this record must be locked and made available only to the entering agency program, therefore, precluding the ability to share information. If the client does not sign the client consent form the RIHMIS will not be used as a resource for information for that individual client and her/his dependents.
17. The Agency agrees to place all RIHMIS Client Informed Consent for Data Entry and Authorization to Share Information forms related to the RIHMIS in a file to be located at the Agency's business address and that such forms are made available to the Continuum of Care for periodic audits. The Agency will

retain these RIHMIS related Authorization for Release of Information forms for a period of 5 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

18. The Agency understands that in order to update, edit, or print a client's record, the Agency must have on file a current authorization from the client as evidenced by a completed standard RIHMIS Client Informed Consent for Data Entry and Authorization to Share Information form pertaining to identifying data, and/or a modified Agency form with a RIHMIS clause pertaining to confidential information.

19. The Agency understands the Continuum of Care does not require or imply that service be contingent upon a client's participation in the RIHMIS.

20. The Participating Agency will secure an additional data sharing agreement before proceeding with any disclosures not covered in the RIHMIS Client Informed Consent for Data Entry and Authorization to Share Information.

21. Participating Agencies will provide a copy of this policy and/or their own agency Protected Personal Information Policy to any client upon request. Agency staff will explain any part of the policy the client asks for clarification on.

22. Participating Agencies will provide translations of this or their own Protected Personal Information Policy into the native language of the client.

23. Participating Agencies must provide a copy of the client's Protected Personal Information in HMIS at the request of the client.

24. Participating Agencies must correct inaccurate or incomplete client information at the request of the client.

25. The RIHMIS Data Collection Statement must be posted at all data collection locations.

26. This RIHMIS Fact Sheet must be provided to each client.

ATTACHMENTS

[RIHMIS PERSONAL PROTECTED INFORMATION POLICY](#)

[RIHMIS Client Informed Consent for Data Entry and Authorization to Share Information](#)

The RI Continuum of Care (RI CoC) is a network of government agencies and non-profit organizations that provide shelter, housing, and services to individuals and families who are homeless. Sharing information between service organizations empowers each agency to coordinate care and provide the best possible services. Only authorized staff may exchange information about you in written form (on paper) or verbally (through conversations or telephone calls) or electronically (through a shared database). We must have your written permission to **enter this data** into our database and share this information. A list of member agencies is available upon request. All staff members accessing information are trained in confidentiality procedures. All RI CoC network members have signed agreements to treat personal information confidentially. The information will be stored in a database maintained by Bowman Systems Inc. Because the network receives funding from the federal government, the information we collect will be included in reports required by the U.S. Department of Housing

and Urban Development, but neither you nor your family members will be individually identified in any of these reports.

We will ask you to provide the following information: name, birth date, social security number; gender, ethnicity and race, veteran status, disability status (including history of drug or alcohol abuse), prior living situation, income, non-cash benefits received, health insurance information, disability status and history of domestic violence. You can refuse to provide all or some of this information. Additionally, your service history with all participating agencies, including participating mental and behavioral health providers, will be visible to all agencies. Your Case Manager may enter case notes into the HMIS system, however these notes are only visible to agency where you are receiving services. Your case manager may ask about history of incarceration, family members or unique housing considerations, and record this information in HMIS, if this additional information helps the agency find housing for you.

You have the following rights, and will be provided a separate sheet of paper explaining these rights:

- To see a report of your records within 48 hours.
- To have your record changed so that information is up-to-date and correct.
- To refuse consent and still receive services.
- To file a complaint about how the system was used.

To file a complaint, write to: HMIS Steering Committee, Attn: Don Larsen, RI Coalition for the Homeless, 1070 Main Street Pawtucket, RI 02860 or Call (401) 721-5685 Ext. 25 for an appointment.

I authorize the RI CoC to enter the personal information described above into the RIHMIS and share data with member agencies. I understand that signing this form does not guarantee that I will receive assistance. Refusing to sign this form will not disqualify me from receiving basic services although some programs will have additional eligibility and information sharing requirements that I will need to meet. I understand that I may withdraw this consent at any time by submitting a written request to the program named below. The withdrawal will become effective on the date signed and does not apply to information that has already been disclosed.

This authorization is valid until I withdraw it in writing.

Client name (print): _____ Signature: _____

Witness name (print): _____ Signature: _____

Program/Agency (print): _____ Date: _____

Data Collection Statement

HMIS Data Collection Statement:

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate. We do share information with participating agencies to facilitate housing placement. You may request a copy of our full Privacy Notice. You may request to have any portion of the Privacy Notice explained if you do not understand it. You also may request a copy of your personal data and can request that we correct any incorrect information.

FACT Sheet: RI Homeless Management Information System (HMIS)

We will enter information you provide to us into a computer program called ServicePoint. We are doing this for several reasons:

- *To find out what we need to end homelessness in Rhode Island;*
- *To provide better service;*
- *To receive federal funds.*

IMPORTANT POINTS ABOUT HOW YOUR INFORMATION WILL BE USED

- *We will use ServicePoint to keep a record of your contact with our agency.*
- *We will not share **any** information **without your written permission** through a signed client consent form that allows us to share client profile information with collaborating agencies. This means that you will not have to provide the same information at more than one intake.*

HOW WILL MY INFORMATION BE KEPT SECURE?

We have done several things to make sure that your information is kept safe and secure:

- *The computer program we use has the highest security protection available;*
- *Any information that could identify you, like your name, SS# or birth-date, will be viewed only by people working to provide services to you, and will be removed before reports are issued to local, state, or national agencies;*
- *All employees agree to follow privacy rules before using the system.*

KNOW YOUR RIGHTS

You have the following rights:

- *To see a report of your records within 48 hours.*
- *To have your record changed so that information is up-to-date and correct.*
- *To refuse consent and still receive services.*
- *To file a complaint about how the system was used.*

To file a complaint, write to: HMIS Steering Committee, Attn: Don Larsen, RI Coalition for the Homeless, 1070 Main Street Pawtucket, RI 02860 or Call (401) 721-

5685 Ext. 25 for an appointment.

RIHMIS SECURITY PLAN: The following policies regarding passwords apply to all End Users with access to the Rhode Island Homeless Management Information System, with a view to protecting Protected Personal Information (PPI) within the RIHMIS, and in accordance with HUD's required HMIS Security Standards. "Passwords" refers to RIHMIS passwords

Password Procedures:

- The System Administrator assigns each RIHMIS user a unique User Name and temporary Password.
- ServicePoint prompts new users to create a new password at first log in.

- All passwords must be changed every 45 days, as prompted by ServicePoint.

Password Requirements:

- Passwords must contain two number and eight characters.
- Passwords cannot include the User Name, "HMIS", "Bowman" or "ServicePoint".
- Passwords cannot consist of dictionary words, names or backwards words or names.
- Always choose a password for ServicePoint that is different from other account passwords.
- Do not write passwords down.
- Passwords stored digitally must be encrypted.
- Do not share log in credentials including passwords.
- Do not allow browsers to "Remember Password".

Violations:

- Should someone ask that a password be shared, please let Don Larsen, RI Coalition for the Homeless, don@rihomeless.org, (401) 721-5685 ext. 25 know.
End Users found to have violated this policy may be subject to disciplinary action.

STRONG PASSWORDS	WEAK PASSWORDS
Strong passwords have at least 3 of these qualities:	Words found in a dictionary
<ul style="list-style-type: none"> • Lower case characters 	Computer terms (names, commands, sites, companies, hardware, software)
<ul style="list-style-type: none"> • Upper case characters 	Word or number patterns (aaabbb, qwerty, zyxwvuts, 123321, etc.)
<ul style="list-style-type: none"> • Numbers 	Personal Information (birthdays, addresses, phone numbers)
<ul style="list-style-type: none"> • ServicePoint requires at least eight to fifteen alphanumeric characters. 	Names (family, pets, friends, co-workers, fantasy characters)
<ul style="list-style-type: none"> • Punctuation 	Less than eight to fifteen characters
<ul style="list-style-type: none"> • "Special" characters (e.g. @ # \$ % ^ & * () _ + ~ - = \ ` { } [] = : " ; ' < > / etc.) 	Any of the above preceded or followed by a digit (e.g., secret1, 1secret)

Date _____ Cert installed by _____

09/29/2016

Checklist for HMIS Agencies

Forms and information that need to be checked at a site visit are:

- ☐ **1. That there is a Signed Client Consent (release) form for each client** (Spanish also)
- ☐ **2. That there is a sign (HMIS data collection statement) posted at each intake desk** (Spanish also)
- ☐ 3. They have a written privacy policy
- ☐ **4. That they have HMIS fact sheets to hand out** (Spanish also)
- ☐ 5. If the organization has a website that it has the privacy policy posted
- ☐ 6. Serial Number for HMIS computer _____
- ☐ 7. Are software programs up-to-date: operating systems, applications, Internet Browsers, and Java
- ☐ 8. Blank user agreements
- ☐ 9. Is organization going through a server? If yes, does server have up-to-date anti-virus, spam recognition, and firewall?
- ☐ 10. If no, does individual computer have up-to-date, anti-virus, spam recognition, and firewall?
- ☐ 11. If computer is publicly accessible does it require a password when the screensaver is initialized?
- ☐ 12. Does agency have the Universal Intake HUD form?
- ☐ **13. Laptop agreement form.** (Laptops must remain locked in office or use encryption program for any HMIS related data)

Agency Name User Name

Workstation Security Policy

1.0 Purpose

The purpose of this policy is to provide guidance for workstation security for RI HMIS Users workstations in order to ensure the security of information on the workstation and information the workstation may have access to. Additionally, the policy provides guidance to ensure the requirements of the HIPAA Security Rule "Workstation Security" Standard 164.310(c) are met.

2.0 Scope

This policy applies to all RI HMIS Users employees, contractors, workforce members, vendors and agents with a RI HMIS Users-owned or personal-workstation connected to the RI HMIS Users network.

3.0 Policy

Appropriate measures must be taken when using workstations to ensure the confidentiality, integrity and availability of sensitive information, including protected health information (PHI) and that access to sensitive information is restricted to authorized users. Agencies shall follow all of the HUD HMIS Data Security Standards as recorded in the Federal Register.

3.1 Workforce members using workstations shall consider the sensitivity of the information, including protected health information (PHI) that may be accessed and minimize the possibility of unauthorized access. Each HMIS user shall have a separate account on any shared computer.

3.2 RI HMIS Users will implement physical and technical safeguards for all workstations that access electronic protected health information to restrict access to authorized users.

3.3 Appropriate measures include:

- ☐ Restricting physical access to workstations to only authorized personnel.
- ☐ Securing workstations (screen lock or logout) prior to leaving area to prevent unauthorized access.
- ☐ Enabling a password-protected screen saver with a short timeout period to ensure that workstations that were left unsecured will be protected
- ☐ Complying with all applicable password policies and procedures.
- ☐ Ensuring workstations are used for authorized business purposes only.
- ☐ Never installing unauthorized software on workstations.
- ☐ Storing all sensitive information, including protected health information (PHI) on network servers
- ☐ Keeping food and drink away from workstations in order to avoid accidental spills.
- ☐ Securing laptops that contain sensitive information by using cable locks or locking laptops up in drawers or cabinets.
- ☐ Complying with the Portable Workstation Encryption policy
- ☐ Complying with the Anti-Virus policy
- ☐ Ensuring that monitors are positioned away from public view. If necessary, install privacy screen filters or other physical barriers to public viewing.
- ☐ Ensuring workstations are updated regularly or left on but logged off in order to facilitate IT after-hours updates. Remember to exit running applications and close open documents.
- ☐ Ensuring that all workstations use a surge protector (not just a power strip) or a UPS (battery backup).
- ☐ If wireless network access is used, ensure access is secure by following the Wireless Access policy

4.0 Enforcement

Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

5.0 Definitions

Workstations include laptops, desktops, PDAs; computer based medical equipment containing or accessing patient information and authorized home workstations accessing the RI HMIS Users network.

Workforce members include employees, volunteers, trainees, and other persons under the direct control of RI HMIS Users

6.0 Revision History /Don Larsen 09/23/2016

HMIS Laptop and Mobile Devices User Agreement

1 Updated 09/23/2016

The Rhode Island Homeless Management Information System (RIHMIS) has successfully developed and implemented a HMIS user laptop and mobile devices program. New technology helps us accomplish a variety of HMIS tasks. Those who use laptop and mobile devices for HMIS must participate in the HMIS Laptop and mobile devices Program. This program is **mandatory** for all HMIS users.

Due to the importance of technology, HMIS users who do not abide by *HMIS' Electronics User Agreement* are held accountable for any violation of this agreement. It is mandatory that all agency executive directors sign this agreement before accessing the HMIS site and have an understanding of these policies and consequences in detail.

The following restrictions have been put in place to minimize any problems HMIS users may incur:

1. HMIS is not held financially responsible for any missing or damaged laptop and mobile devices. The responsibility of the laptop and mobile devices lies solely with the HMIS user at all times.
2. Laptop and mobile devices must be password protected for startup and bios as well as when coming out of screensaver mode.
3. Any ISP's (Internet Service Provider) software is generally acceptable **except AOL and Compuserve**.
4. Downloading or playing **Games and Music** is prohibited at any time while on HMIS network.
5. All Peer-to-Peer (file sharing) software is prohibited. For example, Limewire, Bearshare, etc.
6. All Voice over IP software, for example: Skype, Oovoo, etc. may be installed on the laptop and mobile devices.
7. HMIS users may not download free games, illegal music, etc. onto the laptop and mobile devices.
8. HMIS users may not stream music, videos, or any other type of files at any time while on HMIS networks.
9. HMIS users may not bypass the HMIS's network. Use of outside proxy servers, addresses, or anonymizing software is prohibited.
10. HMIS users are never to access anyone else's account or allow anyone to use their account.
11. HMIS users must have up-to-date anti-virus, anti-malware, etc. to log onto the HMIS's network to access the software.
12. Do not leave laptops and/ or mobile devices unattended. If a laptop or mobile device is stolen you are responsible for the missing HMIS data.
13. The Internet is used only for research and data entry and as a means to obtain needed information. Accessing pornographic materials, vulgarity, gambling, militant/extremist material, etc. is prohibited. Additionally, inappropriate use of email, considered cyber-space bullying, will not be tolerated. Violations of this policy will result in disciplinary action, up to and including expulsion for HMIS.
14. Inappropriate images or videos are prohibited from any type of electronic device; this includes cell phones, e-readers, etc.
- 15. Instant messaging is prohibited at all times on HMIS networks. AOL instant messenger is not allowed on laptop and mobile devices.** All instant messengers should be set only to run when clicked on, not on startup.
16. HMIS users shall not use the HMIS name, or any derivative thereof, on any personal website and/or webpage (including, but not limited to, MySpace, Facebook, Twitter or any other social media site). Violations of this policy will result in disciplinary action, up to and including expulsion from HMIS.
17. Users must not download or store and personal protect information of clients on their laptop and mobile devices. This information should be entered into the HMIS data base via the HMIS software. All laptop and mobile devices must be formatted 3 times before being decommissioned and HMIS certifications must be removed.
18. Toolbars such as Google, Yahoo, etc. are not allowed on laptop and mobile devices.
19. Users must run and scan their laptop and mobile devices with anti-virus software twice a month.

1. Unsupported Software: Any HMIS user, who loads software not provided by HMIS, must be able to provide the HMIS with the proper software license. HMIS administrators have no obligation to provide support for any software other than what is provided by the HMIS. HMIS may prohibit the installation of any software if it conflicts with the HMIS's user agreement or has any effect on the HMIS's network.

HMIS Laptop and Mobile Devices User Agreement

2 Updated 09/23/2016 ***Laptop and mobile devices and Mobile Devices User Agreement***

I have read and understood the above *Laptop and mobile devices User Agreement Policy*. I understand that this laptop and mobile devices is an educational tool to be used to enhance the learning process in all subject areas. **My signature below signifies that I will abide by the established protocols and have kept the original Laptop and mobile devices and Mobile Devices User Agreement for my reference.**

HMIS user Name:

(Please print)

HMIS User Signature: _____ Date:

Executive Director Signature: _____ Date:

RHODE ISLAND HMIS END USER AGREEMENT

Fill in Agency Name: _____

Print Your Name: _____

This agency recognizes the privacy of client needs in the design and management of the Homeless Management

Information System (HMIS). These needs include both the need continually to improve the quality of homeless and

housing services with the goal of eliminating homelessness in our community, and the need to vigilantly maintain client

confidentiality, treating the personal data of our most vulnerable populations with respect and care.

As the guardians entrusted with this personal data, HMIS users have a moral and a legal obligation to ensure that the

data they collect is being collected, accessed and used appropriately. It is also the responsibility of each user to ensure

that client data is only used to the ends to which it was collected, ends that have been made explicit to clients and are

consistent with the mission to assist families and individuals in our community to resolve their housing crisis. Proper

user training, adherence to the HMIS Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals.

By executing this agreement you agree to abide by the following client confidentiality provisions:

☐ A Client Consent for Data Collection Form must be signed by each client whose data is to be entered into the

HMIS.

☐ Personal User Identification and Passwords must be kept secure and are not to be shared.

☐ Client consent may be revoked by that client at any time through a written notice.

☐ No client may be denied services for failure to provide consent for HMIS data collection.

☐ Only general, non-confidential information is to be entered in the “other notes/comments” section of the Client

Profile on the HMIS. Confidential information, including TB diagnosis, domestic violence and mental and/or

physical health information, is not permitted to be entered in this section.

☐ Clients have a right to inspect, copy, and request changes in their HMIS records.

☐ HMIS Users may not share client data with individuals or agencies that have not entered into an HMIS Agency

Agreement with this Agency without obtaining written permission from that client.

☐ Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual

orientation are not permitted in the HMIS. Profanity and offensive language are not permitted in the HMIS.

☐ HMIS Users will maintain HMIS data in such a way as to protect against revealing the identity of clients to

unauthorized agencies, individuals or entities.

☐ Any HMIS User found to be in violation of the HMIS Policies and Procedures, or the points of client confidentiality in this User Agreement, may be denied access to the HMIS.

I affirm the following:

1. I have received training in how to use the HMIS.

2. I have read and will abide by all policies and procedures in the HMIS Policies and Procedures Manual

3. I will maintain the confidentiality of client data in the HMIS as outlined above and in the HMIS Policies and

Procedures Manual

4. I will only collect, enter and extract data in the HMIS relevant to the delivery of services to people experiencing a housing crisis in our community.

Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration

date of this agreement.

User's Signature Date Witness Signature Date

Title Date Executive Director's Signature Date

RHODE ISLAND HMIS END USER AGREEMENT

Fill in Agency Name: _____

Print Your Name: _____

This agency recognizes the privacy of client needs in the design and management of the Homeless Management Information System (HMIS). These needs include both the need continually to improve the

quality of homeless and housing services with the goal of eliminating homelessness in our community, and the need to maintain vigilantly client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

As the guardians entrusted with this personal data, HMIS users have a moral and a legal obligation to ensure that the data they collect is being collected, accessed, and used appropriately. It is the responsibility of every users to ensure that client level data is used only for the purpose it was intended. This purpose must be made explicit to clients and is consistent with the mission to assist families and individuals in our community to resolve their housing crisis. Proper user training, adherence to the HMIS Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals.

By executing this agreement you agree to abide by the following client confidentiality provisions:

1. A Client Consent for Data Collection Form must be signed by each client whose data is to be entered into the HMIS.
2. Personal User Identification and Passwords must be kept secure and are not to be shared.
3. Client consent may be revoked by that client at any time through a written notice.
4. No client may be denied services for failure to provide consent for HMIS data collection.
5. Only general, non-confidential information is to be entered in the “other notes/comments” section of the Client Profile on the HMIS. Confidential information, including TB diagnosis, domestic violence, and mental and/or physical health information, is not permitted to be entered in this section.
6. Clients have a right to inspect, copy, and request changes in their HMIS records.
7. HMIS Users may not share client data with individuals or agencies that have not entered into an HMIS Agency Agreement with this Agency without obtaining written permission from that client.
8. Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in the HMIS. Profanity and offensive language are not permitted in the HMIS.
9. HMIS Users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals, or entities.
10. Any HMIS User found to be in violation of the HMIS Policies and Procedures, or the points of client confidentiality in this User Agreement, may be denied access to the HMIS.

I affirm the following:

1. I have received training in how to use the HMIS.
2. I have read and will abide by all policies and procedures in the HMIS Policies and Procedures Manual
3. I will maintain the confidentiality of client data in the HMIS as outlined above and in the HMIS Policies and Procedures Manual
4. I will only collect, enter and extract data in the HMIS relevant to the delivery of services to people experiencing a housing crisis in our community.

Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration date of this agreement.

User's Signature
Date

Date Witness Signature

Title
Date

Date Executive Director's Signature

Partnership Agreement

Rhode Island Homeless Management Information System Partnership Agreement between Rhode Island Housing and Mortgage Finance Corporation And

This agreement is entered into on _____ (d/m/y) between Rhode Island Housing and Mortgage
Finance Corporation hereafter known as the "Corporation" and

(agency name), hereafter known as "Agency,"
regarding access and use of the Rhode Island Homeless Management System hereafter known as "RIHMIS".

The RIHMIS is a shared homeless database that allows authorized personnel at RIHMIS Member Agencies
throughout Rhode Island to share information on common clients. Goals of the RIHMIS include: ability to expedite
client intake procedures, improved referral accuracy, increased case management and administrative tools, and the
creation of a tool to follow demographic trends and service utilization patterns of families and individuals
experiencing homelessness or those families and individuals on the verge of homelessness

The project is administered by the Rhode Island Coalition for the Homeless. Bowman Internet Systems houses the

ENTRY/EXIT FORM (HUD)

central server that hosts the RIHMIS and limits access to the database to Member Agencies participating in the project. The Corporation intends to protect the RIHMIS data to the utmost of its ability from accidental or intentional unauthorized modification, disclosure, or destruction, and the Corporation does this by utilizing a variety of methods to guard the data.

When used correctly and faithfully by all involved parties, the RIHMIS is designed to benefit multiple stakeholders, including the community, homeless service agencies, and the consumer of homeless services, through a more effective and efficient service delivery system.

I. Confidentiality

A. The Agency will uphold relevant Federal and State confidentiality regulations and laws that protect client records, and the Agency will only release confidential client records with written consent by the client, or the client's guardian, unless otherwise provided for in the regulations or laws. A client is anyone who receives services from the Agency and a guardian is one legally in charge of the affairs of a minor or of a person deemed incompetent.

1. The Agency will abide specifically by Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records.

In general terms, the Federal regulation prohibits the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Agency understands that Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.

2. The Agency will abide specifically with the Health Insurance Portability and Accountability Act of 1996 and corresponding regulations passed by the U.S. Department of Health and Human Services. In general, the regulations provide consumers with new rights to control the release of medical information, including advance consent for most disclosures of health information, the right to see a copy of health records, the right to request a correction to health records, the right to obtain documentation of disclosures of information may be used or disclosed. The current regulation provides protection for paper, oral, and electronic information.

3. The Agency will abide specifically by Rhode Island State law, which in general terms requires an individual to be informed that any and all medical records she/he authorizes to be released, whether related to physical or mental health, may include information indicating the presence of a

ENTRY/EXIT FORM (HUD)

communicable or venereal disease. The Agency is required to inform the individual that these records may include, but are not limited to the inclusion of information on diseases such as hepatitis, syphilis, gonorrhea, tuberculosis, and HIV/AIDS.

4. The Agency will abide specifically by Rhode Island law in that this law prohibits agencies from releasing any information that would identify a person as a client of a mental health facility, unless client consent is granted.

5. The Agency will provide a verbal explanation of the RIHMIS and arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the consent form(s).

6. The Agency will not solicit or input information from clients into the RIHMIS unless it is essential to provide services or conduct evaluation or research.

7. The Agency will not divulge any confidential information received from the RIHMIS to any organization or individual without proper written consent by the client unless otherwise permitted by relevant regulations or laws.

8. The Agency will ensure that all persons who are issued a User Identification and Password to the RIHMIS within that particular agency abide by this Partnership Agreement, including the confidentiality rules and regulations. The Agency will ensure that each person granted RIHMIS access at the Agency receives an RIHMIS manual. This manual will include information on how to use the RIHMIS as well as basic steps to ensure confidentiality. The Agency will be responsible for managing any of its own requirements that individual employees comply with RIHMIS confidentiality practices, such as having employees sign a consent confidentiality practices form. It is understood that those granted Agency Administrator access within each RIHMIS agency must become a Certified RIHMIS Agency Administrator through training provided by RIHMIS.

9. The Agency understands that the database server-which will contain all client information, including encrypted identifying client information-will be physically located in Shreveport Louisiana.

B. The Agency agrees to maintain appropriate documentation of client consent or guardian-provided consent to participate in the RIHMIS

1. The Agency understands that informed client consent is required before any basic identifying client information is entered into the RIHMIS for the purposes of interagency sharing of information. Informed client consent will be documented by completion of the standard RIHMIS

ENTRY/EXIT FORM (HUD)

client Authorization to Release and Exchange Basic Information for the RIHMIS form.

2. The Client Authorization form mentioned above, once completed, authorizes basic identifying client data to be entered into the RIHMIS, as well as non-confidential service transaction information. This authorization form permits basic client identifying information to be shared among all RIHMIS Member Agencies and non confidential service transactions with select RIHMIS Member Agencies based on relevance.

3. If a client denies authorization to share basic identifying information and non-confidential service data via the RIHMIS, identifying information shall only be entered into the RIHMIS if the client information is locked and made accessible only to the entering agency program, therefore, precluding the ability to share information. If client refuses any entry of data, the RIHMIS will not be used as a resource for that individual client and her/his dependents. This does not override the local agencies policy and responsibilities for collecting data used to meet its funder's requirements.

4. The Agency will incorporate an RIHMIS Clause into existing Agency Authorization for Release of Information form(s) if the Agency intends to input and share confidential client data with the RIHMIS. The Agency's modified Authorization for Release of Information form(s) will be used when offering a client the opportunity to input and share service information. The Agency will communicate to the client what information, beyond basic identifying data and non-confidential services will be shared if client consent is given. The Agency will communicate to the client that while the Agency can restrict information to be shared with select agencies, those other agencies will have access to the information and are expected to use the information professionally and to adhere to the terms of the RIHMIS Partnership Agreement. Agencies with whom information so shared are each responsible for obtaining appropriate consent before allowing further sharing of client records. The RIHMIS will conduct periodic audits to enforce informed consent standards, but the primary oversight of this function is between agencies.

5. If a client denies authorization to have information beyond basic identifying data and beyond nonconfidential service transactions both entered and shared among the RIHMIS, then this record must be locked and made available only to the entering agency program, therefore, precluding the ability to share information. If the client refuses any entry of data, the RIHMIS will not be used as a resource for that individual client and her/his dependents. This does not override the local agencies policy and responsibilities for collecting data used to meet its funder's requirements.

ENTRY/EXIT FORM (HUD)

6. The Agency agrees to place all Client Authorization for Release of Information forms related to the RIHMIS in a file to be located at the Agency's business address and that such forms are made available to the Corporation for periodic audits. The Agency will retain these RIHMIS related Authorization for Release of Information forms for a period of 5 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

7. The Agency understands that in order to update, edit, or print a client's record, the Agency must have on file a current authorization from the client as evidenced by a completed standard RIHMIS Authorization to Release form pertaining to basic identifying data, and/or a modified Agency form with a RIHMIS clause pertaining to confidential information.

8. The Agency understands the Corporation does not require or imply that service be contingent upon a client's participation in the RIHMIS

C. The Agency and RI Coalition for the Homeless understand the RIHMIS Project, and the RI Coalition as administrator, are custodians of data and not owners of data.

1. In the event the RIHMIS Project ceases to exist, Member Agencies will be notified and provided reasonable time to access and save client data on those served by the agency as well as statistical and frequency data from the entire system. Then, the information collected by the centralized server, located in Shreveport Louisiana will be purged or stored. If the later occurs, the data will remain in an encrypted and aggregate state.

2. In the event the RIHMIS ceases to exist, the custodianship of the data will be transferred to another non-profit for administration, and all RIHMIS Member Agencies will be informed in a timely manner.

II. Data Entry and/or Regular Use

A. User identification and passwords are not permitted to be shared among users.

B. If an Agency has access to a client's basic identifying information, non-confidential service transactions, and confidential information and services records, it will be generally understood that a client gave consent for such access. However, before an agency can update, edit, or print such information, it must have informed client consent, evidenced by a current standard RIHMIS Authorization to Release form in writing pertaining to basic identifying data and/or an Agency-modified form with the RIHMIS pertaining to confidential information.

C. If a client has previously given permission to multiple agencies to have access to her/his information, beyond basic identifying information and non-confidential service transactions, and then chooses to

ENTRY/EXIT FORM (HUD)

eliminate one or more of these agencies, the Agency at which such desire is expressed will contact its partner agency/agencies with whom the client previously granted permission for information exchange and the Systems Administrator and explain that the record, or portions of the record, will no longer be shared at the client's request. The agency where the request is made or Systems Administrator will then either close the entire record, or simply lock out portions of the record to the other agency or agencies.

D. In the event that a client would like to rescind consent to participate in the RIHMIS completely, the agency at which her/his desire is expressed, will work with the client to complete a brief form, which will be sent to the System Administrator to inactivate the client.

E. The Agency will only enter individuals in the RIHMIS that exist as clients under the Agency's jurisdiction.

F. The Agency will not misrepresent its client base in the RIHMIS by entering known, inaccurate information (i.e., Agency will not purposefully enter inaccurate information on a new record or to override information entered by another agency).

G. The Agency will consistently enter information into the RIHMIS and will strive for real-time, or close to real-time, data entry.

H. The Agency understands that with a current standard RIHMIS Authorization for Release form on file, it can update, edit, and print a client's basic identifying information.

I. The Agency understands that a modified agency Authorization to Release Information form, with the added RIHMIS Clause, permits it to share confidential client information with select agencies.

J. The Agency understands that assessment screens are only allowed to be edited by the individual that originally enters the data, whether that individual is employed by the Agency or another Member Agency. The Agency will create a separate assessment, as needed, to indicate a change in a client's status, updates, and to edit incorrect information.

K. Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in the RIHMIS.

L. Offensive language and profanity are not permitted in the RIHMIS.

M. The Agency will utilize the RIHMIS for business purposes only.

N. The Agency understands the RIHMIS will provide initial training and periodic updates to that training to assigned Agency Staff about the use of the RIHMIS; this information is then to be communicated to other RIMMIS Staff within the Agency.

O. The Agency understands the RIHMIS will be available for Technical Assistance within reason (i.e., trouble-shooting and report generation). Standard operating hours in which TA will generally be available

ENTRY/EXIT FORM (HUD)

are 8:30 a.m. – 4:30 p.m. on Monday through Friday.

P. The Agency will keep updated virus protection software, firewall software and standard operating system critical security updates on Agency computers that access the RIHMIS.

Q. Transmission of material in violation of any United States Federal or State regulations is prohibited and includes, but is not limited to: copyrighted material, material legally judged to be threatening or obscene and material considered protected by trade secret.

R. The Agency will not use the RIHMIS with intent to defraud the Federal, State, or local government, or an individual entity, or to conduct any illegal activity.

S. The Agency recognizes the RIHMIS Steering Committee to be the discussion center regarding the RIHMIS, including RIHMIS process updates, policy and practice guidelines and data analysis. The Agency will designate an assigned RIHMIS Staff member to attend RIHMIS meetings regularly, and understands that the Steering Committee will continue to be responsible for coordinating RIHMIS activities.

III. Reports

A. The Agency understands that it will retain access to all identifying and statistical data on the clients it serves.

B. The Agency understands that access to data on those it does not serve will be limited to basic identifying information and non-confidential service data. Therefore, the Agency understands that, with exceptions, a list of all persons in the RIHMIS along with basic identifying information and non-confidential service data can be generated. (Exceptions are Locked records).

C. Reports obtaining information beyond basic identifying data and non-confidential services on individuals not served by the Agency are limited to statistical and frequency reports, which do not disclose identifying information.

D. The Agency understands that before non-identifying system wide aggregate information collected by the RIHMIS is disseminated to non-RIHMIS Member Agencies, including funders, it shall be endorsed by the RIHMIS Steering Committee and/or the Corporation. (The RIHMIS Steering Committee will serve in part to protect the confidentiality of clients and the integrity of the data by requiring certain methods of data analysis be utilized).

IV. Proprietary Rights of ServicePoint and Database Integrity

The Agency will not give or share assigned user identification and passwords to access the RIHMIS with any other organization, governmental entity, business, or individual that has not signed the Rhode Island Homeless Management Information System Partnership Agreement.

ENTRY/EXIT FORM (HUD)

A. Rhode Island Housing and Mortgage Finance Corporation Partnership agreement.

B. The Agency will not cause corruption of the RIHMIS in any manner or way. Any unauthorized access or unauthorized modification to computer system information or interference with normal system operations on any ServicePoint computer system or network accessed by RIHMIS participants will result in immediate suspension of services and the Housing Resource Corporation and/or ServicePoint will pursue all appropriate legal actions.

V. Hold Harmless

A. The RIHMIS makes no warranties, expressed or implied. The Agency, at all times, will indemnify and hold the Corporation and its Agents (Rhode Island Housing and Mortgage Finance Corporation and the Rhode Island Coalition for the Homeless) from any damages, liabilities, claims, and expenses that may be claimed against the Agency; or for injuries or damages to the Agency or another party arising from participation in the RIHMIS; or arising from any acts, omissions, neglect, or fault of the Agency or its agents, employees, licensees, or clients; or arising from the Agency's failure to comply with laws, statutes, ordinances, or regulations applicable to it or the conduct of its business. The Agency will also hold the Corporation and its Agents harmless for negative repercussions resulting in the loss of data due to delays, non-deliveries, misdeliveries, or service interruption cause by the Agency's or another Member Agency's negligence or errors or omissions, as well as natural disasters, technological difficulties, and/or acts of God. The Corporation and its Agents shall not be liable to the Agency for damages, losses or injuries to the Agency or another party other than if such is the result of gross negligence or willful misconduct of the Corporation or its Agents.

B. The Agency agrees to keep in force a comprehensive general liability insurance policy with combined single limit coverage. Said insurance policy shall include coverage of Agency's indemnification obligations under this agreement.

VI. Terms and Conditions

A. The parties hereto agree that this agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this agreement.

B. Neither party shall transfer or assign any rights or obligations without the written consent of the other party.

C. This agreement shall remain in force until revoked in writing by either party, with 30 days advance written notice. The exception to this term is if allegations or actual incidences arise regarding possible or actual breeches of this agreement. Should such situations arise, the Corporation may immediately suspend access

ENTRY/EXIT FORM (HUD)

to the RIHMIS until the allegations are resolved in order to protect the integrity of the system.

D. This agreement may be modified or amended by written agreement executed by both parties with 30 days advance written notice.

Use of the RIHMIS constitutes acceptance of these Terms and Conditions.

Executive Director's Signature Date (d/m/y)

Name and Address of Agency:

Executive Director Printed Name Date (d/m/y)

Jim Ryczek Date (d/m/y)

Executive Director

Rhode Island Coalition for the Homeless

1070 Main St. Ste 304

Pawtucket, RI 02860

Barbara Fields Date (d/m/y)

Executive Director

Rhode Island Housing and Mortgage Finance Corporation

44 Washington Street

Providence

, RI 02903

Revision History

- 1. Version 1.0. October 30, 2004. Initial Policy**
- 2. Version 1.1. January 15, 2005. Revised access/correction procedure.}**
- 3. Version 2.0: Revisions, Additions, Deletions (11/06)**

Title Page.....revised

Table of Contents.....revised

Introduction.....revised

Rhode Island HMIS Policies and Procedures Handbook

POLICY 1: RIHMIS Contract Requirements	revised
POLICY 5: Participating Agency Responsibility	revised
POLICY 10: Participation And Implementation Requirements	revised
POLICY 14: Written Client Consent Procedure for Electronic Data Sharing	revised
POLICY 17: Information Security Protocols	revised
POLICY 19: Maintenance Of Onsite Computer Equipment	revised
POLICY 20: RIHMIS Steering Committee Grievance Procedure	addition
POLICY 21: Access Levels for System Users	revised
POLICY 23: Access to client paper records	revised
POLICY 24: Unique User Id and Password	revised
End User Agreement.....	revised
Oral explanation of RIHMIS to client Script.....	revised

Version 2.1: Revisions, Additions, Deletions (1/06)

Policy 27: Using RIHMIS Data for Research.....	addition
Partnership Agreement	addition
List of Revisions, Additions, Deletions	

Version 2.2: Revisions, Additions, Deletions (11/06)

This document was revised on 11/06 and adapted from the Connecticut Coalition to End Homelessness for use in the Rhode Island HMIS CoC.

Version 2.3: Revisions, Additions, Deletions (03/07)

This document was revised on 08/29/2007.

HUD Entry/Exit form.....	revised
Client Consent form.....	revised
Letter-To-Number Code Conversion cannot be used because of duplicates.....	deleted
.....	

Rhode Island HMIS Policies and Procedures Handbook

Revised 06/29/2009

Unemployment added to the HUD Form.....revised
Foreclosure added to the F&SB report.....revised
PARTICIPATING AGENCY RESPONSIBILITY.....revised
POLICY 8: TRAINING SCHEDULE.....revised
Interagency Data Sharing Agreements.....revised
2 individuals and 2 families.....revised

REVISED 03-15-2012

Page 5.....revised
Page 6.....revised
Page 14.....revised

HUD Intake (Entry/Exit) forms.....revised
Elimination of the Food and Shelter Board forms..... removed
HMIS flowchart.....revised

REVISED 9-27-2010

Policy 17 Data Quality Standards Approved and Included.....Addition

REVISED 03-21-2012

Page 11.....revised
Page 16.....revised
Page 18.....revised
Page 21.....revised
Page 23.....revised
Page 24.....revised

Rhode Island HMIS Policies and Procedures Handbook

Page 25.....	revised
Page 30.....	revised
Page 32.....	revised

POLICY 36: Homeless Management Information Systems Requirements

24 CFR Parts 91, 576, 580, and 583 [Docket No. FR-5475-P-01].....	Addition
---	----------

Version 2.5: Revisions, Additions, Deletions (05/16/2012)

REVISED 05-16-2012

Page 42.....	Addition
Page 52.....	Addition

Version 2.5: Revisions, Additions, Deletions (07/12/2012)

REVISED 07-12-2012

Page 48.....	Addition
Page 69.....	Addition

Version 2.6: Revisions, Additions and Deletions

Pages 1-46.....	Revised
-----------------	---------

Version 3.0 2/15/2017 Thoroughly revised. See additional documentation.

ACKNOWLEDGEMENTS

This RIHMIS Policy and Procedures Handbook was collaboratively written and advised by CT-HMIS Start-Up Committee member Crane Cesario. We thank the CT-HMIS Advisory Committee members Donna Blakey, Dave Shumway and Ken Teel for their keeping the project on task, writing and insightful

Rhode Island HMIS Policies and Procedures Handbook

suggestions. We thank the CCEH staff, Mary McAtee, Walter Hewitt, Carol Duffy and Tabitha Harkin for their vision, writing, technical assistance and suggestions, and we thank the CT-RIHMIS Steering Committee for their dedication to the project and ensuring that the Policies and Procedures meet the needs of the stakeholders. Stephanie Ross was the consultant for the development of this document. This document has been adapted for use in the Rhode Island Continuum of Care (CoC) with permission of the CT-HMIS. The final revision of the Rhode Island HMIS Policy and Procedures manual was by Don Larsen (11/30/2006). The Rhode Island CoC, RI Housing and Mortgage Finance Corp. and the RI Coalition for the Homeless would like to thank the above people for their hard work and generosity in letting us adapt this document for our use.

March 2005

January 2007

August 2013

March 2017 – Version 3.0 approved by RICOC Board of Directors

RHODE ISLAND HUMSING:

Choice Voucher Program.

5. The individual/ family has received assistance under the RCoC Program for at least two years.
6. The family is in compliance with current lease, including, but not limited to, paying their rent on time each month.

In addition to the above, the PHA shall offer the following local preferences according to a point system:

Homeless Families and Individuals (1500 Points)

An individual or family who *lacks a fixed, regular, and adequate nighttime residence*, defined by the PHA as an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, and transitional housing). A person living from home to home or "couch surfing" does not qualify under this preference.

In order to confirm that individuals/families qualify under this definition, the PHA may verify the homeless status of the family/individual with Rhode Island's Homeless Management Information System (HMIS) and will request that the family/individual provide a letter from the shelter/institution to verify homeless status.

Prior to processing the application, the PHA may re-verify the applicant's status using any of the sources listed above.

Residency Preference (500 points)

For families who live, work in the jurisdiction of the PHA.

In order to verify that an applicant is a resident, the PHA will require a minimum of two (2) of the following documents: rent receipts and lease, utility bills, employer or agency records, school records, drivers licenses, voters registration records, or credit report.

Victims of Domestic Violence (500 Points)

Any individual or family who:

- a. Is *fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking*, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; *and*
- b. Has no other residence; *and*
- c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

Limited Priority for Families “Moving Up” from Permanent Supportive Housing (PIH Notice 2013-15)

The PHA will partner with the Rhode Island Continuum of Care (RiCoC) to identify individuals and families ready to transition or “move up” from Permanent Supportive Housing (PSH) units. These are families that were homeless prior to entry into the PSH program and who continue to need a rental subsidy but no longer require intensive supportive services.

The PHA will accept referrals from a limited set of PSH providers that are recipients or sub-recipients of funding under the RiCoC program, and have followed the RiCoC’s standard protocol to identify those individuals and families that are a good candidate for a successful transition from PSH to a Housing Choice Voucher.

The PHA will initially allocate up to 50 Housing Choice Vouchers toward this initiative. Qualifying applicants will be given absolute priority over other applicants until this number is reached, taking into account any additional preferences for which they qualify (see below). Once these vouchers have been utilized, no additional priority will be given under this category until a participating “move up” family ends participation in the Housing Choice Voucher program, at which point the PHA will select an additional “move up” eligible family for the next available voucher. However, the PHA will continue to accept additional referrals, and once the number of pending referrals reaches 20, the PHA may at its discretion allocate an increment of an additional 20 vouchers based on funding availability and the length of the current waiting list.

Qualification for the “move up” priority is subject to the following criteria, to be verified upon selection:

1. The RiCoC provider agrees to continue to provide appropriate supportive services to the individual /family or to locate and refer the family to other providers of equivalent supportive services that are affordable to the individual/family.
2. The individual/family must agree to be referred to supportive services, if needed.
3. The individual/ family is willing to participate in a “move-up” strategy, understands the nature of the tenant-based program, and provides a written request for Housing Choice Voucher assistance.
4. The individual/family is a low income family and otherwise eligible for the Housing

The PHA will require written verification from the police, a domestic violence social service agency, the court, and a public or private facility giving shelter and/or counseling to victims. The documentation must verify that the family has been displaced as a result of fleeing violence in the home or they are currently living in a situation where they are being subjected to or victimized by violence in the home, and identify when the actual or threatened physical violence against the applicant last occurred.

The family must certify that the abuser will not be part of the household without the advance written approval of the PHA.

Prior to processing the application, the PHA may require a second certification from the same or a similar source that the applicant still qualifies under this preference.

Unstable Housing Situation (500 points)

For otherwise eligible families currently receiving a rental subsidy under a temporary, expired/expiring, or defunded housing program where the families would be at risk of becoming severely rent-burdened and at increased risk of homelessness.

In order to verify a family's eligibility for this preference, the PHA will require documentation from the agency administering the temporary, expired/expiring, or defunded that the family's rental assistance is reasonably expected to expire within three years of the date of application.

Rhode Island Resident Preference (200 points)

For families who live in the state of Rhode Island.

In order to verify that an applicant is a resident, the PHA will require a minimum of two (2) of the following documents: rent receipts and lease, utility bills, employer or agency records, school records, drivers licenses, voters registration records, or credit report.

Money Follows the Person (MFP) Preference and Institutional Settings Transition Preference (200 points)

For people with disabilities who are transitioning from nursing homes or other institutional care into independent, community- based living. The person transitioning must be referred to the PHA by a care coordinator stating they qualify and will be provided with care coordination services for one year.

Prior to processing the application, the PHA may require a second certification from the same or a similar source that the applicant still qualifies under this preference.

Chapter 18

CHRONICALLY HOMELESS VETERANS

INTRODUCTION

This chapter describes PHA policies related to expanding housing opportunities to prevent and end homelessness among Veterans.

Part I: Definitions: This part defines Veteran and Chronically Homeless.

Part II: Wait List Management, Eligibility and Verification: This part includes policies that the PHA will use in order to prevent barriers for homeless veterans to obtain information when the PHA opens and closes its HCV waiting list. In addition, it includes the admissions preference of Chronically Homeless Veteran, eligibility requirements and verification of all eligibility information.

Part III: Performance Tracking: This part describes the PHA's commitment to track the performance of any applicant admitted under the "Chronically Homeless Veteran's Preference to ensure that he/she is continuing to receive supportive services. The PHA will also adhere to Notice PIH 2013-15 with respect to reporting homeless status information on line 4C of form HUD-50058 for tracking in the PIC System.

PART I: DEFINITION

18-I.A VETERAN

Head of household that was discharged under circumstances other than dishonorable, or who is currently on active duty with any of the following branches of service: Army, Navy, Air Force, Marines, Coast Guard, and the National Guard (if deployed during war). This definition also includes the spouse of a veteran who is currently on active duty, or the widow of a veteran who was killed in action. Documentation from the US Department of Defense or Veterans Affairs will be required confirming veteran status.

18-I.B CHRONICALLY HOMELESS

- 1) Homeless Family: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
 - b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
 - c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- 2) Chronically Homeless: An individual or family experiencing four (4) episodes of homelessness within three years or homeless for 12 continuous months. The applicant must be receiving supportive service from a licensed social services or mental health agency at the time of application or at the time of admission to the assisted housing unit.

PART II: WAIT LIST MANAGEMENT, ELIGIBILITY AND VERIFICATION

18-II.A. OUTREACH

The PHA has and will establish strong working relationships with service providers for homeless veterans (i.e. Veterans Administration, Operation Stand Down, Veterans, Inc. House of Hope). Homeless veterans who lack stable housing and reliable contact information may not be able to be reached when they come to the top of the waiting list or when the waiting list is purged. The PHA will utilize all service providers to strengthen the process for contacting homeless veteran applicants. Service providers will be notified when the HCV waiting list opens and closes, as well as when the waiting list is purged in order to ensure that homeless veterans are contacted.

18-II.B. HOMELESS VETERANS ADMISSION PREFERENCE – OPENING OF WAITING LIST

As of September 16, 2015, the PHA adopted an admissions preference for “Chronically Homeless Veterans”.

If the PHA does not have enough applicants on its waiting list who qualify for a Chronically Homeless Veteran’s preference, the PHA may open its waiting list strictly to people who qualify for this preference. Once an adequate number of chronically homeless veterans have been placed on the waiting list, the PHA may choose to close the waiting list. When opening the waiting list for Chronically Homeless Veterans only, the PHA will follow the procedures outlined in Chapter 4, as well as outreach to service providers/agencies for veterans.

In adopting this new preference, the PHA has set a limit of 25 individuals or family households that qualify and are admitted to the HCV with this admission’s preference. Once the PHA is assisting 25 individuals or families under this preference, and one family leaves the program, the next family on the waiting list who meets the preference criteria will be served. If there is no one on the waiting list that meets the preference criteria, the PHA would issue the voucher to the next family on the waiting list.

18-II.C. ELIGIBILITY

All eligibility requirements outlined in Chapter 3 with respect to the HCV Program are governed under admissions for Chronically Homeless Veterans in addition to the following criteria:

- a. Eligible Chronically Homeless Veterans are expected to be participating in case management and utilizing the supportive services, treatment recommendations and assistance needed to successfully maintain and sustain an assisted housing unit. Service providers can include but are not limited to licensed social workers, mental health agencies, and the Supportive Services for Veteran Families Program (SSVF).

18-II.D. VERIFICATION

The PHA will verify all eligibility requirements with respect to the HCV Program as outlined in Chapter 3 and Chapter 7 for all Chronically Homeless Veterans. The PHA will verify the homeless veteran's preference status by assessing the VI-SPDAT and both families and individuals must be entered into the Homeless Management Information System (HMIS) and/or Homeless Operations Management and Evaluation Systems (HOMES). The PHA will also verify with service providers such as: Veterans Administration, Operation Stand Down, Veterans, Inc. House of Hope).

PART III: PERFORMANCE TRACKING

18-III.A. PERFORMANCE

The PHA will track any applicant who is admitted with a “Chronically Homeless Veteran’s Preference” to ensure that he/she is continuing to receive supportive services while living in an assisted unit under the HCV Program. The PHA staff will work closely with service providers to ensure that all obligations under the program are being adhered to by the Veteran participant and request assistance of the service provider when necessary in order to ensure that the Veteran participant remains stably housed and compliant.

18-III.B. HUD FORM 50058: FAMILY REPORT

When an applicant who is admitted with a “Chronically Homeless Veteran’s Preference”, the PHA will mark “Y” for yes on Line 4C of the HUD form 50058 (Family Report) as required under PIH Notice 2013-15.

Homeless Veteran Preference

In order to address the problem of homelessness among veterans, The Housing Authority of the City of Pawtucket, Rhode Island will establish a preference for "Homeless Veteran". Applicants will be assigned their placement on the waiting list based on their application date, verification of being a veteran of the United States military, verification of being homeless, verification of placement on the Homeless Management Information System data base (HMIS) **and/or Homeless Operations Management and Evaluation System (HOMES) data base and preference categories as listed below:**

Local Preference – The following local preferences will be aggregated using the following system. Two preferences outweigh one.

- 1 If any member of an applicant family is employed.
- 2 Residents of the City of Pawtucket.

In order to be eligible for this preference, applicants must meet the following definitions:
Homeless families and individuals:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - a. An individual or family with a primary night residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground;
 - b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
 - c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

In order to confirm that individuals/families qualify under this definition, individuals must have been assessed using the VI-SPDAT and both families and individuals must be entered into the Homeless Management Information System (HMIS) and/or the Homeless Operation and Management Evaluation System (HOMES).

Veteran:

Head of Household that were discharged under circumstances other than dishonorable, or who is currently on active duty with the following branches of service: Army, Navy, Air Force, Marines, Coast Guard and the National Guard (if deployed during war). This definition also includes the spouse of a veteran who is currently on active duty, or the widow of a veteran who was killed in action. Documentation from the Department of Defense or Veterans Affairs will be required confirming veteran status.

Policy on Prioritizing Chronically Homeless Persons for Permanent Supportive Housing

Purpose:

Opening Doors: Rhode Island, the Strategic Plan to Prevent and End Homelessness in Rhode Island, aligns State policy with the Federal goal of ending chronic homelessness in the community. Progress is being made but there is still considerable work to be accomplished. Permanent supportive housing (PSH) is a resource intensive solution that must be strategically and effectively employed. This policy clarifies that the chronically homeless should be the first priority population served by PSH. Targeting PSH to serve the chronically homeless will reduce the numbers of persons in Rhode Island experiencing this.

Policy:

It is the policy of the Rhode Island Continuum of Care that it will adopt the order of priority identified by HUD in Notice CPD-16-11 "Notice on Prioritizing Persons Experiencing Chronic Homelessness." First priority to be served in PSH beds/units are chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs. Second priority are CH individuals and families with the longest history of homelessness. Third priority CH individuals and families with the most severe service needs. Fourth priority all other CH individuals and families.

This policy applies to all new PSH beds/units funded by the RCoC and to all PSH beds/units funded by the RCoC that become available through vacancy and turnover. All available PSH beds in the Continuum of Care must be offered to homeless individuals and families according to the order of priority established above. No individual or family may be housed in a PSH unit funded by the RCoC unless it is demonstrated that the individual or family has been housed in accordance with this policy.

Procedure:

All organizations seeking to or providing PSH must follow this policy and order of priority. New applicants for CoC PSH funding must comply with this policy. No new applications for PSH beds/units will be approved unless the applicant certifies that it will follow this policy with respect to all vacant units.

All existing providers of PSH must fill all vacant units/beds in accordance with this policy.

Vacancies of new and existing units must be made known to the RI Coordinated Entry System. Referrals of individuals and families following this order of priority will be made by the Coordinated Entry System. In the event that Coordinated Entry does not refer an eligible chronically homeless individual or family, the provider will still be required to follow the above specified order of priority in filling any vacant PSH unit.

In their annual applications to HUD, all providers of PSH must indicate that one hundred percent (100%) of all PSH units that are not already dedicated to the chronically homeless will be prioritized for the chronically homeless. The CoC will not include any new or renewal application for PSH beds/units that does not follow this policy in its annual application to HUD.

Effective Date:

This policy was updated from the previously issued HUD Notice CPD-14-012 on July 7, 2017 by a vote of the RCoC Board of Directors.



U.S. Department of Housing and Urban Development
Office of Community Planning and Development

Special Attention of:

All Secretary's
Representatives

Notice: CPD-16-11

Issued: July 25, 2016

Expires: This Notice is effective until it is
amended, superseded, or rescinded

Issued:

All Regional Directors for
CPD

Cross Reference: 24 CFR Parts 578 and
42 U.S.C. 11381, *et seq.*

Expires:

All CPD Division Directors
Continuums of Care (CoC)
Recipients of the Continuum of Care (CoC)
Program

**Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other
Vulnerable Homeless Persons in Permanent Supportive Housing**

Table of Contents

I. Purpose.....	3
A. Background.....	3
B. Goals of this Notice	4
C. Applicability	4
D. Key Terms.....	5
II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons.....	6
A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.	6
B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.....	6
III. Order of Priority in CoC Program-funded Permanent Supportive Housing	7
A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness.....	8
B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness.....	9
IV. Using Coordinated Entry and a Standardized Assessment Process to Determine Eligibility and Establish a Prioritized Waiting List	10
A. Coordinated Entry Requirement	10
B. Written Standards for Creation of a Single Prioritized List for PSH.....	11

C. Standardized Assessment Tool Requirement.....	111
D. Nondiscrimination Requirements	111
V. Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in this Notice	111
VI. Questions Regarding this Notice.....	122

I. Purpose

This Notice supersedes Notice CPD-14-012 and provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program-funded PSH. This Notice reflects the new definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining “Chronically Homeless” (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice. CoCs that previously adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the FY2015 CoC Program Competition are encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. CoCs that have not previously adopted the orders of priority established in Notice CPD-14-012 are also encouraged to incorporate the orders of priority included in this Notice into their written standards

A. Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (Opening Doors)*, in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Although progress has been made there is still a long way to go. In 2015, the United States Interagency Council on Homelessness extended the goal timeline for achieving the goal of ending chronic homelessness nationally from 2015 to 2017. In 2015, there were still 83,170 individuals and 13,105 persons in families with children that were identified as chronically homeless in the United States. To end chronic homelessness, it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds funded through the CoC Program for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 59,329 in 2015. This increase has contributed to a 30.6 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2015. Despite the overall increase in the number of dedicated PSH beds, this only represents 31.6 percent of all CoC Program-funded PSH beds.

To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a “first-come, first-serve” basis or based on tenant selection processes that screen-in those who are most likely to succeed while screening out those with the highest level of need. These approaches to tenant

selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

B. Goals of this Notice

The overarching goal of this Notice is to ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and who have the most severe service needs within a community are prioritized for PSH. By ensuring that persons with the longest histories of homelessness and most severe service needs are prioritized for PSH, progress towards the Obama Administration's goal of ending chronic homelessness will increase. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds are used most effectively, this Notice revises the orders of priority related to how persons should be selected for PSH as previously established in Notice CPD-14-012 to reflect the changes to the definition of chronically homeless as defined in the Definition of Chronically Homeless final rule. CoCs are strongly encouraged to adopt and incorporate them into the CoC's written standards and coordinated entry process.

HUD seeks to achieve two goals through this Notice:

1. Establish a recommended order of priority for dedicated and prioritized PSH which CoCs are encouraged to adopt in order to ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority.
2. Establish a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized.

C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients of CoC Program funds—the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are strongly encouraged to incorporate the order of priority described in this Notice into their written standards, which CoCs are required to develop per 24 CFR 578.7(a)(9), for their CoC Program-funded PSH. Recipients of CoC Program funds are required to follow the written standards for prioritizing assistance established by the CoC (see 24 CFR 578.23(c)(10)); therefore, if the CoC adopts these recommended orders of priority for their PSH, all recipients of CoC Program-funded PSH will be required to follow them as required by their grant agreement. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Lastly, where a CoC has chosen to not adopt HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

D. Key Terms

1. **Housing First.** A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.
2. **Chronically Homeless.** The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

- (a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
- (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

3. **Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.

- (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
 - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

- ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are those which are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If there are no persons within the CoC's geographic area that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non-dedicated PSH established in this Notice, if it has been adopted into the CoC's written standards. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area at that time. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC).

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. During the CoC Program competition project applicants for CoC Program-funded PSH indicate the number of non-dedicated beds that will be prioritized for use by persons experiencing chronic homelessness during the operating year of that grant, when awarded. These projects are then required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for the applicable operating year as the project application is incorporated into the

grant agreement. All recipients of non-dedicated CoC Program-funded PSH are encouraged to change the designation of their PSH to dedicated, however, at a minimum are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable, until there are no persons within the CoC's geographic area who meet that criteria. Projects located in CoCs where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified area. For example, if a Balance of State CoC has chosen to divide the CoC into six distinct regions for purposes of planning and housing and service delivery, each region would only be expected to prioritize assistance within its specified geographic area.¹

The number of non-dedicated beds designated as being prioritized for the chronically homeless may be increased at any time during the operating year and may occur without an amendment to the grant agreement.

III. Order of Priority in CoC Program-funded Permanent Supportive Housing

The definition of chronically homeless included in the final rule on “Defining Chronically Homeless”, which was published on December 4, 2015 and went into effect on January 15, 2016, requires an individual or head of household to have a disability and to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months either continuously or cumulatively over a period of at least 4 occasions in the last 3 years. HUD encourages all CoCs adopt into their written standards the following orders of priority for all CoC Program-funded PSH. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Where a CoC has chosen to not incorporate HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

As a reminder, recipients of CoC Program-funded PSH are required to prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, must be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

¹ For the State of Louisiana grant originally awarded pursuant to “Department of Housing and Urban Development—Permanent Supportive Housing” in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.
2. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area.²
3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.
4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH

² For the State of Louisiana grant originally awarded pursuant to "Department of Housing and Urban Development—Permanent Supportive Housing" in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which youth meet the stated criteria.
3. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH (see [FAQ 1895](#)). Recipients of CoC Program-funded PSH are encouraged to follow a Housing First approach to the maximum extent practicable. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these individuals and families must continue to be prioritized until they are housed.

IV. Using Coordinated Entry and a Standardized Assessment Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Entry Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system (referred to in this Notice as coordinated entry or coordinated entry process) that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoCs that adopt the order of priority in Section III of this Notice into the CoC's written standards are strongly encouraged to use a coordinated entry process to ensure that there is a single prioritized list for all CoC Program-funded PSH within the CoC. The [Coordinated Entry Policy Brief](#), provides recommended criteria for a quality coordinated entry process and standardized assessment tool and process. Under no circumstances shall the order of priority be based upon diagnosis or disability type,

but instead on the length of time an individual or family has been experiencing homelessness and the severity of needs of an individual or family.

B. Written Standards for Creation of a Single Prioritized List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated entry system a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized list that is created through the CoCs coordinated entry process, which should also be informed by the CoCs street outreach. Adopting this into the CoC's policies and procedures for coordinated entry would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. The single prioritized list should be updated frequently to reflect the most up-to-date and real-time data as possible.

C. Standardized Assessment Tool Requirement

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. The Coordinated Entry Policy Brief, provides recommended criteria for a quality coordinated entry process and standardized assessment tool.

D. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable. See 24 C.F.R. § 5.105(a).

V. Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in this Notice

24 CFR 578.103(a)(4) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards. The CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

- A. Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.
- B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of

written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

C. Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.

- (a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area – or for those CoCs that implement a sub-CoC³ planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area – at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence.
- (b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CoC's geographic area - or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area - that met a higher priority. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence that there were no households identified within the CoC's geographic area that meet a higher order of priority.

VI. Questions Regarding this Notice

Questions regarding this notice should be submitted to HUD Exchange Ask A Question (AAQ) Portal at: <https://www.hudexchange.info/get-assistance/my-question/>.

³ For the State of Louisiana grant originally awarded pursuant to "Department of Housing and Urban Development—Permanent Supportive Housing" in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

2017 HDX Competition Report

PIT Count Data for RI-500 - Rhode Island Statewide CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	1160	1180
Emergency Shelter Total	822	807
Safe Haven Total	0	0
Transitional Housing Total	301	304
Total Sheltered Count	1123	1111
Total Unsheltered Count	37	69

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	144	240
Sheltered Count of Chronically Homeless Persons	141	215
Unsheltered Count of Chronically Homeless Persons	3	25

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	93	106
Sheltered Count of Homeless Households with Children	93	106
Unsheltered Count of Homeless Households with Children	0	0

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	123	89	95
Sheltered Count of Homeless Veterans	121	89	92
Unsheltered Count of Homeless Veterans	2	0	3

2017 HDX Competition Report

HIC Data for RI-500 - Rhode Island Statewide CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	726	76	510	78.46%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	343	86	251	97.67%
Rapid Re-Housing (RRH) Beds	328	0	328	100.00%
Permanent Supportive Housing (PSH) Beds	1239	0	966	77.97%
Other Permanent Housing (OPH) Beds	712	13	693	99.14%
Total Beds	3,348	175	2748	86.61%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	528	436

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	44	55

2017 HDX Competition Report

HIC Data for RI-500 - Rhode Island Statewide CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	308	328

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for RI-500 - Rhode Island Statewide CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	3032	3146	91	85	-6	51	47	-4
1.2 Persons in ES, SH, and TH	3392	3421	124	113	-11	65	58	-7

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	2874	-	307	-	-	116	-
1.2 Persons in ES, SH, and TH	-	3148	-	326	-	-	147	-

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	53	12	23%	2	4%	7	13%	21	40%
Exit was from ES	847	149	18%	55	6%	31	4%	235	28%
Exit was from TH	201	16	8%	3	1%	3	1%	22	11%
Exit was from SH	0	0		0		0		0	
Exit was from PH	613	27	4%	19	3%	12	2%	58	9%
TOTAL Returns to Homelessness	1714	204	12%	79	5%	53	3%	336	20%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1111	1160	49
Emergency Shelter Total	743	822	79
Safe Haven Total	0	0	0
Transitional Housing Total	332	301	-31
Total Sheltered Count	1075	1123	48
Unsheltered Count	36	37	1

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	3463	3477	14
Emergency Shelter Total	3043	3172	129
Safe Haven Total	0	0	0
Transitional Housing Total	590	485	-105

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	646	434	-212
Number of adults with increased earned income	51	22	-29
Percentage of adults who increased earned income	8%	5%	-3%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	646	434	-212
Number of adults with increased non-employment cash income	143	107	-36
Percentage of adults who increased non-employment cash income	22%	25%	3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	646	434	-212
Number of adults with increased total income	177	125	-52
Percentage of adults who increased total income	27%	29%	1%

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	323	284	-39
Number of adults who exited with increased earned income	45	48	3
Percentage of adults who increased earned income	14%	17%	3%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	323	284	-39
Number of adults who exited with increased non-employment cash income	71	54	-17
Percentage of adults who increased non-employment cash income	22%	19%	-3%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	323	284	-39
Number of adults who exited with increased total income	105	95	-10
Percentage of adults who increased total income	33%	33%	1%

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2945	3050	105
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	977	1082	105
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1968	1968	0

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3477	3811	334
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1245	1370	125
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2232	2441	209

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Current FY	Difference
Universe: Persons who exit Street Outreach	219	315	96
Of persons above, those who exited to temporary & some institutional destinations	23	40	17
Of the persons above, those who exited to permanent housing destinations	55	69	14
% Successful exits	36%	35%	-1%

Metric 7b.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	2890	2984	94
Of the persons above, those who exited to permanent housing destinations	1286	1283	-3
% Successful exits	44%	43%	-2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	1731	1906	175
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1619	1798	179
% Successful exits/retention	94%	94%	1%

2017 HDX Competition Report

FY2016 - SysPM Data Quality

RI-500 - Rhode Island Statewide CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2017 HDX Competition Report

FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	642	688	617	619	434	403	391	344	1611	1669	1624	1788			373	308				
2. Number of HMIS Beds	602	568	497	499	410	387	375	311	1417	1493	1529	1580			373	308				
3. HMIS Participation Rate from HIC (%)	93.77	82.56	80.55	80.61	94.47	96.03	95.91	90.41	87.96	89.45	94.15	88.37			100.00	100.00				
4. Unduplicated Persons Served (HMIS)	3374	3149	3056	3170	501	536	484	485	1831	1974	2082	2378	446	679	713	951	738	887	476	563
5. Total Leavers (HMIS)	2814	2623	2512	2668	271	335	284	261	402	409	499	706	355	440	511	663	228	697	270	319
6. Destination of Don't Know, Refused, or Missing (HMIS)	1117	1134	600	866	8	8	6	5	57	53	31	30	5	7	24	8	135	254	133	163
7. Destination Error Rate (%)	39.69	43.23	23.89	32.46	2.95	2.39	2.11	1.92	14.18	12.96	6.21	4.25	1.41	1.59	4.70	1.21	59.21	36.44	49.26	51.10

2017 HDX Competition Report

Submission and Count Dates for RI-500 - Rhode Island Statewide CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/25/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/28/2017	Yes
2017 HIC Count Submittal Date	4/28/2017	Yes
2016 System PM Submittal Date	5/24/2017	Yes