

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting 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
EMS/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
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Faith Based	Yes	Yes
Veterans Administration	Yes	Yes

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 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 2018, a member of the public working for an RICOC recipient agency spoke during public comment about the difficulty of locating units for households enrolling in tenant based rental assistance COC programs. This led to the RICOC discussion on increased housing navigation supports due to the low vacancy rate being seen in Providence, the largest city within the RICOC Jurisdiction. In response to this concern raised by a member of the public the RICOC convened a collaboration of housing navigators, and the RICOC's ranking committee funded an application for housing navigation services through a state funding source. Another member of the public requested that all performance metrics and HMIS data used to evaluate COC performance be publicly posted so providers could error-check their data and have regular access to their data as compared with system goals to increase project performance. The RICOC was pleased to meet this public comment suggestion throughout the entire FY28 competition by publicly posting project performance metrics to ensure transparency of scoring and ranking, while also ensuring data accuracy and providing an opportunity to increase project performance through mutual understanding of system performance goals.

**1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 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. However in 2017 Membership was updated 2 times and thus far in 2018, Membership has been updated 3 times, which highlights the COC's focus on recruitment to continue to fill gaps and to engage emerging leaders. The RICOC has already engaged in public meeting discussion to prepare for meaningful outreach to fill identified gaps in RICOC membership during the solicitation scheduled for fall 2018 to inform 2019 RICOC Membership. An RICOC board member volunteered to lead recruitment for additional representation from persons experiencing homelessness and to provide support and leadership coaching if requested to continue to build upon constituent voice and meaningful participation in the RICOC decision making. In 2018, the Board outreached to RI's Homeless Advocacy Project, an advocacy and outreach agency employing many persons with lived experience, to request their director's consideration to run for election to the RICOC; this was successful. In 2018, the RICOC had 3 persons known to have lived experience serve on the board, membership and the RICOC's Recipient Approval and Evaluation Committee, which is the RICOC's funding advisory committee.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

On 3/1/2018 the RICOC approved and announced its ranking and reallocation policy for the FY18 COC Comp. This policy indicated that performance measures and scoring criteria would be used to score and rank renewal and new project applications to determine inclusion in the COC comp. Renewal projects that meet threshold would be included; highest scoring new project apps would be included in score order until new project (realloc and bonus) funding ran out. On 4/5/2018, COC approved and announced the FY18 performance evaluation standards and renewal project criteria. COC announced on 6/7/2018 request for Letters of Interest (LOI) as proposals for New Projects. Announcement indicated that email submission to the COC planner was the preferred method of LOI submission. It simultaneously released the approved scoring criteria that would be used to evaluate new project applications' score. LOI stated that limited new project funding would be available and lower scoring new project LOIs may not be selected. On 6/26/2018 The RICOC announced the opening of the RI local COC Competition. This announcement requested new and renewal projects be submitted in the esnaps system. The above mentioned FY18 ranking and reallocation policy was amended on 7/12/2018 to include language about DV Bonus opportunity, and that amended policy was announced immediately after approval. All above mentioned announcements were posted publicly on the RICOC website and circulated widely through COC and stakeholder email. The Local COC Competition announcement specifically

indicated that “Eligible organizations (nonprofit organizations, PHAs and units of government) that have never received HUD CoC program grants are encouraged to consider this funding and to apply if appropriate. Technical assistance will be available to support new applicant organizations in the process.” This substantive outreach resulted in new project LOI's received from one provider who has not previously received COC funding.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

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)	Not Applicable
Head Start Program	No
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

RI's Consolidated Homeless Fund combines ESG, State, and Title XX monies. COC's Recipient Approval and Evaluation Committee(RAEC) meets jointly with the committee representing ESG, state and policy makers to set parameters for ESG funding and to determine ESG awards. As part of this joint meeting,

COC's RAEC reviews ESG program performance metrics and reports since evaluation of performance metrics informs the ESG funding decisions. Planner attends to represent ESG recipient feedback in planning and allocation decisions. Additionally, RICOC stakeholders without conflicts of interest may be invited to represent ESG recipient feedback. One example is the chair of the State's Winter Shelter Committee, also an RICOC board member without conflict of interest, was invited to participate in the beginning of the winter shelter funding committee and evaluation meeting to provide feedback and answer questions before the funding committee began deliberations. 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). RIHousing 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-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

The RICOC assures the safety needs of DV, SA and stalking survivors through its policy and procedures (p63). Eligible households may not be denied admission/assistance or evicted from programs based on their survival of DV, SA and stalking or resulting criminal activity. The protocols include specific instructions on bifurcation of the lease to remove an abuser without affecting the occupancy of the victim. Protocols include the emergency transfer plan, using HUD Form 5383, and describes the eligibility criteria for such an emergency transfer and the required confidentiality of all personally identifying information (PII). HUD form 5380 must be provided to all adult participants separately upon

acceptance, eviction and termination. CoC and ESG grantees must develop and implement an emergency transfer plan in compliance that allows participants to move to housing outside of state if necessary to ensure participant safety. This P&P is trained on at least annually, and requirements monitored for during annual RICOC monitoring. The RICOC in partnership with RI's CABHI program offered multiple free trainings in 2018 on trauma informed care and provision of victim centered services. Victim Services agencies are RICOC and ESG recipients and voting RICOC Membership. To continue building RICOC capacity in EBPs (ex, TIC), the RICOC partnered with a victim-centered services provider to deliver training to all RICOC recipients annually. To maximize client choice while ensuring safety and confidentiality, the RICOC recruited victim services providers to become RICOC recipients. By having options in services providers and housing options, choice is provided, yet no safety is sacrificed because providers are well experienced in the comparable database, victim centered services, and how to refer without disclosing PII.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

Collaboration with CABHI created more than 20 free trainings in the last year targeted to COC providers (over 70 in the last 3 years). Trainings include evidence based practices to support DV survivors. Topic examples are: trauma informed care (intro/adv), CTI, harm reduction, advanced case and treatment planning. Collaboration with CSH provided 2 days of CES training in Dec 2017 that aligned with RICOC's approval and implementation of its updated CES procedure. This training had significant focus on protections of DV survivors within CES and carefully review the differences in the referral process for DV survivors as required by RICOC policy, HUD regulation and VAWA. RICOC conducts such CES training annually with the next planned for November 2018. This will again focus on implementation of CES for DV survivor subpop as well as the general homeless system. Victim Services agencies are RICOC and ESG recipients, RICOC committee members, and voting RICOC Membership. Throughout 2017 and half of 2018 the RICOC Board of Director Vice-Chair was the ED of RI Coalition against DV. Such broad participation of DV providers well trained in victim centered services in RICOC work further informs training opportunities by allowing for teaching moments in real time decision making by persons with experience in ongoing implementation of EBPs to provide victim centered services. Regular conversations led by victim services providers in all RICOC meetings assure services to this subpopulation are routinely considered in all RICOC decision making. To continue building RICOC capacity in EBPs (ex, TIC), the RICOC partnered with a victim-centered services provider to deliver training to all RICOC recipients at least annually; and to provide a local contact to inform real-time decision making as all RICOC projects improve their capacity to deliver victim centered services.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The RICOC coordinates with RI Coalition against DV (RICADV) to assure the comparable database RICADV oversees (Empower DB) meets COC requirements and that it can generate metrics being used to inform system decision making (exs: APR, COC/ESG competition performance and SPM metrics) in COC committees and Board and Membership meetings. RICOC, HMIS and CES staff receive reports/forms (that do not include personal information) to inform decision making. These metrics are vetted in System Performance and Recipient Approval and Evaluation Committees to conduct gap analysis and to inform new and renewal project application determinations for DV subpopulation. To conduct DV specific gap analysis and assess the special needs related to DV, SA and stalking in RI, the RICOC examines its diversion data, CES placement lists, RICADV and National Network to End DV reports on statewide annualized DV statistics and Rhode Island's Point in Time DV Count (The One-Day report for RI issued by National Network to End DV), and Empower DB (comparable database), which gathers risk factor data (related to DV, SA and stalking) via needs assessment implemented by victim services providers along with services and housing data information in the database. This year, one example of this collaboration resulting in de-identified and aggregated data to inform RICOC decision making is: RICADV reported that on one day in 2017 (Sept 13), 44 unique requests for housing for households surviving DV remained unmet in Rhode Island. This data informed RICOC's funding Committee and Board of Directors approval of new and renewal project applications to increase capacity of RRH for DV households in RI from 15 households to 45 households in the RICOC competition, and to inform the ranking of the RV RRH project to maximize its chance for funding regardless of its selection for funding by the DV bonus opportunity.

1C-4. DV Bonus Projects. Is your CoC Yes
applying for DV Bonus Projects?

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input checked="" type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
- (2) the data source the CoC used for the calculations; and
- (3) how the CoC collected the data.
(limit 2,000 characters)

The RICoC is currently serving 430 domestic violence survivors within the RICOC (statewide) jurisdiction. Data sources used to inform this response were three-fold. Each data source and methodology for COC collecting the data is outlined below:

1. An Office for Victims of Crime, Victim Assistance Grant Program Performance Measure Report provided to the RICOC Planner by Crossroads RI; this grant provides a VOCA funded Diversion Specialist. Crossroads RI is the Diversion lead (as part of a CES collaboration) for the RICOC. This reported 34 individuals served in the last quarter who received services based on presenting victimization described as domestic and/or family violence.
2. Data reported from existing COC RRH project for DV survivors currently in operation which is serving 52 people with victim centered RRH services and housing through this coc project. Since this is a DV project, these households are not in HMIS, but in a comparable database: Empower DB. The report was aggregated data provided by the provider without PII, no personal information is reported to the COC from that system.
3. The HMIS lead provided a report to the COC Planner summarizing open HMIS participants with history of DV and/or family violence reported. There are currently 344 open entries to COC programs in RI HMIS with a noted history of DV/family violence. Since these households did not access the RICOC through DV shelters/services they are inputted into HMIS after giving informed consent. However, HMIS user gather DV experience data if it is volunteered by the client to inform need information, such as this need statement to help capture the need for DV services in our state.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
 - (2) data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

To determine how many DV survivors need housing/services in the COC's geographic area, the state of RI, the RICOC collaborated with the RI Coalition Against DV (RICADV.) RICADV reported to the RICOC its annualized, aggregated data as demonstrated by RI's comparable database to HMIS for DV survivors which it contrasted with unmet need data collected by National Network to End DV's DV Counts Census report. These reports clearly demonstrate an ongoing need for DV services (housing, shelter, transportations, childcare, legal, etc) in RI.

As reported by RICADV based on Empower DB, the HMIS comparable database information synthesized with DV helpline data throughout the state, in 2017 in RI: 8,758 individuals with experience of DV received help (604 of those were children); 539 people (261 children) spent time in DV shelter/safe homes; 228 people (117 children) lived in TH; 28 people (21 children) lived in PSH. Please note, the RICOC's FY17 new RRH project for DV survivors began serving clients in 2018; the RICOC has asked Empower DB staff to include RRH in future aggregate reporting beginning in 2018.

The National Network to End DV's 'Domestic Violence Counts' Census report for RI uses RICADV's Empower DB aggregated reporting combined with the statewide victims of crime hotline, each of the 6 DV agencies' unique helpline, and the statewide DV helpline run by Blackstone Valley Advocacy Center to determine unmet requests for services and housing on one day in RI as part of a national census of unmet DV survivor needs. This is similar to the methodology the COC uses to establish need for homeless housing and services based on the Point in Time Count. On one day (Sept 13, 2017) unmet need measured by the methodology described above was 99 total unmet

requests for services (housing, shelter, transportations, childcare, legal, etc).
This total of unmet requests included 44, unduplicated requests for housing.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
 - (2) quantify the unmet need for housing and services for DV survivors;**
 - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
 - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

Based on the data reported in 1C-4b and 1C-4c, the RICOC concluded it had a gap to fill in RI for housing and services for DV survivors. To determine the scope of unmet DV needs to quantify the amount of resources the RICOC needs to fill that gap in RI, the RICOC, in collaboration with RICADV, examined the quantified data from the following source that established unmet needs for DV survivors:

The National Network to End DV's 'Domestic Violence Counts' Census report for RI uses RICADV's Empower DB aggregated reporting combined with the statewide victims of crime hotline, each of the 6 DV agencies' unique helpline, and the statewide DV helpline run by Blackstone Valley Advocacy Center to determine unmet requests for services and housing on one day in RI as part of a national census of unmet DV survivor needs. This is similar to the methodology the COC uses to establish need for homeless housing and services based on the Point in Time Count.

Quantified Need: On one day (Sept 13, 2017) unmet need measured by the methodology described above was 99 total unmet requests for services (housing, shelter, transportations, childcare, legal, etc). This total of unmet requests included 44, unduplicated requests for housing.

RICOC's current CES is inadequate to address the needs for DV survivors based limited capacity in two areas: housing navigation and diversion and assessment specialists trained in victim services evidence-based practices. Increased capacity to delivery victim centered diversion services will increase the efficiency of the entire RICOC; diversion and assessment specialists will be trained to assess the complex needs of survivors entering the system and working collaboratively to find them safe housing options, which could include shelter, relocation assistance, and/or permanent housing. They will be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations as survivors are entering the homeless system. The additional housing navigation capacity will address the long lease up time DV survivors are experiencing due to a challenge in locating acceptable, safe, units during a time of low vacancy rates throughout RI. Providence, the metro-hub of Rhode Island has experienced historically low vacancy rate (it has hovered under 3% for over one year). This shortage of available units to locate for TBRA in the RICOC's RRH programs has led to delayed lease ups for households fleeing DV, for whom rapid location of safe housing is of a particular importance. Additional specialized housing locator services for DV survivors will reduce the time between housing referral to housing placement by DV survivors having immediate access to

landlords/units, expediting their housing stability. Additionally, with specified housing locator services, survivors can be assured that their safety and security needs remain a top priority in housing placement.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The proposed SSO-CES project seeks to enhance the RI Statewide Coordinated Entry System by providing increased capacity for specialized housing assistance to victims of domestic violence to quickly resolve their housing instability through diversion or rapid access to PH. The diversion and assessment specialist will be trained to assess the complex needs of survivors entering the system and working collaboratively to find them safe housing options, which could include shelter, relocation assistance, and/or permanent housing. They will be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations as survivors are entering the homeless system. The project will support greater efficiency in the coordinated entry system by reducing the number of domestic violence survivors who enter the homeless system because of effective diversion strategies. Additional Housing Navigator capacity will provide specialized housing locator services and reduce the time between housing referral to housing placement by DV survivors having immediate access to landlords/units, expediting their housing stability. Additionally, with specified housing locator services, survivors can be assured that their safety and security needs remain a top priority in housing placement. The proposed RRH DV Bonus project will address the unmet need in RI for housing to rapidly rehouse DV survivors while providing victim centered services by well trained and experienced victim services and housing providers to maximize impact of this valuable housing program. This new project will integrate seamlessly into the providers existing portfolio which already includes a DV RRH that is performing well and at capacity, while the acuity list still has 48 DV households currently identified (through deidentified referral from RI's comparable database) for potential placement if capacity increases.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
 - (2) rate of housing retention of DV survivors;**
 - (3) improvements in safety of DV survivors; and**
 - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

Sojourner House (SH): The RICOC has confidence in SH to deliver a high performing RRH project for DV survivors. SH has an existing DV survivor specific RRH program in operation with RICOC funding. SH has hit all application and local milestones, requirements and expectations. The agency is considered a statewide lead in victim centered services provision and consideration. They are active in RICOC membership, chair a committee of the RICOC and ensure DV survivor unique needs and considerations, including

intricacies surrounding the comparable database, are considered in all RICOC decision making. The agency also operates a (non COC funded) TH program solely for DV survivors. SH's metrics confirm their capacity. (1) Rate of housing placement of DV survivors is 100% in SH's RRH program. (2) SH's RRH has a housing retention and/or exit to PH rate of 100%. (3) SH improves the safety of DV survivors by assuring safety, confidentiality are paramount in all decision making, including system wide decision making. One example of this is their recent coordination with the CES Lead to update the referral process for DV providers to streamline efficiencies of CES referral without sacrifice to the importance of confidence in deidentified referral to assure safety. SH's goal is to empower victims and give them the options they need to succeed without requiring them to follow-up with their program after discharge. However, Clients who do reach out to SH after discharge are welcome to use any of SH's supportive services (e.g. advocacy, children's programs, support groups, etc. for as long as they would like). (4) SH is aware and trains the RICOC that victims of abuse face multiple challenges. Many clients have no experience with handling finances, are unemployed, and almost all have low self-esteem, all of which have been caused by the controlling behaviors of their abuser. To navigate such challenges, SH provides intensive one-on-one case management, including financial literacy, budgeting, repairing their credit score; providing empowerment education that helps victims to re-gain their sense of self-worth; assistance with researching and applying for jobs and connecting them to job readiness/workforce development training; and providing access to basic necessities such as food, clothing, household goods, and transportation vouchers so victims can focus on their success and not have to worry about how they will feed their children or get to a job interview.

Crossroads RI: The RICOC has confidence in Crossroads RI to deliver a high quality CES project specific to DV survivors. (1) In 2017, 72% of the survivors that were in Crossroad's DV shelter and program obtained safe stable housing. Through implementing housing first practices, Crossroads works aggressively to ensure that survivors obtain safe and stable housing. (2) Based upon on follow-up data (6 months post program exit), approximately 65% of survivors maintained their housing placement. (3) This program will help address the disconnect in DV services for clients seeking services directly through the homeless service system programs. While many clients in need of DV services enter the system through DV providers and programs, not all clients do. They may not feel comfortable disclosing DV in a program that lacks DV programming and staff. Having this system resource will ensure that survivors are assessed and have access to safe, affordable housing. (4) Survivors experience many barriers as they are attempting to escape abusive situations, such as: financial abuse, lack of support systems, and limited housing options, just to name a few. Trauma-informed, culturally competent staff will be able to assess the unique situations of survivors as they enter the system, and connect them to the appropriate community supports, ensuring that their safety is paramount.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were**

- experiencing homelessness at the time of admission;
 (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
 (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Providence Housing Authority	22.69%	No	No
Woonsocket Housing Authority	10.56%	No	No
Pawtucket Housing Authority	31.00%	Yes-Both	No
Rhode Island Housing	100.00%	Yes-HCV	Yes
Housing Authority City of Newport	7.00%	No	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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

The COC collaborative applicant (RIHousing) is a PHA. RIHousing 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. RIHousing calls this super preference the "Move Up program" RIH established HMIS metrics to inform referrals and ensures client choice drives referrals. Simultaneously, RIhousing networked extensively with statewide PHA's with and without a homeless preference 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 like the model RIHousing runs. 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 various consideration stages of implementing a homeless or "super" preference. The RICOC has also recruited new PHA's to join the COC in 2018 and now boasts a PHA Executive Director as Vice Chair of the RICOC Board. Two members of another PHA (City of Providence) joined the RICOC membership in 2018. After this partnership, the RICOC is pleased to report it collaborated with Providence Housing Authority on the COC components of that housing authority's Family Unification Program and Mainstream Voucher Program Grant application to support bringing those valuable mainstream housing resources into Rhode Island.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily Yes

assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?

**Move On strategy description.
(limit 2,000 characters)**

RIHousing is a mortgage finance company, a PHA, and the collaborative applicant. This multifaceted agency is primed to collaborate internally to development cross sector programs to achieve cross sector goals. The Move up program is one example of such a program. In 2017 RIHousing's PHA, after working to determine need with Collaborative Applicant, 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 (HCVP program). RIHousing calls this super preference the "Move Up program". RIHousing established HMIS metrics to inform referrals with a data driven methodology (low services utilization/requirement as demonstrated by 2 years of limited services transactions). This metric is further informed by client and case manager provided information on a referral form to ensures client choice and case management assessment also drives referrals.

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)**

COC updated CES procedures in 2017 and conducted training on the updates CES procedures in Dec 2017 that included training on the portions of the CES policy and procedure related to the Equal Access and Gender Identity Final Rules. This training was mandatory for all RICOC providers. COC has an antidiscrimination policy that applies to all projects regardless of funding source. The policy requires providers not discriminate; and provide services responsive to LGBTQ persons. COC outreached 2 webinars on the implementation of the Equal Access Rule and shared materials via website and email. The COC conducted annual training that included the effective implementation of the equal access rule; this was a voluntary training hosted by RIHousing staff and included time for Q&A to troubleshoot specific situations. COC updated the collaborative applicant's monitoring tools to reflect the new final rule on equal access and gender identity to ensure ongoing compliance is evaluated going forward. In fall of 2017 the RICOC began to monitor for compliance with the Equal Access and Gender Identity rule to provide technical assistance to projects and support policy and procedure updating for strong implementation of the rule. This resulted in many RICOC providers updating their Equal Access and Gender Identity related policy and procedures. COC addresses the needs of LGBT households through its committees: Board, Membership, and each committee has representation of LGBTQ stakeholders. In 2018 the Unaccompanied Youth Committee highlighted addressing LGBTQ needs in youth experiencing homelessness. RI's Youth PIT results showed a disproportional number of RI youth experiencing homelessness identify as LGBTQ (7% of all youth in RI identify, 40% of homeless youth identify.) This resulted in a focus on strategies to meaningfully outreach to LGBTQ youth in

RI's plan to end youth homelessness with a goal of mitigating that disparity.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual 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 (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

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

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

RICOC partnered with CSH for TA to redevelop RI's Statewide Coordinated

Entry System (RI CES)'s policies and procedures (P&P) in alignment with HUD CES standards and national best practices. RICOC is statewide; RI CES covers the entire RICOC. Updating involved listening and feedback sessions throughout RI in rural and metropolitan areas. Sessions specific to outreach workers and persons with lived experience ensured all geographic areas in the COC jurisdiction and persons least likely to apply in absence of special outreach were considered and barriers addressed to support meaningful access to RI CES. RICOC hosted a mandatory 2-day training facilitated by CSH to assure providers had robust training to support careful implementation. The RICOC issued a request for proposals to fund CES lead to implement the updated P&P to ensure all gaps existing in the updated system were addressed. Of concern was that the CES lead take robust steps to assure access to the entire state of RI by using a center model, diversion system working in coordination with outreach and the PATH grant work, and regional assessment entities located throughout RI. CES allows street outreach workers to serve as "regional assessment entity" so a household unwilling to connect with RI CES through typical channels could still access the system and its emergency shelter and permanent housing solutions. Of equal concern was the CES leads strict adherence to the priority populations described in the P&P, which prioritizes households most in need of assistance based on acuity measured by the VISPDAT. Timeliness standards for all steps of the referral process were included in the P&P to assure households are placed in housing in a timely manner. RICOC funded an FTE at the CES lead tasked with accountability to procedure. Local Government, CDBG/HOME/ESG entitlement cities, aff hsnng programs, Child Welfare, and MH orgs participate.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

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. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

The CoC evaluated a number of factors in determining the project ranking and selection process. Two metrics specifically measure severity of acuity (needs and vulnerabilities) served by the projects. The VISPDAT tool, which is the RICOC's chosen assessment tool for CES prioritization, addresses the assess households' needs and vulnerabilities including but not limited to: abuse/victimization, low or no incomes, current and past substance use, abuse history, criminal history and length of time homeless/chronic homeless status. To assure projects are serving the most vulnerable households, project applicants receive points in the ranking and scoring process based on the average vulnerability score of households admitted to the project as measured by the VI-SPDAT score (higher score averages result in higher points awarded and therefore higher ranking.) Additionally, project applicants that did not conduct the VISPDAT on all of their new admissions within the last year lost points in the evaluation process. This is because, 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 through the CES. The ranking committee, which evaluates all project seeking renewal or new project funding, considers each project individually and if the project is the only of its kind in the State that serves a special homeless population and will adjust ranking if needed to those projects are not penalized for lower performance due to serving hardest to serve populations. This adjustment is rarely needed, however, since points are awarded for serving higher acuity populations to uniformly reward projects in their ranking for serving the hardest to serve populations.

1E-3. Public Postings. Applicants must indicate how the CoC made public:

- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
- (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
- (3) attach documentation demonstrating the objective ranking, rating, 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, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:

- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**
- (2) rejected or reduced project application(s)—attachment required; and**

(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your 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? Attachment Required. Yes

2A-1a. Applicants must:
(1) 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, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).
HMIS Lead MOU (pages 1-2) and COC Governance Charter (pages 6-7 and 13)

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

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

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	662	67	501	84.20%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	341	109	226	97.41%
Rapid Re-Housing (RRH) beds	366	0	366	100.00%
Permanent Supportive Housing (PSH) beds	1,244	0	1,012	81.35%
Other Permanent Housing (OPH) beds	658	6	652	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

The HMIS bed coverage rates of 81.35% and 84.20% for PSH and ES beds respectively are of particular focus for the RICOC and HMIS lead to improve upon. The ESG low bed coverage rate is due to a 100-bed faith-based shelter (The Mission) not participating in HMIS. Since the Mission doesn't accept state or federal funds to conduct its ES, the RICOC is unable to require HMIS participation. However the RICOC requested its HMIS lead take reasonable steps to ameliorate barriers to and encourage HMIS participation. The HMIS Lead's executive director met with the ED of the Mission on May 31, 2018 to offer HMIS supports including waiving the licensure fee associated with HMIS participation and offering HMIS lead staff/interns to perform the data entry involved in inputting Mission data into HMIS. She reports follow up in fall 2018 setting a shared goal of the Mission participation in HMIS before the January 2019 PIT. HMIS Lead is in possession of a letter of intent signed by the Mission indicating its interest in participation in HMIS.

The low PSH bed coverage rate is due to the VA not yet populating its VASH vouchers into HMIS. Since the VA doesn't accept COC or ESG funds to conduct its programs, the RICOC cannot compel HMIS participation, however it has requested its HMIS lead take all reasonable steps to navigate barriers and encourage participation by explaining the importance and benefits of HMIS participation for PSH and outreach effort alignment. The HMIS Lead's executive director has engaged with state and federal VA leadership to highlight HMIS supports including waiving the licensure fee associated with HMIS participation and offering HMIS lead staff/interns to train and support initial data entry for VA's street outreach teams. This action is currently underway and is documented by a Letter of Support signed by the VA to the HMIS lead. The HMIS lead intends to begin work on the VASH bed inputting after the street outreach data input is completed.

**2A-6. AHAR Shells Submission: How many 12
2017 Annual Housing Assessment Report
(AHAR) tables shells did HUD accept?**

2A-7. CoC Data Submission in HDX. 04/30/2018

**Applicants must enter the date the CoC
submitted the 2018 Housing Inventory Count
(HIC) data into the Homelessness Data
Exchange (HDX).
(mm/dd/yyyy)**

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/24/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/30/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)**

There was a 5.65% (61 person) reduction in RI's sheltered PIT count in 2018 as compared with the 2017 RI sheltered PIT count. There were no applicable methodology or data quality changes in the 2018 PIT count.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. 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 2018 sheltered PIT count? No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

Home to Hope, a program incubated at Rhode Island Coalition for the Homeless, which is the RICOC's designated HMIS lead, spearheaded the 2018 Youth PIT Count and informed the strategies to count youth in the PIT Count hosted at the end of January 2018. Two months of planning meetings occurred inclusive of focus groups with youth with experience of homeless and youth providers to design PIT methodology and select locations youth frequent to target counting efforts. These meetings involved youth system stakeholders: Foster Forward, the Child Welfare Agency, the Parent Support Network, youth services providers, Youth Pride, DV providers, advocates, and street outreach teams. All meetings included youth with lived experience who are participants in the RICOC's Unaccompanied Youth Committee to inform all RICOC Youth focused work. For the youth PIT "Come and Be Counted" sites held events where youth could receive food, gift cards, do laundry, watch movies and get haircuts. The PIT was accompanied by a survey was based on the Voices of Youth survey & tailored with feedback from youth who had experienced homelessness. Outreach teams canvassed 4 major cities. Survey sites and outreach teams included youth with lived experience. The online version of the survey was open for a month to assess homelessness on the night of the PIT. Survey assessed for point prevalence of homelessness, demographics, history of runaway status/foster care, income, education, and barriers to services. In alignment with best practices, the RICOC's youth PIT took place in May 2018 and used the more broad McKinney Vento definition of homeless to count youth, although those who met the HUD definition were also identified. The above described methodology for counting of youth informed strategies used to count youth in the RICOC's end of January 2018 PIT count.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

- (1) individuals and families experiencing chronic homelessness;**
 - (2) families with children experiencing homelessness; and**
 - (3) Veterans experiencing homelessness.**
- (limit 2,000 characters)**

In 2018 the RICOC HMIS Lead again purchased rights to use the Simtech Application: Counting Us as the smartphone-based "App" used to administer the PIT count. This app allows all volunteers and staff conducting the PIT to use the same survey to standardize results and data quality. The app required answers to subpopulation question(s) to assure data was accurately gathered on individuals and families experiencing chronic homelessness, families with children experiencing chronic homelessness, and veterans experiencing homelessness. Three months in advance of the identified PIT date, the HMIS lead began convening meetings to formalize 2018 PIT conduction strategy and integrating feedback from previous volunteers and stakeholders to refine the process. Feedback included more robust training on the Simtech app and more proactive identification of PIT outreach team leads in rural areas of the state. In RICOC subpopulation specific placement meetings (CES meetings specific to chronic individuals, families with children and veterans experiencing homelessness) HMIS and CES lead outreached the upcoming PIT and gathered updated information on outreach locations for each subpopulation to better count unsheltered homeless in each subpopulation. Maps with known locations to survey were circulated to each team specific to their geographic location. For example, known parking lots where families frequented while sleeping in their cars with children and encampments with high acuity and chronic individuals and veterans slept were identified, to assure PIT groups could locate and count them.

The RICOC is proud to report a reduction of 30% (-18 people) unsheltered and a reduction of 5.65% (-61 people) as sheltered in RI's 2018 PIT Count. The combined reduction in sheltered and unsheltered homeless in the 2018 PIT count was a reduction of 6.69% (-79 people).

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	2,525
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3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
- (2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

The number of first time homeless in the RICOC increased from 2441 to 2525 (84 households; a 3.4% increase) in 2017. Since this SPM indicates RI's system need further refinement to reduce this measure, the RICOC was interested in further understanding the risk factors the COC ought to use to identify persons becoming homeless for the first time. Two processes were identified to collect this data on risk factors for first time homeless households entering the RICOC system: 1. the HMIS lead agency, RI Coalition for the Homeless, pulled a report from HMIS identifying the risk factors indicated for the persons becoming homeless in HMIS in 2017. This captures risk factors for those who become homeless for the first time to inform strategies to implement and collaborations to mitigate those risk factors. This report will be updated and reviewed quarterly in System Performance Committee. 2. The COC addresses households at risk of becoming homeless through its Diversion efforts. Risk factor information gathered from the Diversion provider in Diversion interviews (which are conducted using evidence-based practices) with each household presenting for housing and services informs the risk factors for risk factors for families and individuals at risk of becoming homeless. The RICOC reviews diversion information monthly and makes recommendations in its Board meetings, this includes numbers of successful diversions and outcomes of those diverted and unable to be diverted. As more data accumulates the RICOC plans to use this data to identify trends in risk factors of those at risk of becoming homeless. RI Coalition for the Homeless (HMIS Lead) is responsible for strategy 1 and Crossroads RI (Diversion provider) is responsible for strategy 2. These agencies execute this process and make recommendations to the COC Planner, who oversees the COC's strategy to reduce first time homeless and all three coordinate to bring recommendations to the Board for

consideration and implementation.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

There was a reduction in average LOT homeless in 2017. Average bed nights were reduced by 7 days for persons ES, SH and TH, a 6.2% reduction. RICOC is proud of this decrease and refined its process to continue reduction in LOT homeless by at least 5% annually. RICH, the HMIS lead, pulled reports for each ES and TH provider (RI has no SHs) and averaged their LOT info to get a baseline LOT for each provider. Quarterly, the HMIS lead will run a similar report and graph the data to watch progress and look for trends to inform system interventions to decrease LOT homeless. The graph includes the RICOC's target (a decrease in LOT of at least 5% annually). Providers are indicated on the graph with their data. This will help the COC identify providers and households with the longest LOT homeless to target interventions to improve this metric. In June 2018 the RICOC planned a community conversation for October 2018 hosted by Crossroads RI to discuss strategies and actions toward reducing beds in the largest shelters and more rapidly transitioning clients into PH through housing focused shelter interventions. This was driven by a state and RICOC priority to reduce shelter funding while increasing PH funding to better serve individuals and families with PH solutions instead of long term shelter stays. COC ids and houses households with longest LOT homeless through CES. CES assessment considers LOT homeless to determine prioritization for housing. In addition, CES lead uses case conferencing to determine housing placements, a household with a long LOT homeless (as shown in HMIS), but otherwise scoring lower on the acuity assessment may be prioritized for housing. The HMIS lead is responsible for the HMIS reports to inform the SPM Committee, the RICOC committee tasked with making recommendations to the board to improve SPMs. Crossroads RI will host the community conversation on shelter reduction in RI; the COC planner is responsible to oversee this strategy.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

Percentage

Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	41%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	96%

3A-3a. Applicants must:

(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1. There was a reduction (-2%) in 7a.1. The RICOC is in process of implementing an outflow analysis process (a community solutions product) to provide a data driven foundation for system change by identifying outflow to positive and negative exit destinations from ES, TH, and RRH. CES and HMIS staff are attending the Built for Zero session in Sept to begin data input and implementation. HMIS lead is increasing training opportunities for HMIS users on the importance of exit destination data and strategies to gather accurate exit info for those exiting ES. ESG funding committees examine exit destination to PH data to inform funding priorities for ES and TH. 2. SPM committee ran reports quarterly to inform the SPM meetings to specifically identify when PH is not achieved and to assure excellent data quality on PH exit destinations. There was an increase (2%) in the percentage of successful exits/retention in 7b.1. RICOC has a 96% successful exit/retention rate; a 5% increase to accumulate maximum points is not possible. RICOC attributes its high % to exemplary supportive services and embrace of the HF philosophy and robust coordination between homeless providers and mainstream affordable housing. In 2017 a PHA in RI implemented a move up strategy for persons in PSH who no longer require that level of intense services. RI Housing is also leading a multifamily housing initiative. HUD Approved definitions include the "move up" population form PSH. Such mainstream resources support RICOC strategy to continue strong performance in exits to PH destinations from PH (other than RRH). Both SPMs are included in the performance evaluation metrics that inform competition ranking. Recipients can access the reports data is publicly shared for transparency and to motivate program development to increase project and thereby system performance. HMIS lead, COC Planner and SPM Committee are responsible to oversee this strategy.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	10%

3A-4a. Applicants must:

(1) describe how the CoC identifies common factors of individuals and

persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

RICOC saw a 32% reduction in the percent change of returns to homelessness (RTH) between 2016 and 2017 (204 ppl RTH 2016; 137 ppl RTH 2017). RICOC maintains a 10% rate of return to homelessness exiting from all programs in the first 6 months within 2017. RICOC's strategy to reduce RTH among exits from all programs includes examining exits from programs quarterly and annually at COC competition by scoring projects on renewal performance metrics including low % RTH. The HMIS lead trains providers on how to run this report regularly. In 2017, the RICOC also addressed this metric through implementation of a systematic, statewide diversion program. By funding diversion systematically, RICOC brings increased support to all its programs to decrease the numbers of people RTH. The Diversion program works closely with households at risk of RTH using the diversion interview process and, if needed, prevention funding to stabilize those households and mitigate their RTH whenever possible. The also gather risk factor data on all households to report to the RICOC. The SPM committee can look at risk factors present in those households that RTH to id common factors. Crossroads RI, the Diversion provider for the RICOC is responsible for this strategy; the COC planner oversees this strategy. To assure households in TH and PH are offered robust supportive services to transition to and/or remain in PH the RICOC passed statewide Supportive Housing Case Management standards in 2018. By providing standard of supportive services expected, it assures systematically all households have access to same level of care to maximize success as measured by maintain (or exit to) PH. RICOC has robust Housing First and Case Management training offered through RI's CABHI grant. Trainings were all offered free of charge to develop staff capacity to delivery exemplary supports to stabilize households in PH, ex's: TIC, CTI, HF philosophy and practice. The COC planner oversees this strategy.

3A-5. Job and Income Growth. Applicants must:

(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

RICOC saw an increase of 7% in the % of adults who increased their total income in 2017. This represented a 44% increase in persons with increased income since 2016 (125 people in 2016 to 180 people in 2017). RICOC's strategy to access employment and non-employment cash sources includes programming, trainings in best practices, implementation of innovative programs, and a SOAR program aligned with the RICOC's CES. Programming includes RI Coalition for the Homeless' community resource guide that was

revised significantly and reissued in 2018 with a section on mainstream employers open to employees with varying criminal backgrounds. The Coalition also hosts the Supportive Housing Partners Network, which shares resources and jobs available for household looking for work. Many programs incorporate job training programs; exs include CNA certification program run by Crossroads RI and a janitorial training program provided by Amos House. The RICOC's stakeholders to end youth homelessness include multiple youth focused job training programs and edu partners. RICOC stakeholders include CDBG entities in local gov to align job training resources provided by other funding sources with eligible participants in COC programs. Training on best practices was provided by RI CABHI program. In 2018, an RICOC stakeholder, House of Hope CDC, implemented a mobile outreach van with shower facilities called Shower to Empower. In addition to showers and outreach services PH focused case management and employment services are key services components of the program. RI's SOAR prgm works closely w/ the CES lead to assure everyone SOAR eligible is referred. SOAR takes referrals based on acuity as measured by CES to assure they're serving those with highest vulnerability. Despite this focus on high acuity clients, RI's SOAR program is ahead of national SOAR averages and currently boasts 68% initial approval in 79 days (national avg: 64% approval/96 days.)

3A-6. System Performance Measures Data 05/30/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds.** In the boxes below, applicants must enter:
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	382
Total number of beds dedicated to individuals and families experiencing chronic homelessness	337
Total	719

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written 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? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of 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"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

The RICOC convenes separate placement meetings to meet the unique needs and challenges of Rapidly rehousing families with children as quickly as possible. This placement committee uses the same acuity by name list, yet focus only on families with children and convening the system responders trained and able to meet these households' unique needs. The RICOC has reallocated historical TH and PSH projects serving families into rapid rehousing projects to better meet housing needs existing for these households in RI. The RICOC hosts RRH trainings on best practices, compliance and progressive engagement annually and also sent multiple providers and system reps to the RRH institute to bring back emerging strategies. These efforts informed stakeholder involvement to refine the progressive engagement criteria in the RICOC's adopted RRH standards. Consistent and strategic progressive engagement allows the RICOC to be more effective in RRH, and therefore serve more households in need each year with existing resources. A challenge in RRH in 2017-2018 has been unit location, as RI is experiencing a tight rental market and historically low vacancy rates. To address this and continue progress towards this 30 day benchmark despite this challenge, the RICOC has supported creation of a landlord mitigation fund with state dollars, offered in coordination with housing navigation services; in collaboration with CABHI, financial incentives to landlords and the person locating the units are being offered. The CES lead agency is responsible for operation of this strategy, the COC planner is responsible for oversight.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination 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.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's

strategy to address the unique needs of unaccompanied homeless youth includes the following:

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-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

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-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

The RICOC continued to focus on youth experiencing homelessness in RI through recommendations and action of its unaccompanied youth committee. Two (2) new COC FY17 RRH project specifically to serve unaccompanied youth deployed in 2017. The RICOC ensures it effectively deployed those resources this year by approving the TAY-VI SPDAT to assess youth acuity in a developmentally appropriate and effective methodology for housing placement. Youth experiencing unsheltered homelessness are prioritized. The Unaccompanied Youth Committee uses the TAY VISPDAT in combination with case conferencing to inform placement decisions. The RI Coalition for the Homeless and Home to Hope's Street Sheet (a brief guide specific to subpopulation on resources available for those at risk of or experiencing homelessness) was updated in 2018 and is being disseminated. The RICOC has responded to HUD's YHDP NOFA for the previous two years to recruit new federal funding to support new resources for this subpopulation. The RICOC partnered with the Department of Children Youth and Families (RI's Public Child Welfare Agency) and local housing authorities to respond to a HUD issued

NOFA for Family Unification Program Vouchers in 2018 to increase RI capacity to meet youth housing and services needs with mainstream resources. That application is still pending decision.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
 - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
 - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

The evidence the COC uses to measure its strategies outlined above is gathered in CES data evaluation and RICOC COC performance metrics reports. The RICOC funded an accountability analyst position at its CES lead agency to ensure CES policy on prioritization is adhered to and resources are effectively utilized to provide housing and services to all youth experiencing homelessness as these youth specific programs started in the last year. The specific measures used to calculate effectiveness include: transition aged youth placements made, VI score averages of placements made by program, retention of or exit to PH, average cost of successful program placement. The RICOC believes these measures determine effective use of and increase of youth housing and services because they assure RICOC priorities are met while measure cost effectiveness to stretch funding responsibly to serve more youth with limited resources. These metrics are used to score project renewals for funding, so system performance is reinforced while ensuring youth specific targets are considered. Additionally, the RICOC measures ongoing need for youth housing and services through annual implementation of a youth specific point in time count. This Youth PIT, overseen by the Unaccompanied Youth Committee, uses national best practices in youth-specific PIT counting to more accurately inform the need for additional housing and services in RI for unaccompanied transition aged youth.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

Statewide McKinney-Vento liaison is active on COC membership; this is a formal partnership between the State Liason and the RICOC. This partnership supports alignment between the RICOC, its providers and the RI Dept of Education (RIDE) and its liaisons. This partnership supports the RICOC's PIT and Youth PIT to ensure local education authorities and school districts participate and collaborate. In 2018 the Youth PIT was moved from July date to a May date to assure close collaboration with school districts and McK-V liaisons strengthened methodology. Statewide liaison's attendance and

participation in quarterly Membership meetings ensures education and district needs and goals are represented in statewide planning. In 2018, one example of this cross-sector partnership was the RIDE statewide liaison shared strategies of best practices circulated by School House Connections, a national organization promoting success for youth experiencing homelessness, on advocating with their families and youth for appropriate educational services, from birth through higher education. It summarized rights and protections that apply to all children and youth experiencing homelessness, as defined by the education subtitle of the McKinney-Vento Act. The RICOC's Unaccompanied Youth committee (UYC) includes youth education stakeholders, the UYC is a formal committee of the RICOC. RICOC compliance staff monitors recipient's procedures on informing households of eligibility for education services.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)**

In 2018, the RICOC updated its policy and procedure on Educational Services for Children and included a sample educational rights policy. It clarifies how federal and state law requires every school district and public charter school in Rhode Island to designate a homeless liaison who is responsible for ensuring the identification, school enrollment and stability, attendance and opportunities for academic success of students in homeless situations using a child-centered, best interest framework for decision-making. It further summarizes information about the responsibilities of recipients/sub-recipients of CoC and ESG funds to ensure that participants in RICoC are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act: to ensure that children and young adults are immediately enrolled in school, as required by federal and State law, and to ensure that they are connected to transportation and educational services to help them succeed in school. The policy includes a sample procedure that aligns with federal law, and COC regulations to support recipients and subrecipients in effective implementation of the policy.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	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 years	No	No

Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

The RICOC's CES Lead Agency runs bi-monthly Veteran Placement Committee meetings to oversee that veterans experiencing homelessness are referred to eligible VA services and Housing, SSVF and GPD. These same meetings also serve as the placement 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 federal and state 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. Additionally, in 2018, the federal and RI state VA, CES and HMIS Lead, and Collaborative applicant have begun regular "RI Veteran Stakeholder" meetings to address streamlining referrals to VA and HUD funded programming and assuring accurate data representative of the current state of veteran homelessness in RI. This group has the goals of messaging the state of veteran homelessness in RI, progress towards ending homelessness, and maximizing the federal, state and local resources needed to successfully declare veteran homelessness as rare, brief and non-recurring in RI in the future.

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 experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: Yes
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
 (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare.** Applicants must indicate, for each type of healthcare listed below, whether the CoC:
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

- 4A-1a. Mainstream Benefits.** Applicants must:
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)**

RICOC ensures program staff has current information regarding benefits and other resources by dissemination of educational materials and relevant updates at RICOC meetings and 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. Additionally, quarterly RICOC membership meetings serve as quarterly conferences on issues related to homelessness and in 2018 report on the SOAR program, mainstream substance abuse treatment and mental health programs were highlighted to support attending stakeholder's increased knowledge on mainstream resources. The CES placement meetings (bimonthly for each subpopulation) also serve as training venues on benefits information and are helpful to disseminate updates

quickly to providers and systems staff.

RI is a Medicaid expansion state; coc collaboration with RI's managed care organizations resulted in a housing stabilization package that is currently pending CMS approval. 6 homeless services providers have been preapproved to bill Medicaid for housing stabilization payments and billing began in 2017 and 2018 on Medicaid qualified residents in PSH, although it has temporarily paused due to unforeseen delays with final CMS approval; upon CMS approval, payments will commence again to support housing stabilization in PSH with Medicaid reimbursement. 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.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	40
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	40
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 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. In 2018, and RICOC SO provider implemented Shower to

Empower, a mobile shower facility that incorporates housing-oriented case management to those presenting for showers and SO services. The mobile unit circulates known locations throughout Providence, with plans to expand to other cities in the future when funding expands. SO workers participate in the RICOC's CES Placement Committees to ensure outreach services are targeted 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.

In 2018 RI has been engaged in a robust updating of DOT roads and bridges; this presented an opportunity RICOC stakeholders capitalized on. When DOT leadership and local law enforcement identified encampments in areas planned for construction, SO teams and PATH grant leadership (Department of Bx Health) began weekly coordination with DOT to support relocation of individuals without criminalization. SO used this opportunity to build rapport and trust with those who previously were least likely to request assistance and engage them in housing oriented services and outreach.

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC 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; and

**(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)**

COC provides regular training on fair housing standards and outreaches free fair housing trainings offered throughout the community as they are available. These trainings include strategies to market housing and supportive services regardless of protected class(es). COC requires documentation of fair housing policy during annual recipient monitoring. Compliance officer using monitoring visits fro technical assistance in administering fair housing policy and offers suggestions and examples of LEP marketing and options to support recipients in implementation of policies and procedures that effectively communicated with persons with disabilities and LEP. 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-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	328	366	38

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? 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
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Administratio...	09/05/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	Move-On Multifami...	09/05/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	CE Assessment Tool	09/05/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	COC Rating and Ra...	09/05/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting Pr...	09/05/2018
1E-4. CoC's Reallocation Process	Yes	COC Process for R...	09/07/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Projects Accepted...	09/05/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Project Rejection...	09/05/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Local Competition...	09/05/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	COC and HMIS Lead...	09/05/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policy and P...	09/10/2018
3A-6. HDX–2018 Competition Report	Yes	HDX Competition R...	08/17/2018
3B-2. Order of Priority–Written Standards	No	Order of Priority	09/05/2018

3B-5. Racial Disparities Summary	No	Racial Disparity ...	09/06/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Administration Plans

Attachment Details

Document Description: Move-On Multifamily Assisted

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: COC Rating and Ranking Procedure

Attachment Details

Document Description:

Attachment Details

Document Description: Public Posting Project Selections, Ranking and

COC application

Attachment Details

Document Description: COC Process for Reallocation

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

Document Description: Project Rejection- Reduction Notification

Attachment Details

Document Description: Local Competition Deadlines

Attachment Details

Document Description: COC and HMIS Lead Governance

Attachment Details

Document Description: HMIS Policy and Procedure Manual

Attachment Details

Document Description: HDX Competition Report 2018

Attachment Details

Document Description: Order of Priority

Attachment Details

Document Description: Racial Disparity Assessment Summary

Attachment Details

Document Description:

Attachment Details

Document Description:

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	08/07/2018
1B. Engagement	09/07/2018
1C. Coordination	09/10/2018
1D. Discharge Planning	08/17/2018
1E. Project Review	08/27/2018
2A. HMIS Implementation	09/10/2018
2B. PIT Count	08/27/2018
2C. Sheltered Data - Methods	09/10/2018
3A. System Performance	09/10/2018
3B. Performance and Strategic Planning	09/10/2018
4A. Mainstream Benefits and Additional Policies	09/10/2018
4B. Attachments	Please Complete

FY2018 CoC Application	Page 52	09/10/2018
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Submission Summary

No Input Required

Pawtucket Housing Authority

Public Housing Plan – excerpt:

4-III.B. 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.

Local Preferences [24 CFR 960.206]

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 [24 CFR 960.206(a)].

PHA Policy

The PHA has the following local preferences:

- 1) Residency Preference: Applicants who reside or work in the City of Pawtucket. The Residency Preference will not be used on how long an applicant has resided or work in the City of Pawtucket;
- 2) Working Preference: Applicants whose head of household or any family member is currently employed at least 20 hours per week. The PHA will not base this preference on how much a family earns. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].
- 3) Disabled Person Service Connected (Veteran) Preference: Any head of household or any family member who is a veteran or serving in the military.
- 4) Chronically Homeless Veteran's Preference: Any veteran who meets the definition of "Veteran" and who meets the definition of "Chronically Homeless".
- 5) Chronically Homeless Family Preference: Families who are Chronically Homeless: An individual or family experiencing four (4) episode of homelessness within three years or homeless for 12 consecutive 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. An individual is homeless if he/she lacks fixed, regular and adequate nighttime residency. Primary nighttime residence that is supervised public or private operated shelter designated to provide temporary living accommodations. A public or private place not designated or normally used was a regular sleeping place for humans. The PHA will verify that an applicant is chronically homeless via the Homeless Management Information System(HMIS).

Chronic Homeless Individual or Family

In order to be eligible for this preference applicants must be verified as being chronically homeless (Chronic homeless means a family of one or more persons experiencing 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.

One unit in every four unit turnovers will be used for this pilot program until ten units have been utilized. Once a unit has been utilized for this pilot program it will continue to be used to house chronic homeless family during the duration of this pilot program.

Chronically Homeless Veteran Preference

In order to address the problem of homelessness among veterans, The Housing Authority of the City of Pawtucket, Rhode Island established a preference for "Chronically Homeless Veterans". 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:

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 was 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.

Eligible candidates are expected to participate in case management and utilize the supportive services, treatment recommendations and assistance needed to successfully maintain and sustain the 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).

All applicants who are admitted under the “Chronically Homeless Veteran” preference will be tracked for their performance and must continue to receive supportive services while living in Pawtucket Housing Authority residence unless such services are no longer deemed necessary as certified by a service provider as defined above.

One unit in every four unit turnovers will be utilized to place individuals or families who meet the above criteria.

Pawtucket Housing Authority

Administrative Plan excerpt (HCVP) Homeless Preference:

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

The PHA has the following local preferences:

- 6) *Residency Preference: Applicants who reside or work in the City of Pawtucket. The Residency Preference will not be used on how long an applicant has resided or work in the City of Pawtucket;*
- 7) *Working Preference: Applicants whose head of household or any family member is currently employed. The PHA will not base this preference on how much a family earns. The PHA will provide an applicant family the benefit of a working family preference if the head or spouse is 62 years of age or disabled.*
- 3) *Disabled Person Service Connected (Veteran) Preference: Any head of household or any family member who is a veteran or serving in the military.*
- 4) *Chronically Homeless Veteran's Preference: Any veteran who meets the definition "Veteran" and who meets the definition of "Chronically Homeless". See Chapter 18 pertaining to Chronically Homeless Veteran's admission, eligibility and verification.*
- 5) *Rhode Island Resident Preference (1 point): For applicants 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, driver's licenses, voter registration records or credit report.*
- 6) ***Displaced by Natural Forces Preference: Fire, flood or other natural disaster The PHA will verify that an applicant has been displaced by natural disaster as follows: Fire Department report listing the names of residents; letter from the Board of Health; and letter from the Red Cross or other recognized disaster relief organization.***
- 7) ***Displaced due to Domestic Violence: Victim of abuse that has occurred recently or is of a continuing nature. The PHA will verify this preference by obtaining a police report, restraining order and a letter from a social service or domestic abuse counselor.***

8) Chronically Homeless Families Preference: Families who are 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. An individual is homeless if he/she lacks fixed, regular and adequate nighttime residency. Primary nighttime residence that is a supervised public or private operated shelter designated to provide temporary living accommodations. A public or private place not designated or normally used as a regular sleeping place for humans

The PHA will verify that an applicant is chronically homeless via the Homeless Management Information System (HMIS).

An applicant will be placed on the waiting list by the date and time of application and then ranked according to the number of preferences he/she may qualify for. The PHA aggregates the number of preferences an applicant qualifies for (example: two local preferences outweigh one).

NOTE: No single family member household will be housed before an elderly or disabled person household.

RHODE ISLAND HUMSING:

Choice Voucher Program.

5. The individual/ family has received assistance under the RICoC 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.

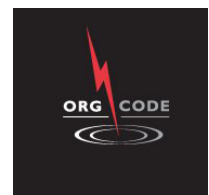
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____

☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

☐ Refused

3. In the last three years, how many times have you been homeless? _____

☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

☐ Refused

b) Taken an ambulance to the hospital? _____

☐ Refused

c) Been hospitalized as an inpatient? _____

☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**

SCORE:

5. Have you been attacked or beaten up since you've become homeless? _____

☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? _____

☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

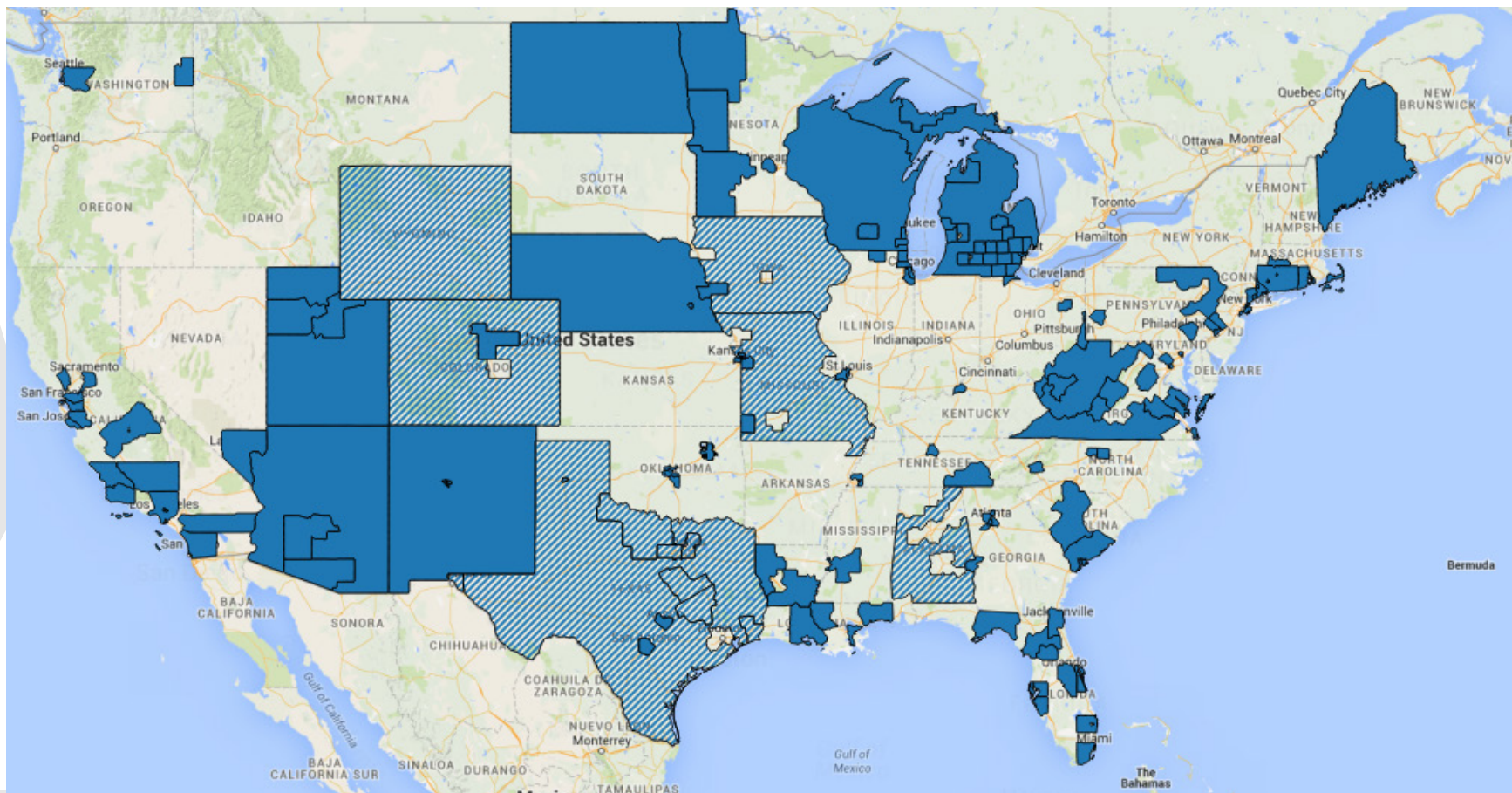
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

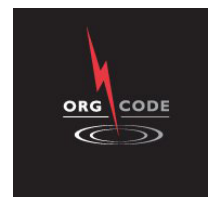
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdats/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____:____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name	Nickname	Last Name

	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name	Nickname	Last Name

	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? ☐ Y ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - ☐ Shelters
 - ☐ Transitional Housing
 - ☐ Safe Haven
 - ☐ **Outdoors**
 - ☐ **Other (specify):** _____
 - ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? _____ ☐ Refused
- b) Taken an ambulance to the hospital? _____ ☐ Refused
- c) Been hospitalized as an inpatient? _____ ☐ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ ☐ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**

SCORE:

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**

SCORE:

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**

SCORE:

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ **Y** ☐ **N** ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ **Y** ☒ **N** ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ **Y** ☒ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ **Y** ☒ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ **Y** ☐ **N** ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ **N** ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ **N** ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ **Y** ☐ **N** ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ **N** ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ **N** ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused

b) A past head injury? ☐ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. **YES OR NO:** Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

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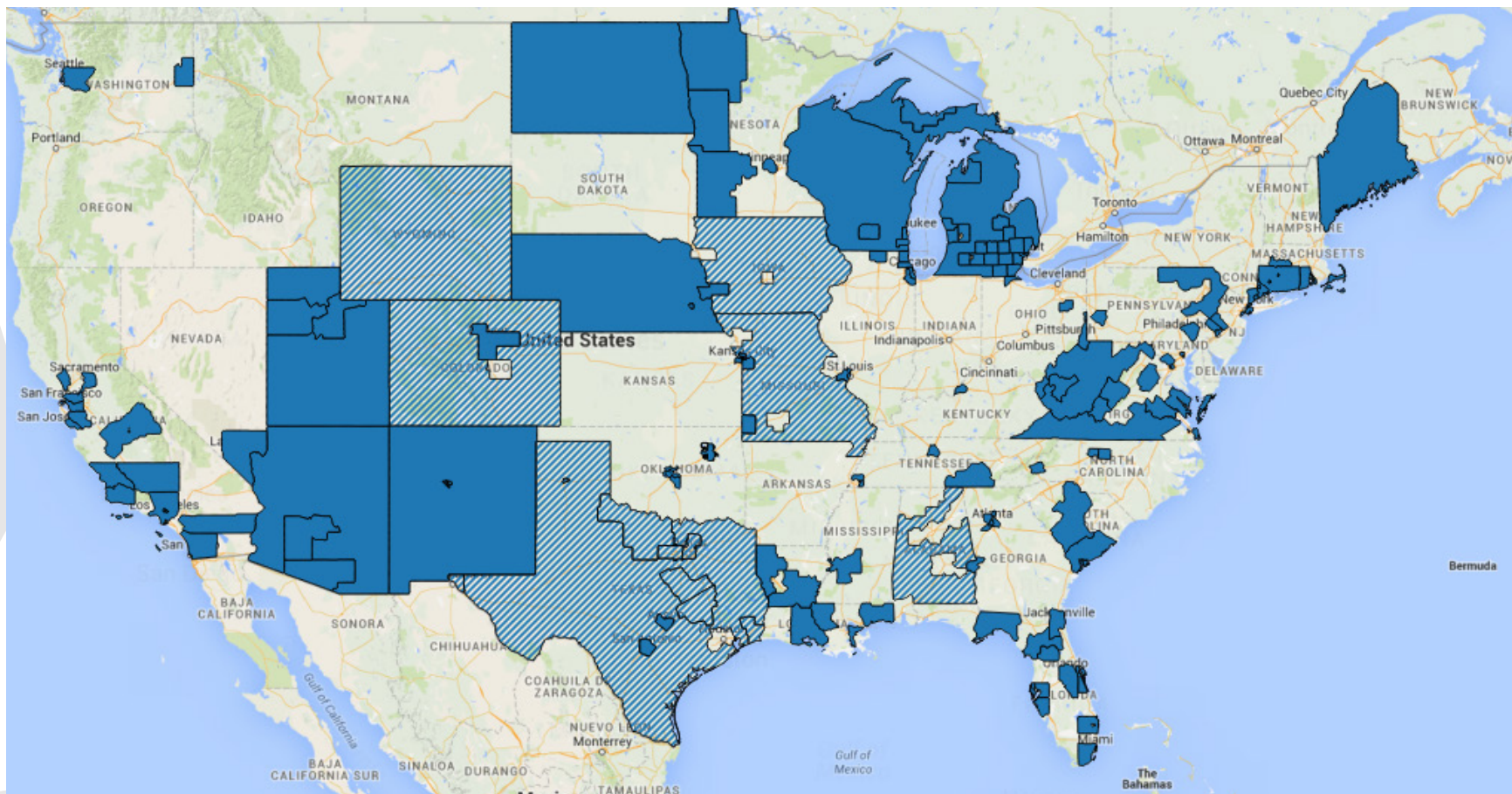
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- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
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Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
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- West Palm Beach/Palm Beach County

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- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

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- Honolulu

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- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

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- Statewide

Michigan

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- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

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- St. Louis City
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- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

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- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

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New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

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- Oklahoma City
- Norman/Cleveland County

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- Lancaster City & County
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- Pittsburgh/McKeesport/Penn Hills/Allegheny County

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- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

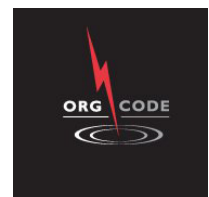
AMERICAN VERSION 1.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Eric Rice, PhD



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____:____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters ☐ Couch surfing ☐ Other (specify): _____
☐ Transitional Housing ☐ Outdoors
☐ Safe Haven ☐ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ ☐ Refused
 b) Taken an ambulance to the hospital? _____ ☐ Refused
 c) Been hospitalized as an inpatient? _____ ☐ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ ☐ Refused
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

8. Were you ever incarcerated when younger than age 18? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

9. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? ☐ **Y** ☐ N ☐ Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? ☐ **Y** ☐ N ☐ Refused
- c) Because your family or friends caused you to become homeless? ☐ **Y** ☐ N ☐ Refused
- d) Because of conflicts around gender identity or sexual orientation? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

- e) Because of violence at home between family members? ☐ **Y** ☐ N ☐ Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ **Y** ☐ N ☐ Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ **Y** ☐ N ☐ Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? ☐ **Y** ☐ N ☐ Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused
- b) A past head injury? ☐ **Y** ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/5	
D. WELLNESS	/5	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

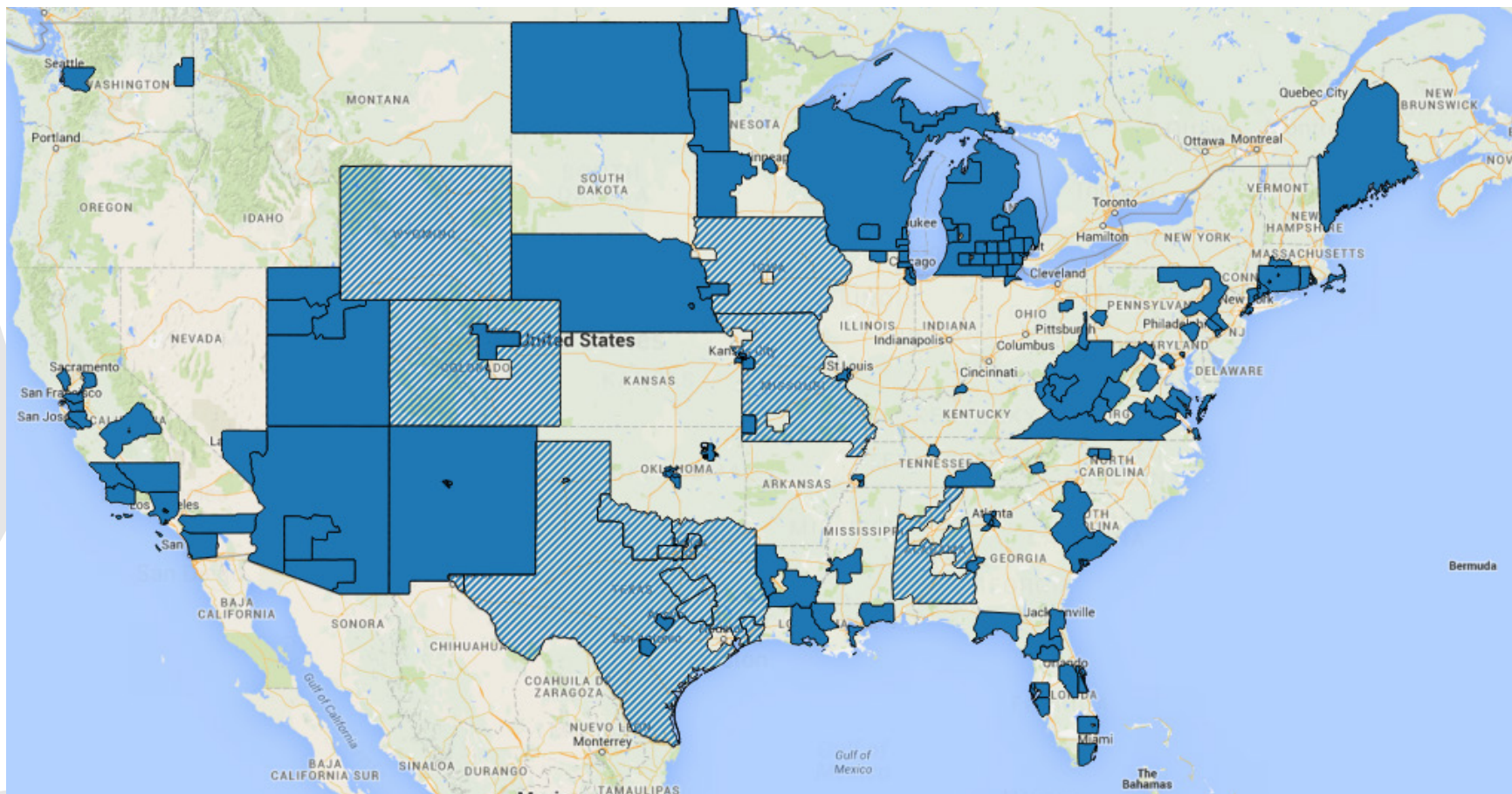
One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

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- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

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- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

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- Oklahoma City
- Norman/Cleveland County

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- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

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- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

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- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

Rhode Island Continuum of Care (RiCoC) FY2018 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.

The Recipient Approval and Evaluation Committee (RAEC) appointed by the CoC Board will review, rate and rank applications and make recommendation(s) for RiCoC Board of Directors vote. 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 2018 NOFA competition allows for a new type of bonus project, one for project exclusively serving survivors of domestic violence, dating violence or stalking. There are three types of projects allowed under the new DV bonus – rapid rehousing, joint TH-rapid rehousing and supportive services only for coordinated entry focused on the needs of people surviving DV.

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.

Only the highest scoring DV bonus project in each eligible component for the DV bonus will be included in the Collaborative Application. The DV bonus projects will be scored using the same new project review criteria as all new projects. They will be ranked with the new projects according to their score.

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
- First time renewal projects
- Reallocation and Bonus project applications (including DV bonus) 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..

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 recommendations by the RAEC formalized through RICOC Board of Director's vote, are subject to appeal through the CoC Grievance process and, if unresolved, to HUD.

Performance Evaluation Standards & Scoring Criteria for CoC Renewal Projects FY2018					
Renewal Performance Evaluation Criteria COC Competition FY2018	Universe	Source	Proposed Benchmark/ Standard		2018 Max Points
PERFORMANCE			PH	RRH	
1. Occupancy/Utilization (Average of 4 reported PIT counts)	Average Point in Time	APR Q7b	90% = 10 85-89% = 5	90% = 10 85-89% = 5	10
2. Participants are assessed using the VI-SPDAT prior to program admission	New entries during last program year	VISPDAT assessment present in HMIS (VI-ART Report)	100% (or N/A) = 10; 90-99% = 5		10
3. Average VI-SPDAT score for households admitted during the program year.	New entries during last program year	VISPDAT Score as indicated in HMIS (VI-ART Report)	Average score is 13 or higher: 10; 10 or higher (but below 13): 5	Average score is 7 or higher: 10; 7 or higher (but below 10): 5	10
6a. Percentage of all participant leavers who exited to shelter, streets or unknown within first 90 days	Participants - Leavers	APR Q23b	Less than or equal to 5%		10
6b. Percentage of all participant leavers who exited to shelter, streets or unknown after at least 90 days in program	Participants - Leavers	APR Q23a	Less than or equal to 5%		15
7. Spending of last year's COC grant	N/A	HUD RICOC report	100% = 10; 95-99% = 8; 90-94% = 4	100% = 10; 95-99% = 8; 90-94% = 4	10
8. Percentage of all leavers who exited to permanent destinations after more than 90 days	Participants - Leavers	APR 23a	90%		10
9a. RRH Only - Average length of program enrollment	All Participants	APR Q22	Average <= 6 months = 10; Average <= 12 months = 5		not scored this year
9b. PSH Only - Percentage of participants referred to mainstream affordable housing resources (ie: HCVP, Move-Up initiative, PH, Multifamily)	All Participants	HMIS service transactions with designated AIRS taxonomy codes	Referrals on 25% of participants = 10; Referrals on 10% of participants = 5		not scored this year
COMPLIANCE					
10. Prompt resolution of FY15 RICOC Monitoring findings	N/A	RICOC Monitoring report	No findings or resolution of findings within 30 days		10
HMIS					
11. HMIS Universal Data Elements null/unknown	All Participants	APR/HMIS	<=5%		5
COST EFFECTIVENESS					
12. Cost/Permanent Housing retention and/or PH Placement (total project budget/Number of all participants who remain in PH and exited to PH)	Participants exiting to permanent housing destinations and remaining in permanent housing	APR	\$15,000 or less = 10; \$20,000 or less = 5	\$10,000 or less = 10; \$15,000 or less = 5	10
Grand Total					100

Rhode Island Continuum of Care RI-500

June 7, 2018

Request for Letters of Interest to Apply for New Permanent Housing (Permanent Supportive Housing/Rapid Re-Housing), HMIS and CES Funds During the 2018 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 2018 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 \$166,000 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.

Requests for New and/or Expanded Permanent Housing Projects:

There are three allowable types of New and/or expanded Permanent Housing projects:

- **Permanent supportive housing** for disabled homeless individuals. This housing must primarily serve individuals 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 persons may be served with rental assistance or leasing funds. All applicants and eligible new program participants must be referred from the RICOC's Statewide Coordinated Entry System.
- **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. All applicants and eligible new program participants must be referred from the RICOC's Statewide Coordinated Entry System.
- **TH- RRH PH projects.** This was a new project type for the 2017 competition. These projects must:
 - Provide rapid access to safe and secure crisis 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.
- **The move to permanent housing in RRH should occur as soon as possible.**
- All applicants and eligible program participants must be referred from the RICOC's Statewide Coordinated Entry System.

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

- Minimal barriers to program entry. For example: 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 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.

Requests for New and/or Expanded HMIS and/or Coordinated Entry Services

The RICOC will entertain applications for new and/or expanded services provided for HMIS and/or coordinated entry. Since the Board has designated HMIS and Coordinated Entry lead agencies, those organizations are the only eligible entities to apply for this funding.

Applicants will be required to identify the new and/or additional services that will be provided and to identify how these additional services will lead to improvements in data quality (HMIS) or increased efficiency/effectiveness of the coordinated entry process.

Sources of Funds

- New projects providing housing and services will be eligible to apply for bonus and/or reallocated dollars. The board will make the determination as to whether to designate the project for bonus or reallocated funding.
- Requests to expand existing HMIS and/or coordinated entry grants can be funded out of reallocated dollars only.

PLEASE NOTE: 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 2018 competition to complete and submit a letter of interest at this time.** It is likely that this will be the only such request for letters of interest for new projects issued in the FY2018 competition.

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 _____ HMIS _____ Coordinated Entry Services

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 PH project 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 crisis-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. TH component may use leasing or operating costs plus supportive services;
 - ii. RRH component may use tenant based rental assistance and supportive services
 - iii. Admin is allowable for both the TH and RRH components.

Any HMIS and/or CES project applicants should request application criteria from the COC planner, Elizabeth Bioteau (ebioteau@rihousing.com)

Letters of Intent will be evaluated based on the factors identified on HUD's New Projects Threshold Requirements and New Projects Rating Tool (attached).

Applicants seeking new funding under the 2018 competition will be required to apply to contract directly with HUD as the COC Grant Recipient.

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 2018 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 (ebioteau@rihousing.com) Adobe PDF format is preferred.

All letters of interest are due on July 13, 2018 by 5 pm EDT.

PLEASE NOTE: Although it does not intend to change information detailed above, the RICOC Board may adjust this Request for Letters of Interest, including the deadline date listed above, in response to HUD issuing the FY2018 Notice of Funding Available for the Continuum of Care Program.

NEW PROJECTS THRESHOLD REQUIREMENTS

Project Name: _____
 Organization Name: _____
 Project Type: _____
 Project Identifier: _____

if you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

New Projects
Threshold Complete

0%

THRESHOLD REQUIREMENTS

YES/NO

Stakeholders should NOT assume all requirements are fully addressed through this tool. CoC Program application requirements change periodically and annual NOFAs may provide more detailed guidance. The CoC collaborative applicant and project applicants should carefully review the annual NOFA criteria each year.

☐ Yes to all

HUD THRESHOLD REQUIREMENT

1. Applicant has active SAM registration with current information.
2. Applicant has valid DUNS number in application.
3. Applicant has no Outstanding Delinquent Federal Debts - It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, unless:
 - (a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or
 - (b) Other arrangements satisfactory to HUD are made before the award of funds by HUD.
4. Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.
5. Applicant has Accounting System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received federal financial assistance or where HUD Program officials have reason to question whether a financial management system meets federal standards, or for applicants considered high risk based on past performance or financial management findings.
6. Disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds.
7. Demonstrated they are Eligible Project Applicants - Eligible project applicants for the CoC Program Competition are, under 24 CFR 578.15, nonprofit organizations, States, local governments, and instrumentalities of State and local governments. Public housing agencies, as such term is defined in 24 CFR 5.100, are eligible without limitation or exclusion. Neither for-profit entities nor Indian tribes are eligible to apply for grants or to be subrecipients of grant funds.
8. Submitted the required certifications as specified in the NOFA.
9. Demonstrated the project is cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.
10. Demonstrated they Participate in HMIS - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal services providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege.
11. Demonstrated Project Meets Minimum Project Standards - HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. Please note that these are minimum threshold criteria. CoCs and project applicants should carefully review each year's NOFA to ensure they understand and have accounted for all applicable standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:
 - (a) Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings;

NEW PROJECTS THRESHOLD REQUIREMENTS

Project Name: _____
 Organization Name: _____
 Project Type: _____
 Project Identifier: _____

*if you would like to change the project type, please do so in the
 HIC and re-copy the data to the RAW HIC DATA tab, or do so in
 the LIST OF PROJECTS TO BE REVIEWED.*

New Projects
 Threshold Complete

0%

THRESHOLD REQUIREMENTS

YES/NO

(b) For expansion projects, project applicants must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources; and,

(c) Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, unresolved audit or monitoring finding related to one or more existing grants, or does not routinely draw down funds from eLOCCS at least once per quarter. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.

12. Demonstrated Project is Consistent with Jurisdictional Consolidated Plan(s) - All projects must be consistent with the relevant jurisdictional Consolidated Plan(s). The CoC will be required to submit a Certification of Consistency with the Consolidated Plan at the time of application submission to HUD.

CoC THRESHOLD REQUIREMENTS

For each requirement, select "Yes" if the project has provided reasonable assurances that the project will meet the requirement or has been given an exception from the CoC or will request a waiver from HUD. Otherwise select "No".)

Coordinated Entry Participation

Housing First and/or Low Barrier Implementation

Documented, secured minimum match

Project has reasonable costs

Project is financially feasible

Applicant is active participant in CoC

Application is complete and data are consistent

Bed/unit utilization rate will be at or above 95%

Acceptable organizational audit/financial review

Documented financial stability of applicant

NEW PROJECTS RATING TOOL

Project Name: _____
 Organization Name: _____
 Project Type: _____
 Project Identifier: _____

New Projects
Rating Complete

0%

[Instructions on Awarding Points](#)

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
---------------	----------------	-----------------

EXPERIENCE

A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.

out of

15

B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.

out of

10

C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, 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 required reporting on existing grants.

out of

5

Experience Subtotal

0

out of

30

DESIGN OF HOUSING & SUPPORTIVE SERVICES

A. Extent to which the applicant

1. Demonstrate understanding of the needs of the clients to be served.
2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served
3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served.
4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits
5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.

out of

15

B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.

out of

5

C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.

out of

5

Design of Housing & Supportive Services Subtotal

0

out of

25

TIMELINESS

A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.

out of

10

Timeliness Subtotal

0

out of

10

FINANCIAL

A. Project is cost-effective - comparing projected cost per person served to CoC average within project type.

out of

5

B. Audit

1. Most recent audit found no exceptions to standard practices

out of

3

2. Most recent audit identified agency as 'low risk'

out of

3

NEW PROJECTS RATING TOOL

Project Name: _____
 Organization Name: _____
 Project Type: _____
 Project Identifier: _____

New Projects
Rating Complete

0%

[Instructions on Awarding Points](#)

RATING FACTOR	POINTS AWARDED		MAX POINT VALUE
3. Most recent audit indicates no findings	<input type="text"/>	out of	4
C. Documented match amount.	<input type="text"/>	out of	5
D. Budgeted costs are reasonable, allocable, and allowable.	<input type="text"/>	out of	20
Financial Subtotal	0	out of	40
PROJECT EFFECTIVENESS			
Coordinated Entry Participation- 95% of entries to project from CE referrals	<input type="text"/>	out of	5
Section V Subtotal	0	out of	5
OTHER AND LOCAL CRITERIA			
Section VI Subtotal	0	out of	0
TOTAL SCORE	0	out of	110
Weighted Rating Score	0	out of	100

PROJECT FINANCIAL INFORMATION

CoC funding requested	<input type="text"/>	\$	-
Amount of other public funding (federal, state, county, city)	<input type="text"/>	\$	-
Amount of private funding	<input type="text"/>	\$	-
TOTAL PROJECT COST	<input type="text"/>	\$	-

NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab

Application and Review Criteria for HMIS

1. Provide a description that addresses the entire scope of the proposed project.
2. Describe how the additional funding requested will result in:
 - a. Improvements in data quality
 - b. Increased training or support to agencies providing data in HMIS
 - c. Increased timeliness in reporting to HUD and responding to the CoC and grantees
3. Describe what the additional funding requested will be used for and why you believe it will result in the improvements identified above
4. Describe why this project is essential to the RICOC
5. Provide a detailed budget showing current funding and additional funding requested and how the total funding for the new/expanded project will be expended.

Application and Review Criteria for Coordinated Entry Applications

1. Provide a description that addresses the entire scope of the proposed project.
2. Describe how the additional funding requested will result in increased efficiency in the coordinated entry process including:
 - a. Reduction in time to make referrals from coordinated entry to housing provider
 - b. Reduction in time from referral to housing provider to placement in housing
 - c. Reduction in the number of referrals from coordinated entry to housing providers that do not result in a housing placement (either the referral is not accepted by the housing provider or the provider is not able to house the referred household)
 - d. Increased training or support to agencies participating in coordinated entry
3. Describe what the additional funding requested will be used for and why you believe it will result in the improvements identified above
4. Describe why this project is essential to the RICOC
5. Provide a detailed budget showing both current funding and additional funding requested and how the total funding for the new/expanded project will be expended.

Scoring Factors for New/ Expansion HMIS and Coordinated Entry Projects

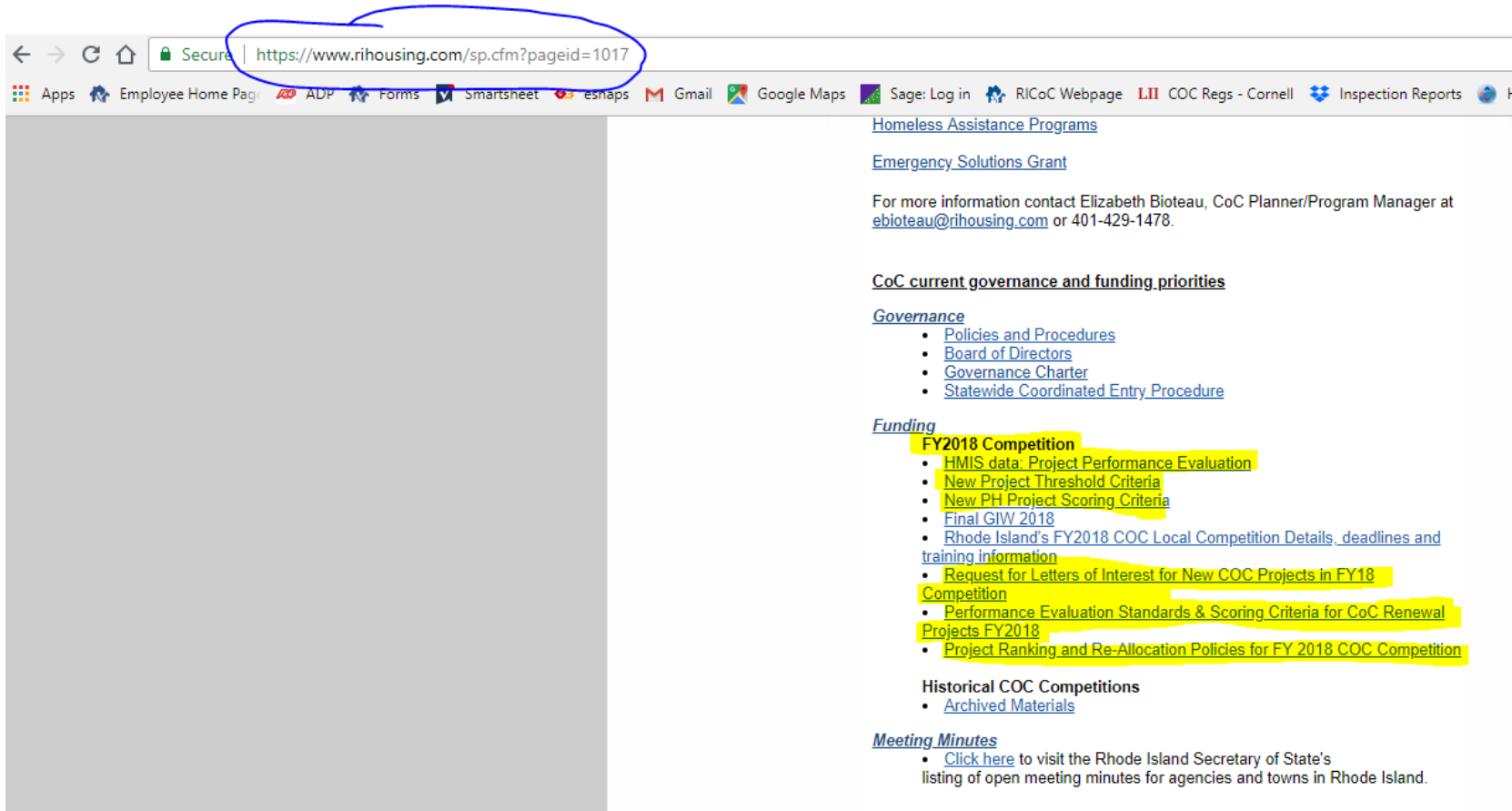
- a. **Experience and Effectiveness** (40 points total)
 - a. Experience in operating HMIS and/or coordinated entry, ability to meet HUD deadlines (HMIS), ability to promptly make referrals to available housing (CE). – 20 points
 - b. HMIS – overall data quality in HMIS (systemwide no missing or null values above 10% for UDEs = 10 points; none above 15% = 5 points
 - c. HMIS score on HMIS related factors (in 2017 max HMIS score = 13 points, score 11-13 = 10 points; 10 or below = 0 points
 - d. CE: will the proposed project result in increased efficiency and speed in the coordinated entry process – up to 15 points
- b. **Financial** (40 points total)
 - a. Audit – no issues or findings with most recent audit – 10 points
 - b. Match – source of match is documented and realistic – 10 points
 - c. Costs requested are reasonable, allocable and allowable – 20 points
- c. **Timeliness** (10 points total)

- a. Project plan demonstrates that project and/or expansion can be rapidly implemented – 10 points
- d. **Meeting Federal requirements** (10 points total)
 - a. Quarterly drawdown of grant funds = 3 points
 - b. At least 95% of prior grant funds expended = 4 points
 - c. No unresolved monitoring findings from HUD or RICOc = 3 points

Determination as “Essential”

The RICOc’s Recipient Approval and Evaluation Committee will review the application and scoring to determine a recommendation to the RICOc Board on the essential nature of any proposed HMIS and/or CES projects/expansions. See [FY2018 Ranking and Reallocation policy](#) for additional information.

RICoC Website Public Postings:



← → ↻ 🏠 🔒 Secure | <https://www.rihousing.com/sp.cfm?pageid=1017>

Apps 🏠 Employee Home Page 📄 ADP 📄 Forms 📄 Smartsheet 📄 esnap 📧 Gmail 📍 Google Maps 🖥 Sage: Log in 🏠 RCoC Webpage 📄 LII CoC Regs - Cornell 📄 Inspection Reports 🌐

[Homeless Assistance Programs](#)

[Emergency Solutions Grant](#)

For more information contact Elizabeth Bioteau, CoC Planner/Program Manager at ebioteau@rihousing.com or 401-429-1478.

CoC current governance and funding priorities

Governance

- [Policies and Procedures](#)
- [Board of Directors](#)
- [Governance Charter](#)
- [Statewide Coordinated Entry Procedure](#)

Funding

FY2018 Competition

- [HMIS data, Project Performance Evaluation](#)
- [New Project Threshold Criteria](#)
- [New PH Project Scoring Criteria](#)
- [Final GIW 2018](#)
- [Rhode Island's FY2018 CoC Local Competition Details, deadlines and training information](#)
- [Request for Letters of Interest for New CoC Projects in FY18 Competition](#)
- [Performance Evaluation Standards & Scoring Criteria for CoC Renewal Projects FY2018](#)
- [Project Ranking and Re-Allocation Policies for FY 2018 CoC Competition](#)

Historical CoC Competitions

- [Archived Materials](#)

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.

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Wednesday, May 9, 2018 1:17 PM
To: Elizabeth Bioteau
Subject: RICOC Competition materials
Attachments: Performance Eval. Standards Scoring Criteria 2018_v2.pdf; Ranking and Re-Allocation Policies for FY 2018 COC Competition.pdf

RICOC Stakeholders,

As I prepare for the spring/summer's anticipated FY18 COC competition, I wanted to update you on some materials recently approved by the RICOC Board that may be helpful to you.

Attached are the **Performance Evaluation Standards** that will inform the ranking of FY18 renewal COC projects for funding (first time renewals of new projects are exempt from this methodology of ranking - since they will not have a full years' worth of data to inform the rubric) I would recommend you consider using these metrics as guides to help monitor ongoing performance goals of your programs!!

Also attached is the approved FY18 **Ranking and Reallocation Policy** – both the ranking committee and the board will use this policy to make funding decisions in the upcoming competition. This policy explains how the results of the Performance Evaluation Standards impact the “rank” of specific coc projects for funding.

Please note: Since the competition has not yet started, it is possible these materials could be revised in the future to assure alignment with HUD's notice of funding available (NOFA) when its issued.

Much more information about the local COC competition will follow when HUD opens the COC competition in the coming weeks/months; to that end, I also wanted to take a moment to remind everyone of **the RICOC website, where all competition materials will be posted publicly.** Please take a moment to add it to your “favorites” if it would be helpful for you to access it in the future. There is also a link to the RICOC website in my email signature.

Have a great day,

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

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Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Thursday, June 7, 2018 5:29 PM
To: Elizabeth Bioteau
Subject: RICOC issues Request for Letters of Interest for New Projects in the FY18 COC Competition
Attachments: RICOC's Request for LOI new projects FY2018_issued 6.7.2018.pdf; New Project Threshold criteria.pdf; New PH project scoring criteria.pdf
Importance: High

The RiCoC is requesting Letters of Interest for New Project Applications for the anticipated, upcoming 2018 Continuum of Care Program Competition.

Deadline: All letters of interest are due on July 13, 2018 by 5 pm. Letters of interest must be submitted electronically to the CoC Planner, Elizabeth Bioteau (ebioteau@rihousing.com). Adobe PDF format is preferred.

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 \$166,000 in reallocated funding for new projects and a not-yet-known amount of “bonus” funding for new projects may be available to apply for in the competition. The CoC intends to allocate this funding to multiple projects. To help inform budgets, in previous years, the RICOC has been allowed to apply for approximately \$500,000 - \$600,000 in “bonus” funding for PH projects.

See attached ‘RICOC Request for Letter’s of Interest for New Projects’ for the full description of this opportunity including eligibility information. Threshold criteria and scoring criteria are also attached.

PLEASE NOTE: The CoC is issuing this request for Letters of Interest at this time to ensure that is positioned to respond to the FY18 HUD CoC Program Notice of Funding Availability (NOFA) once it is issued. It is likely that this will be the only such request for letters of interest for new projects issued in the FY18 COC competition. Although it does not intend to change information detailed above and attached, the RICOC Board may adjust this Request for Letters of Interest, including the deadline date listed above, in response to HUD issuing the FY2018 Notice of Funding Available for the Continuum of Care Program.

This notice is publicly posted on the [RICOC Website](#).

Thank you,

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.

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Wednesday, July 18, 2018 3:32 PM
To: Elizabeth Bioteau
Cc: Shalissa Coutoulakis
Subject: COC Renewal Applicants - Performant Evaluation Standards to inform project ranking
Attachments: Performance Eval. Standards Scoring Criteria 2018_v2.pdf
Importance: High

Dear RICOc Recipients and Subrecipients,

I want to be sure you're aware that HMIS has reports available that inform the Performance Evaluation Standards (attached) that the RICOc will use to score and rank renewal applications in the FY2018 COC competition. Although RICH will be pulling this data for the COC to inform the renewal ranking process in this competition, I also want to be sure you all know how to access these reports in HMIS and run them yourselves. Please see below for RICH's guidance on the reports being used and the instructions to access them. Please contact Shalissa on the HMIS team directly (shalissa@rihomeless.org) if you have questions on this information or would like additional support with these reports.

Since this data will be used to inform renewal project ranking this year (and similar metrics are likely to be used in years to come) I suggest that applicants run these reports and use them to inform program design changes to improve their performance outcomes.

RICH is in-process of pulling these reports to inform the FY18 ranking of renewal projects for RICOc funding. Please work closely with them if they reach out to you to resolve any errors in data quality reports to assure accuracy of data being considered to inform funding decisions. The data RICH pulls from HMIS that will be considered to inform renewal projects' FY 2018 competition ranking will be posted on the COC website in early August - I will send another email when that information has been publicly posted.

Thank you,
Elizabeth

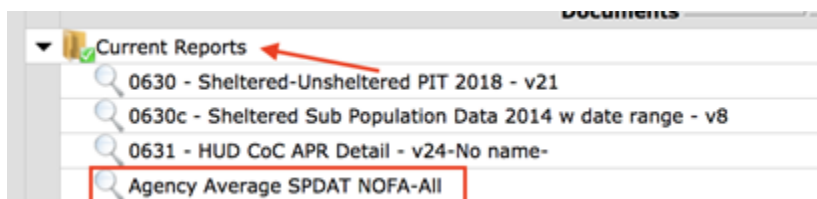
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Guidance on the Reports being considered and instructions to access them:

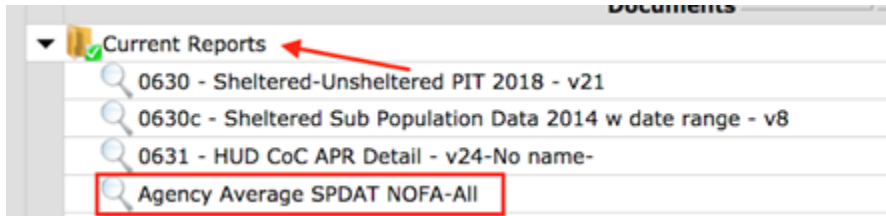
- Annual Performance Report (APR)

- VI-ART Report (Called Agency Average SPDAT NOFA-ALL Report in HMIS) This report has two tabs, one for all clients and one just for new entries during last program year (this is the universe used for the NOFA report)

VI-ART report can be found under "Current Reports"



FYI - RICH has reached out to all of the providers with projects from last year and sent data quality reports, listing errors that need to be fixed.



Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*

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Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Friday, August 10, 2018 1:07 PM
To: Elizabeth Bioteau
Cc: 'Shalissa Coutoulakis'
Subject: RE: COC Renewal Applicants - Performant Evaluation Standards to inform project ranking
Attachments: Copy of RI-CoC 2018 RENEWAL data - FINAL.xlsx

Dear RICOc Recipients and Subrecipients,

Attached to this email is the HMIS data that will be used to inform the scoring and ranking of renewal project applications in the FY2018 COC Program. If you have questions or believe there may be discrepancies between the data reflected in this report and actual HMIS data for a particular project and would like changes considered to inform FY2018 scoring, please contact Shalissa Coutoulakis at the HMIS office in RICH as soon as possible, and no later than Friday August 24, 2018.

Shalissa's email is shalissa@rihomeless.org and she is also CC'd on this communication.

Reminder: this data is available for HMIS users to regularly access in HMIS to inform project's COC program design throughout the year. There are notes on how to access these reports in the communication below. You are always welcome to reach out to the HMIS office for assistance as well.

For future reference, **this data is also be publicly posted on the [RICOc website](#).**

Have a great weekend,

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*

Rhode Island Housing

p. 401-429-1478 | ebioteau@rihousing.com

44 Washington Street | Providence, RI 02903

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From: Elizabeth Bioteau
Sent: Wednesday, July 18, 2018 3:32 PM
To: Elizabeth Bioteau <ebioteau@rihousing.com>
Cc: Shalissa Coutoulakis <shalissa@rihomeless.org>

Subject: COC Renewal Applicants - Performant Evaluation Standards to inform project ranking

Importance: High

Dear RICOc Recipients and Subrecipients,

I want to be sure you're aware that HMIS has reports available that inform the Performance Evaluation Standards (attached) that the RICOc will use to score and rank renewal applications in the FY2018 COC competition. Although RICH will be pulling this data for the COC to inform the renewal ranking process in this competition, I also want to be sure you all know how to access these reports in HMIS and run them yourselves. Please see below for RICH's guidance on the reports being used and the instructions to access them. Please contact Shalissa on the HMIS team directly (shalissa@rihomeless.org) if you have questions on this information or would like additional support with these reports.

Since this data will be used to inform renewal project ranking this year (and similar metrics are likely to be used in years to come) I suggest that applicants run these reports and use them to inform program design changes to improve their performance outcomes.

RICH is in-process of pulling these reports to inform the FY18 ranking of renewal projects for RICOc funding. Please work closely with them if they reach out to you to resolve any errors in data quality reports to assure accuracy of data being considered to inform funding decisions. The data RICH pulls from HMIS that will be considered to inform renewal projects' FY 2018 competition ranking will be posted on the COC website in early August - I will send another email when that information has been publicly posted.

Thank you,
Elizabeth

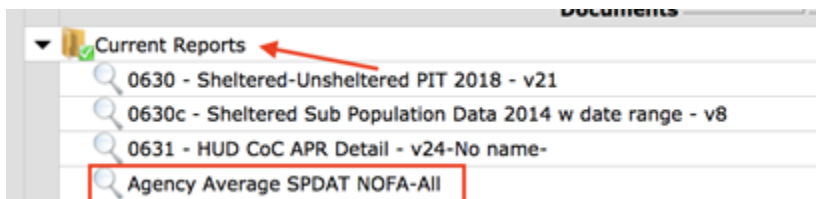
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Guidance on the Reports being considered and instructions to access them:

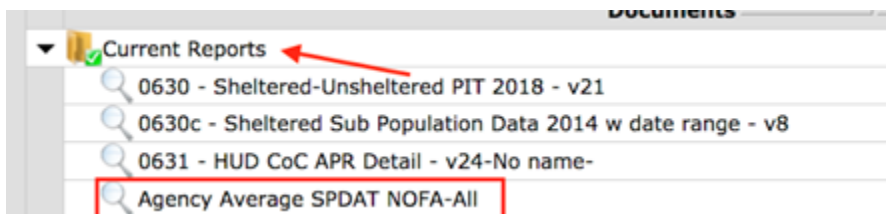
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FYI - RICH has reached out to all of the providers with projects from last year and sent data quality reports, listing errors that need to be fixed.



Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*

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Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Thursday, August 23, 2018 2:00 PM
To: Elizabeth Bioteau
Cc: Shalissa Coutoulakis
Subject: RE: COC Renewal Applicants - Performant Evaluation Standards to inform project ranking
Attachments: Copy of RI-CoC 2018 RENEWAL data and scoring.xlsx

Dear RiCoC Recipients and Subrecipients,

Attached to this email is the most recently updated HMIS and RiCoC data and the resulting scoring information for the renewal COC project applications being considered for the FY18 COC competition.

Please review your agency's project(s). If you have questions or believe there may be discrepancies between the data reflected in this report and actual data for a particular project and would like changes considered to inform FY2018 scoring, please contact myself and Shalissa Coutoulakis shalissa@rihomeless.org.

Reminder: most of this data is available for HMIS users to regularly access in HMIS to inform project's COC program design throughout the year. There are notes on how to access these reports in the communication below. You are always welcome to reach out to the HMIS office for assistance as well.

For future reference, this data is also publicly posted on the [RiCoC website](#).

The RiCoC hopes transparency around data, scoring and evaluation will help ensure accuracy of data driven decision making, and promote mutual understanding of RiCoC priorities and an opportunity for program refinement and technical assistance if needed. Please let me know if you have any questions,

Thank you!

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.



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From: Elizabeth Bioteau
Sent: Friday, August 10, 2018 1:08 PM

To: Elizabeth Bioteau <ebioteau@rihousing.com>

Cc: Shalissa Coutoulakis <shalissa@rihomeless.org>

Subject: RE: COC Renewal Applicants - Performant Evaluation Standards to inform project ranking

Dear RiCoC Recipients and Subrecipients,

Attached to this email is the HMIS data that will be used to inform the scoring and ranking of renewal project applications in the FY2018 COC Program. If you have questions or believe there may be discrepancies between the data reflected in this report and actual HMIS data for a particular project and would like changes considered to inform FY2018 scoring, please contact Shalissa Coutoulakis at the HMIS office in RICH as soon as possible, and no later than Friday August 24, 2018.

Shalissa's email is shalissa@rihomeless.org and she is also CC'd on this communication.

Reminder: this data is available for HMIS users to regularly access in HMIS to inform project's COC program design throughout the year. There are notes on how to access these reports in the communication below. You are always welcome to reach out to the HMIS office for assistance as well.

For future reference, this data is also be publicly posted on the [RiCoC website](#).

Have a great weekend,

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*

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From: Elizabeth Bioteau

Sent: Wednesday, July 18, 2018 3:32 PM

To: Elizabeth Bioteau <ebioteau@rihousing.com>

Cc: Shalissa Coutoulakis <shalissa@rihomeless.org>

Subject: COC Renewal Applicants - Performant Evaluation Standards to inform project ranking

Importance: High

Dear RiCoC Recipients and Subrecipients,

I want to be sure you're aware that HMIS has reports available that inform the Performance Evaluation Standards (attached) that the RiCoC will use to score and rank renewal applications in the FY2018 COC competition. Although RICH will be pulling this data for the COC to inform the renewal ranking process in this competition, I also want to be sure you

all know how to access these reports in HMIS and run them yourselves. Please see below for RICH's guidance on the reports being used and the instructions to access them. Please contact Shalissa on the HMIS team directly (shalissa@rihomeless.org) if you have questions on this information or would like additional support with these reports.

Since this data will be used to inform renewal project ranking this year (and similar metrics are likely to be used in years to come) I suggest that applicants run these reports and use them to inform program design changes to improve their performance outcomes.

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Thank you,
Elizabeth

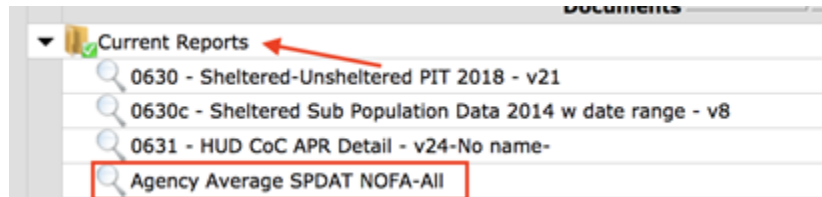
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Guidance on the Reports being considered and instructions to access them:

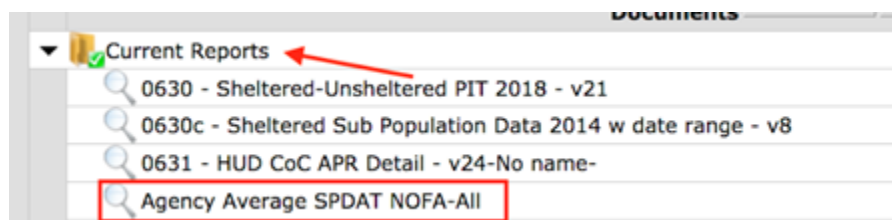
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Rhode Island Continuum of Care (RiCoC) FY2018 Project Competition Ranking and Re-Allocation Policies

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.

The Recipient Approval and Evaluation Committee (RAEC) appointed by the CoC Board will review, rate and rank applications and make recommendation(s) for RiCoC Board of Directors vote. 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 2018 NOFA competition allows for a new type of bonus project, one for project exclusively serving survivors of domestic violence, dating violence or stalking. There are three types of projects allowed under the new DV bonus – rapid rehousing, joint TH-rapid rehousing and supportive services only for coordinated entry focused on the needs of people surviving DV.

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.

Only the highest scoring DV bonus project in each eligible component for the DV bonus will be included in the Collaborative Application. The DV bonus projects will be scored using the same new project review criteria as all new projects. They will be ranked with the new projects according to their score.

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
- First time renewal projects
- Reallocation and Bonus project applications (including DV bonus) 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..

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 recommendations by the RAEC formalized through RICOC Board of Director's vote, are subject to appeal through the CoC Grievance process and, if unresolved, to HUD.

Policy on Under-Expenditure of Grant Funds

Purpose:

The purpose of this policy is to ensure that minimal funding awarded to CoC grantees is returned to the government as a result of underspending on grant funds. These funds are returned to HUD and cannot be used to prevent and end homelessness in the CoC.

Policy:

All grants funded with CoC funds will have an expenditure threshold of ten percent (10%) of total grant funds or in the case of grants with total funding of Five Hundred Thousand (\$500,000) or greater, the sum of Fifty Thousand Dollars (\$50,000).

Grantees with an unexpended balance that meets or exceeds the threshold specified above, shall be subjected to a reduction in renewal grant amount with the unspent funds being added to the pool of funds available for reallocation.

Grantees may appeal this determination and provide support for the need for funds and a demonstration of improved expenditure performance.

Procedure:

As part of the annual renewal evaluation process, the CoC will review the expenditure of funds for the most recent completed program year.

Grantees that are at risk of having funds reallocated will be notified by the CoC that their grant did not meet the expenditure threshold and that the unexpended funds will be reallocated from future grants.

If a grantee wishes to contest the reallocation, it may appeal the decision. The appeal from the grantee must address: the factors that led to the under-expenditure and actions that the grantee has implemented to prevent this under-expenditure in the future. The grantee may request a partial or complete return of grant funds.

The CoC will total all funds recaptured for reallocation and competitively award them to applicants proposing new projects that address critical CoC needs and meet HUD requirements for reallocated grants.

Renewal Evaluation Policy

Purpose:

The purpose of the Renewal Evaluation process is to provide a fair and equitable process by which to review and rank projects that receive Continuum of Care funding and to increase the focus of funded organizations on improving performance and achieving performance targets.

Policy:

Annually the Rhode Island Continuum of Care shall develop and approve a renewal evaluation methodology that is based on HUD performance standards and that shall be primarily based on the Annual Performance Report submitted to HUD. The standards developed shall reflect both HUD specified outcomes and actual performance by RICOc funded programs. Grantees with poor performance and that are unable to improve within a specified period may be subject to a loss of funding and those funds reallocated to new projects. All CoC funded grantees must submit documentation as requested by the CoC to complete the renewal evaluation process. Failure to submit materials when requested by the CoC may result in a reallocation of funds.

Procedure:

- Each year, prior to the start of the HUD NOFA competition, the RICOc will develop a renewal evaluation process for all funded CoC grants.
- CoC grants that have been in operation for less than a full year and that have not yet submitted a complete APR Report will not be subject to renewal evaluation.
 - HUD policy requires that grants in their first renewal cycle may not be reallocated.
- CoC grantees shall submit their most recently completed APR and other information as may be requested by the CoC in accordance with the timeframes established by the CoC.
 - Late submissions may affect the score.
- All CoC grants shall be assessed according to the renewal evaluation standards established by the CoC.
 - The CoC may request such additional information as may be necessary in order to complete the renewal evaluation process.
- The CoC will present a renewal evaluation and score to each CoC funded grantee in draft form and allow the grantee the opportunity to question or challenge the score received.
- Upon completion of review by the grantee and any changes made by the CoC, the renewal evaluation score will be finalized.
- The CoC may establish a minimum acceptable performance score.
 - Grantees that fail to achieve the minimum performance score will be required to develop and submit a Plan of Correction to address the under-performance and to establish a plan to improve performance.
 - Grantees with a project that does not meet the minimum acceptable performance score will not be permitted to apply for new projects until the Plan has been implemented and performance improved.

- Grantees that do not meet the minimum acceptable performance for two consecutive renewal evaluation cycles may have their funds reallocated.
- The renewal evaluation scores will be a key factor in the ranking of the project in the Project Priority list submitted to HUD. Based on the renewal evaluation score, a CoC grantee may be ranked in Tier 2, which could increase the risk that the grant will not be renewed by HUD.
- When the HUD NOFA is published, the CoC will finalize its ranking policy.
 - The goal of the policy will be to maximize funding for the CoC, prioritize those activities most successful in ending homelessness, and to incentivize good performance.
- The renewal evaluation process is subject to the RCoCs Grievance and Appeals Policy.

Policy on Incentive for CoC Grantees to Voluntarily Reallocate Current Grant Funding to Higher Priority Component

Purpose:

Through the annual NOFA process, HUD allows CoC's to reallocate funding from existing grants and activities to higher priority activities (permanent supportive housing and rapid rehousing). Reallocated grants are new grants; although the total amount reallocated cannot exceed the prior funding levels, budgets may be completely changed in a reallocated grant.

To encourage grantees to participate in reallocation, this policy will allow grantees to voluntarily reallocate funding to the specific categories that HUD allows as eligible in the NOFA. Grantees voluntarily reallocating in accordance with the NOFA may be able to retain the funding from the predecessor project.

Policy:

Existing CoC grantees with grants in good standing may voluntarily reallocate their grants. A CoC grant in good standing is one with: no outstanding monitoring findings and a renewal evaluation with a satisfactory score.

This policy will not apply to grantees who have failed to meet minimum performance thresholds for project renewal. In order to be eligible to reallocate, the grantee must score the established minimum score on the renewal evaluation.

Procedure:

- Grantees seeking to reallocate must first notify the CoC Board of their intent to reallocate.
 - This should occur during the Registration component of the application process.
- Once the CoC Board approves the request to voluntarily reallocate, the grantee will submit a new project application as part of the NOFA application.
 - The new project application must be consistent with CoC priorities and policies.

- The CoC will review the new project application for project threshold and project quality review factors as specified in the NOFA.
 - Applicants will revise the project applications as advised by the CoC.
- The grantee will close-out the existing grant and commence the reallocated project upon notification of funding by HUD and execution of contract.
- The new, reallocated project, will be scored as a new project and will be ranked according to the policy established by the RCoC for the NOFA competition.

Educational Services for Children

BACKGROUND Federal law ensures educational rights and protections for children and young adults 18- 24 experiencing homelessness. Protections apply to children and youth who are living with a parent or guardian and those who are not. Every school district and public charter school in Rhode Island is required to designate a homeless liaison who is responsible for ensuring the identification, school enrollment and stability, attendance and opportunities for academic success of students in homeless situations using a child-centered, best interest framework for decision-making. In addition, HUD establishes requirements for CoCs and project applicants through the annual CoC competition and the RI Continuum of Care (has established related requirements. This summarizes basic information about the responsibilities of recipients/sub-recipients of CoC and ESG funds. For more information or to find contact information for your local homeless liaison please visit: <http://youthhelp.org> Information is also available at the National Center for Homeless Education: <http://center.serve.org/nche/briefs.php>.

Responsibilities of Recipients/Sub-Recipients & Sample Policy

Recipients and sub-recipients of CoC and ESG funds serving families with children and/or young adults 18- 24 are responsible for following the sample policy below, which is intended to help providers comply with requirements established under federal law, by HUD through the annual CoC project application, and by the RCoC. All projects receiving CoC funds that are serving families with children and/or young adults 18- 24 are required to have similar policies. Projects may opt to adapt this sample policy or to adopt their own policy that fulfills the requirements.

Sample Educational Rights Policy

Purpose: To ensure that participants in RCoC are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act; To ensure that children and young adults are immediately

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Friday, August 24, 2018 3:22 PM
To: 'ehayes@amoshouse.com'; 'lmontuori@amoshouse.com'; 'acogan@amoshouse.com'; 'Michelle Wilcox'; Cicely Dove; Jennifer Schanck-Bolwell; Nancy Paradee; Judy Whitehead; 'Terri O'Brien'; 'psalera@westbaycap.org'; 'adore@westbaycap.org'; 'Laura@thehouseofhopecdc.org'; 'bill@thehouseofhopecdc.org'; 'erikwallinesq@osdri.org'; 'tyronesmith@osdri.org'; Jessica Mowry; Eric Rollins; 'meghan@ywcari.org'; 'ywcaofnri@aol.com'; Vanessa; 'Sarah DeCataldo'; 'Jerry Ray'; 'droy@ebcap.org'; 'lisa.guillette@fosterforward.net'; 'kat.keenan@fosterforward.net'; Caitlin Divver; 'svadnais@pawthousing.org'; 'mmensah@pawthousing.org'; Mary Michalczyk; 'jennifer@lucyshearth.org'; Caitlin Frumerie
Subject: Acceptance and Ranking of FY18 COC project(s) notification
Attachments: Acceptance and Ranking Notification_sent 8.24.2018.pdf

Dear RICOC Recipients,

Please see attached notification of projects recommended for acceptance to be ranked in the FY2018 COC Competition. These projects are currently listed in order of project ID number. In the COC application, they will each be ranked in accordance with RICOC's ranking policy. I expect to have a final ranking document circulated to you after the RICOC Board of Director's September 6, 2018 meeting.

Congratulations to each of you on your selection, and thank you for all your hard work in the project application process.

Have a great weekend,

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*

Rhode Island Housing

p. 401-429-1478 | ebioteau@rihousing.com

44 Washington Street | Providence, RI 02903

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RHODE ISLAND CONTINUUM OF CARE

August 24, 2018

Dear RICOC Recipients,

It is my pleasure to inform you that at the August 24, 2018 RICOC Recipient Approval and Evaluation Committee (RAEC) meeting, the RAEC decided to recommend acceptance and ranking of the following RICOC applications for submission with the FY18 RICOC Consolidated Application:

Recipient	Project Name	Renewing Project ID	Component Type
Amos House	414 Friendship Street 2017	RI0002L1T001710	PH
Crossroads RI	70 Linwood Apartments 2017	RI0003L1T001710	PH
Amos House	Amos House Swan Street 2017	RI0005L1T001710	PH
Community Care Alliance	Constitution Hill Supportive Housing Program 2017	RI0006L1T001710	PH
Westbay Community Action	East, Earl, & Warwick Avenue 2017	RI0011L1T001710	PH
House of Hope	Fran Conway-Winter 2017	RI0014L1T001710	PH
House of Hope	Haswill 2017	RI0018L1T001710	PH
Operation Stand Down RI	West Warwick	RI0026L1T001710	PH
Crossroads RI	Permanent Housing for Disabled Adults 2017	RI0027L1T001710	PH
Crossroads RI	Permanent Housing for Disabled Elders 2017	RI0028L1T001710	PH
Crossroads RI	Rhode Island Family Shelter 2017	RI0030L1T001710	PH
RIHousing	S+C Renewal 2017	RI0031L1T001710	PH
YWCA RI	Sarah Frances Grant Homestead	RI0036L1T001710	PH
Crossroads RI	Travelers Aid Housing 2017	RI0040L1T001710	PH
Crossroads RI	Travelers Aid of Rhode Island 2017	RI0041L1T001710	PH
Community Care Alliance	Burnside Ave. Permanent Supportive Housing 2017	RI0049L1T001703	PH
RIHousing	2010 S+C Project 2017	RI0053L1T001702	PH
Crossroads RI	Tremont Street 2017	RI0056L1T001701	PH

Recipient	Project Name	Renewing Project ID	Component Type
House of Hope	Access to Home 2017	RI0064L1T001704	PH
Crossroads RI	Crossroads Rapid Re-Housing Project for Families-2017	RI0065L1T001704	PH
RIHousing	Rhode Island Housing Permanent Supportive Housing Project 2017	RI0068L1T001703	PH
RIHousing	Coming Home Permanent Supportive Housing Project 2017	RI0070L1T001703	PH
Crossroads RI	Whitmarsh House	RI0075L1T001500	PH
House of Hope	Fair Street 2017	RI0076L1T001710	PH
Community Care Alliance	Rapid ReHousing of Northern Rhode Island 2017	RI0078L1T001702	PH
RIHousing	TPC 2015 Home Base 2016	RI0079L1T001601	PH
Sojourner House	Sojourner House Rapid Re-Housing	RI0081L1T001701	PH
RIHousing	Rhode Island Housing Rental Assistance	RI0083L1T001701	PH
Crossroads RI	Crossroads RI Family PSH 2017	RI0084L1T001701	PH
East Bay CAP	East Bay Coalition for the Homeless Permanent Housing	RI0086L1T001700	PH
Foster Forward	Rapid Rehousing for Former Foster Youth	RI0087L1T001700	PH
Community Care Alliance	Rapid Re-Housing of Northern Rhode Island (Youth Project) 2017	RI0089L1T001700	PH
Housing Authority of the City of Pawtucket	Pawtucket Housing Authority's Rapid Rehousing Project	RI0090L1T001700	PH
Lucy's Hearth	Lucy's Hearth Housing Program	RI0091L1T001700	PH
RICH	Coordinated Entry 2018	NEW	SSO
Comm Care Alliance	RRH NRI Youth Expansion 2018	NEW	PH
Crossroads	Beach Avenue Apts Expansion	NEW	PH
RIHousing	RIHousing Rental Assistance Expansion FY18	NEW	PH
Sojourner House	Sojourner House Rapid Re-Housing Expansion FY18	NEW	PH
Lucy's Hearth	Expansion to the Lucy's Hearth Housing Program	NEW	PH
Crossroads	Crossroads DV - CES FY2018	NEW	SSO

Congratulations on your project's recommendation for inclusion in the FY2018 COC Consolidated Application. These projects are currently listed in order of project ID number. In the COC application, they will be ranked in accordance with RICOC's ranking policy. I expect to have a final ranking circulated to you shortly after the RICOC Board of Director's September 6, 2018 meeting.

Thank you for all your hard work in the project application process. Please contact me with any questions.

Sincerely,



Elizabeth Bioteau
RICoC Planner

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Thursday, August 30, 2018 12:43 PM
To: 'Caitlin Frumerie'
Subject: Acceptance and Ranking notification
Attachments: Accepted and Ranked notification 8.30.18 notification_2.pdf

Caitlin,

Please see attached notification of the RICOC's Ranking Committee's decision to accept RICH's FY18 HMIS renewal application and rank it as "essential" in the 2018 COC Competition.

Thank you,

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*

Rhode Island Housing

p. 401-429-1478 | ebioteau@rihousing.com

44 Washington Street | Providence, RI 02903

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RHODE ISLAND CONTINUUM OF CARE

August 30, 2018

Dear Ms Frumerie,

It is my pleasure to inform you that at the August 24, 2018 RICOC Recipient Approval and Evaluation Committee (RAEC) meeting, the RAEC decided to recommend acceptance and ranking of the following RICOC application for submission with the FY18 RICOC Consolidated Application:

Recipient	Project Name	Renewing Project ID	Component Type
RICH	HMIS Renewal 2018	RI0029L1T001710	PH

Congratulations on your project's recommendation for inclusion in the FY2018 COC Consolidated Application. In the COC application, they will be ranked in accordance with RICOC's ranking policy. I expect to have a final ranking circulated to you shortly after the RICOC Board of Director's September 6, 2018 meeting.

Thank you for all your hard work in the project application process. Please contact me with any questions.

Sincerely,

Elizabeth Bioteau
RiCoC Planner

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Thursday, August 30, 2018 12:41 PM
To: 'Russel Partridge'
Subject: Notification of Project Acceptance and ranking
Attachments: Accepted and Ranked notification 8.30.2018.pdf

Russ,
Please see attached notification of the RICOC's Ranking Committee's decision to accept WARM's FY18 COC renewal application and rank it in the 2018 COC Competition.
Thank you,

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*

Rhode Island Housing

p. 401-429-1478 | ebioteau@rihousing.com

44 Washington Street | Providence, RI 02903

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RHODE ISLAND CONTINUUM OF CARE

August 30, 2018

Dear Mr Partridge,

It is my pleasure to inform you that on August 30, 2018 the RICOC Recipient Approval and Evaluation Committee (RAEC) decided to recommend acceptance and ranking of the following RICOC application for submission with the FY18 RICOC Consolidated Application:

Recipient	Project Name	Renewing Project ID	Component Type
Westerly Area Rest Meals (WARM)	Greater Westerly Supportive Housing Project 2018	RI0088L1T001700	PH

Congratulations on your project's recommendation for inclusion in the FY2018 COC Consolidated Application. In the COC application, this project will be ranked in accordance with RICOC's ranking policy. I expect to have a final ranking circulated to you shortly after the RICOC Board of Director's September 6, 2018 meeting.

Sincerely,

Elizabeth Bioteau
RiCoC Planner

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Thursday, June 7, 2018 4:37 PM
To: Eileen Hayes; 'Lisa Montuori'; 'psalera@westbaycap.org'; 'Andrew Dore';
laura@thehouseofhopecdc.org; 'heather@thehouseofhopecdc.org';
'mwilcox@crossroadsri.org'; 'Joyce Honeycutt'; Nancy Paradee;
'rgandhi@communitycareri.org'
Cc: michelle.brophy@bhddh.ri.gov
Subject: COC Reallocation Notification
Attachments: COC Reallocation Notification_sent 6.7.2018.pdf; Rhode Island Continuum of Care
Policies and Procedures adopted 6.7.2018.pdf

Please see attached COC Reallocation Notification. I have also attached the referenced RICOC Policy and Procedures.

Thank you,

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

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RHODE ISLAND CONTINUUM OF CARE

June 7, 2018

Dear RICOC Recipients and Subrecipients,

Please be advised that at the June 7, 2018 RICOC Board of Director's meeting, The Board voted to partially reallocate some RICoC project budgets during the upcoming FY2018 COC Competition based on historical under-expenditure of grant funds.

You are receiving this notification because the agency you are affiliated with has at least one RICOC project budget being partially reallocated in the FY18 competition.

The grants being partially reallocated in the FY18 CoC competition are:

Recipient	Grant No#	RICOC approved partial reallocation in FY18
Amos House	RI0002L1T001710	-\$25,000
West Bay Community Action	RI0011L1T001710	-\$3,500
House of Hope	RI0014L1T001710	-\$30,000
House of Hope	RI0018L1T001710	-\$19,000
Crossroads RI	RI0028L1T001710	-\$10,000
Crossroads RI	RI0030L1T001710	-\$12,000
Community Care Alliance	RI0049L1T001703	-\$15,000

Please review the RICOC's Policy on Under-expenditure of Grant Funds (p.56) for additional information. If a recipient wishes to contest the reallocation, it may appeal the decision. Appeals must be submitted electronically to ebioteau@rihousing.com, by 5pm on Friday June 22, 2018 in order to be considered.

Sincerely,

Elizabeth Bioteau
RICoC Planner

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Monday, June 11, 2018 1:59 PM
To: 'nparadee@communitycareri.org'; Judy Whitehead
Subject: Agape Reallocation
Attachments: Reallocation notification 6.11.2018.pdf

Please review the attached memo and contact me if you have any questions. This memo summarizes Community Care Alliance's interest in reallocating the Agape CoC Project during the upcoming FY18 competition. This is one of the two remaining COC projects only funding supportive services eligible activities - both are planned for voluntary reallocation in the FY18 competition.

This will not affect the current COC project in effect, this change, once made, would take effect next program year (the 2019 contract).

Thank you,

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*

Rhode Island Housing

p. 401-429-1478 | ebioteau@rihousing.com

44 Washington Street | Providence, RI 02903

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RHODE ISLAND CONTINUUM OF CARE

June 11, 2018

Dear RICOC Recipients,

Please be advised that at the June 7, 2018 RICOC Board of Director's meeting it was discussed that the recipient agencies on the following RICOC projects plan to voluntarily reallocate these COC projects in their entirety during the FY18 COC Competition.

You are receiving this notification because the agency you are affiliated with has at least one RICOC project being completely reallocated in the FY18 competition based on your interest in voluntarily reallocating the project.

The grants being completely reallocated in the FY18 CoC competition are:

Recipient	Grant No#
Community Care Alliance	RI0034L1T001710
Kent Center / Rhode Island Housing	RI0017L1T001710

If a recipient wishes to contest the reallocation, it may appeal the decision. Appeals must be submitted electronically to ebioteau@rihousing.com, by 5pm on Friday June 22, 2018 in order to be considered.

Sincerely,

Elizabeth Bioteau
RiCoC Planner

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Monday, June 11, 2018 2:01 PM
To: 'Kubas-Meyer Daniel'; Jeffreys Karen; Ringeling Tamra
Subject: Gemini (Dean St) Reallocation
Attachments: Reallocation notification 6.11.2018.pdf

Please review the attached memo and contact me if you have any questions. This memo summarizes The Kent Center's interest in reallocating the Gemini (Dean Street) CoC Project during the upcoming FY18 competition. This is one of the two remaining COC projects only funding supportive services eligible activities - both are planned for voluntary reallocation in the FY18 competition.

This will not affect the current COC project in effect, this change, once made, would take effect next program year (the 2019 contract).

Thank you,

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*

Rhode Island Housing

p. 401-429-1478 | ebioteau@rihousing.com

44 Washington Street | Providence, RI 02903

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RHODE ISLAND CONTINUUM OF CARE

June 11, 2018

Dear RICOC Recipients,

Please be advised that at the June 7, 2018 RICOC Board of Director's meeting it was discussed that the recipient agencies on the following RICOC projects plan to voluntarily reallocate these COC projects in their entirety during the FY18 COC Competition.

You are receiving this notification because the agency you are affiliated with has at least one RICOC project being completely reallocated in the FY18 competition based on your interest in voluntarily reallocating the project.

The grants being completely reallocated in the FY18 CoC competition are:

Recipient	Grant No#
Community Care Alliance	RI0034L1T001710
Kent Center / Rhode Island Housing	RI0017L1T001710

If a recipient wishes to contest the reallocation, it may appeal the decision. Appeals must be submitted electronically to ebioteau@rihousing.com, by 5pm on Friday June 22, 2018 in order to be considered.

Sincerely,

Elizabeth Bioteau
RiCoC Planner

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Monday, July 16, 2018 3:59 PM
To: 'ehayes@amoshouse.com'; 'lmontuori@amoshouse.com'; 'psalera@westbaycap.org'; 'adore@westbaycap.org'; 'Laura@thehouseofhopecdc.org'; 'bill@thehouseofhopecdc.org'; 'heather@thehouseofhopecdc.org'; 'mwilcox@crossroadsri.org'; 'Joyce Honeycutt'; Jennifer Schanck-Bolwell; 'Nancy Paradee'; 'rgandhi@communitycareri.org'; Terri O'Brien; Judy Whitehead
Subject: Reallocation - COC renewal application instructions
Attachments: Reallocation notification 7.16.2018.pdf

Good afternoon,

You are receiving this notification because the agency you are affiliated with has at least one RICOC project budget being partially reallocated in the FY18 competition.

Please review the attached notice and instructions on how to adjust your FY18 renewal application budget to comply with this reallocation decision.

Please contact me directly with any questions,

Elizabeth Bioteau | *Continuum of Care Planner / Program Manager*

Rhode Island Housing

p. 401-429-1478 | ebioteau@rihousing.com

44 Washington Street | Providence, RI 02903

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RHODE ISLAND CONTINUUM OF CARE

July 16, 2018

Dear RICOC Recipients and Subrecipients,

Please be advised that at the June 7, 2018 and July 12, 2018 RICOC Board of Director's meeting, The Board voted to partially reallocate some RICoC project budgets during the upcoming FY2018 COC Competition based on historical under-expenditure of grant funds.

You are receiving this notification because the agency you are affiliated with has at least one RICOC project budget being partially reallocated in the FY18 competition.

The grants being partially reallocated in the FY18 CoC competition are:

Recipient	Grant No#	RICOC approved partial reallocation in FY18
Amos House	RI0002L1T001710	-\$25,000
West Bay Community Action	RI0011L1T001710	-\$3,500
House of Hope	RI0014L1T001710	-\$30,000
House of Hope	RI0018L1T001710	-\$19,000
Crossroads RI	RI0028L1T001710	-\$10,000
Crossroads RI	RI0030L1T001710	-\$12,000
Community Care Alliance	RI0049L1T001703	-\$15,000

For all projects listed above, the Recipient (applicant) **must reduce its FY18 renewal application** budget down from the "total ARA" listed on the FY2018 Grants Inventory Worksheet (GIW) by the amount indicated above in its renewal application to be submitted in esnaps by the July 31, 2018 5pm EDT deadline.

Renewal applications submitted with incorrect total budget authority after reallocation will be returned to the applicant for amending and resubmission.

Please contact the RICoC Planner if you have any questions on how to comply with this requirement.

Sincerely,

Elizabeth Bioteau
RICoC Planner

RHODE ISLAND CONTINUUM OF CARE

June 26, 2018

Rhode Island's Local Continuum of Care (CoC) Competition is now open

The Rhode Island Continuum of Care (RiCoC) is pleased to announce the start of the local competition for HUD Continuum of Care Funding. This competition is to award funding made available through the [HUD FY2018 Continuum of Care Notification of Funding Availability \(NOFA\)](#) that was issued on June 20, 2018.

There is significant information in the [FY18 NOFA](#), including some exciting new opportunities HUD is offering in FY18. These opportunities include, but are not limited to:

1. Bonus new project opportunities to serve survivors of domestic violence
2. Opportunities to consolidate existing renewal grants to streamline administrative burden
3. Opportunities to submit new project applications for new PSH, RRH, TH-RRH, HMIS and/or Coordinated Entry-SSO grants

Please review the [NOFA](#) carefully and take full advantage of the hyperlinks included within the NOFA that link to a vast amount of HUD supportive documentation and resources.

This information and so many more RiCoC resources related to the FY18 Local Rhode Island CoC Competition are located on the [RiCoC website](#) – please refer to the website routinely throughout the local competition for immediate access to the latest information on the competition.

These applications are technical and the process is arduous; please allow ample time to review the materials and input your applications. Thank you all for your willingness to partner with the RiCoC and your dedication to ending homelessness in Rhode Island.

Grantees that applied in prior years as subrecipients of Rhode Island Housing but who are now direct recipients from HUD for their CoC projects must submit any new and/or renewal applications in ESNAPS as the applicant, instead of under Rhode Island Housing's applicant account.

Eligible organizations (nonprofit organizations, PHAs and units of government) that have never received HUD CoC program grants are encouraged to consider this funding and to apply if appropriate. Technical assistance will be available to support new applicant organizations in the process.

Please direct all questions surrounding this opportunity to:

Elizabeth Bioteau, RiCoC Planner: ebioteau@rihousing.com, (401) 429-1478

Deadlines and Training:

Please take careful note of the following deadlines and training dates. There are separate deadlines and training dates for renewal and new project applicants this year. If an applicant is submitting both new and renewal projects, they should take care to ensure submission before the corresponding deadline for the particular project(s) they are submitting.

New and renewal projects submitted after the deadlines listed below will not be considered for funding in the FY2018 Rhode Island COC competition.

Renewal Project Applicants:

Renewal applications must be submitted in the ESNAPS grants management system no later than **July 31, 2018 at 5pm** Eastern Daylight Time.

The RICOC is providing two conference call webinars to support the renewal project application process. These webinars will cover the FY2018 NOFA for renewal applicants, ESNAPS training and have time for Q&A. Renewal Project webinar details follow:

- July 10, 2018, 1pm-3pm; call-in number 401-214-5155
- July 12, 2018 9am -11am; call-in number 401-214-5155

New Project Applicants:

The RICOC issued its [Request for Letter of Interest for New Projects](#) on June 7, 2018. As indicated on that issuance, letters of interest for new projects are due **July 13, 2018 at 5pm** Eastern Daylight Time. After that initial deadline, the CoC Planner will notify the highest scoring new project letters of interest of their approval to submit new project applications in the ESNAPS grants management system. For those invited to apply, the ESNAPS new project applications must be submitted in the ESNAPS grants management system no later than **August 10, 2018 at 5pm** Eastern Daylight Time. Please take careful note of this two-step new project application process.

New Project letters of interest not selected for submission of an esnaps new project application will be notified of that decision after LOI scoring is complete.

The RICOC is providing one conference call webinar to support the new project application process. This webinar will cover the FY2018 NOFA for all types of new project applicants, including new projects under the DV Bonus opportunity, and new projects to consolidate existing renewal projects. ESNAPS training and time for Q&A will also be included. New project webinar details follow:

- July 20, 2018, 1pm-3pm; call-in number 401-214-5155

RICOC Local Competition Announcement, inclusive of deadlines, posted in two places on the RICOC website – June 26, 2018

Secure | <https://www.rihousing.com/sp.cfm?pageid=1017>

Apps Employee Home Page ADP Forms Smartsheet esnaps Gmail Google Maps Sage: Log in RICoC Webpage LII COC Regs - Cornell Inspection Reports HMIS CPD Region 1 K KForce Share

Home Page > for community agencies > RICoC

for community agencies

our mission
our products & services

for homebuyers & owners
for renters
for landlords

career opportunities
for business partners
for cities & towns
for legislators
for community agencies

accountability & transparency
for employees

Rhode Island Continuum of Care (RICoC)

In 2009 the HEARTH Act (Homeless Emergency Assistance and Rapid Transition to Housing) was passed by Congress and substantially changed homeless assistance policy. The HEARTH Act requires, among other things, the development of a Continuum of Care governance structure to achieve substantive outcomes.

Rhode Island has a single Continuum of Care (RICoC) which guides the state's homelessness programs and policies, as well as 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.

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

- 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 promotes the aforementioned HUD goals through a Coordinated Intake and Assessment process, utilizing a Housing First Model.

The RICoC consists of a Board of Directors, a Membership group, and 7 committees (System Performance; Recipient Approval & Evaluation; Veterans; Families & Youth; Unaccompanied Youth; Chronically Homeless/High Needs Individuals; and HMIS). The RICoC is willing to consider endorsement of drafted materials including, but not limited to, Letters of Support for funding opportunities related to Ending Homelessness in Rhode Island. Please contact the CoC Planner at the contact information below if you are interested in such consideration.

Announcements:

- [Rhode Island's Local COC Competition is now open](#)
- [RICoC issues request for Letters of Interest for New COC Projects in FY18 Competition](#)
- [RICoC adopts Supportive Housing Case Management Standards](#)
- [Training Opportunities for the RICoC](#)
- [More training opportunities - including HMIS training](#)

Rhode Island Housing HelpCenter
a safe place for home help

HHFRI
Hardest Hit Fund - Rhode Island

eHomeAmerica
Rhode Island Housing Approved
Online Homebuyer Education

HOUSINGSEARCH RI.ORG
List and find housing
in Rhode Island

EQUAL HOUSING OPPORTUNITY

The RICOc consists of a Board of Directors, a Membership group, and 7 committees (System Performance; Recipient Approval & Evaluation; Veterans; Families & Youth; Unaccompanied Youth; Chronically Homeless/High Needs Individuals; and HMIS). The RICOc is willing to consider endorsement of drafted materials including, but not limited to, Letters of Support for funding opportunities related to Ending Homelessness in Rhode Island. Please contact the CoC Planner at the contact information below if you are interested in such consideration.

HUD Listserves

Subscribe to receive updates on:

[Homeless Assistance Programs](#)

[Emergency Solutions Grant](#)

For more information contact Elizabeth Bioteau, CoC Planner/Program Manager at ebioteau@rihousing.com or 401-429-1478.

CoC current governance and funding priorities

Governance

- [Policies and Procedures](#)
- [Board of Directors](#)
- [Governance Charter](#)
- [Statewide Coordinated Entry Procedure](#)

Funding

FY2018 Competition

- [HMIS data: Project Performance Evaluation](#)
- [New Project Threshold Criteria](#)
- [New PH Project Scoring Criteria](#)
- [Final CIW 2018](#)
- [Rhode Island's FY2018 COC Local Competition Details, deadlines and training information](#)
- [Request for Letters of Interest for New COC Projects in FY18](#)
- [Competition](#)
- [Performance Evaluation Standards & Scoring Criteria for CoC Renewal Projects FY2018](#)
- [Project Ranking and Re-Allocation Policies for FY 2018 COC Competition](#)

Historical COC Competitions

- [Archived Materials](#)

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.

Elizabeth Bioteau

From: Elizabeth Bioteau
Sent: Tuesday, June 26, 2018 11:05 AM
To: Elizabeth Bioteau
Subject: Rhode Island's Local CoC Competition is now open!
Attachments: RCoC Local Competition Announcement.pdf

Importance: High

Rhode Island's Local Continuum of Care (CoC) Competition is now open

The Rhode Island Continuum of Care (RCoC) is pleased to announce the start of the local competition for **FY2018 HUD Continuum of Care Funding**. This competition is to award funding made available through the [HUD FY2018 Continuum of Care Notification of Funding Availability \(NOFA\)](#) that was issued on June 20, 2018.

Please review the attached "RCoC Local Competition Announcement" in full for:

- important RCoC local competition deadlines for new and renewal project applicants
- training opportunities for new and renewal project applicants - please note: webinar slides for both the renewal and new projects webinars will be circulated in advance of the conference calls for your convenience

This RCoC Local Competition Announcement and many other supportive materials for interested and existing RCoC applicants is available on the [RCoC Webpage](#), please refer to it often throughout the FY2018 local competition for the latest information and updates.

Please direct all questions surrounding this opportunity to me at the contact information below.
Thank you for your partnership and careful consideration of this opportunity to support Ending Homelessness in Rhode Island,

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 RCoC page.



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Homeless Management Information System Lead Agency

MEMORANDUM OF UNDERSTANDING

The Rhode Island Coalition for the Homeless &
The Rhode Island Continuum of Care

I. PURPOSE AND BACKGROUND

The purpose of this Memorandum of Understanding ("MoU") is to confirm agreements between the Rhode Island Continuum of Care ("RiCoC") and the Rhode Island Coalition for the Homeless ("RICH"), related to management and operation of the Rhode Island Homeless Management Information System ("HMIS"). This MoU designates RICH as the HMIS Lead Agency for the RiCoC, establishes the responsibilities of the Lead Agency, defines general understandings, and sets forth the roles of each party related to key aspects of the governance and operation of the HMIS Program.

II. DURATION

Except as provided in Section V (Termination), the duration of this MoU shall be from August 2018 through July, 2019. While it is anticipated that this MoU will be renewed annually for periods of one year thereafter, the parties will revise and affirmatively agree to the terms of this relationship annually. This review is intended to ensure the continued relevance of the terms to the parties and to ensure continued consistency and compliance with HUD regulations.

III. GOVERNANCE AND PARTICIPATION

The Ri-CoC and RICH will be undertaking their responsibilities as directed by the RiCoC Board and outlined in the RiCoC Governance Charter, the RiCoC Policies and Procedures Manual, and the HMIS Policies and Procedures Manual.

HMIS activities are funded in part by HUD CoC and Consolidated Homeless Fund grants. The RiCoC authorizes RICH, as the HMIS Lead Agency, to apply for and administer these funds. The terms and uses of HUD funds are governed by the grant agreement and all applicable program rules and regulations (24 CFR 576 and 578).

RICH will serve as the Lead Agency for the HMIS, managing and administering all HMIS operations and activities at the request of the RiCoC. These responsibilities are contingent on RICH maintaining grant funding for the HMIS system and services.

It is the HMIS Lead agency's responsibility to administer the HMIS system and services in compliance with HUD HMIS Technical Standards, HUD HMIS Data Standards, and other applicable laws. The RiCoC will periodically monitor compliance with these requirements and any issues brought before the RiCoC by its committees, its

providers, its constituents and members of the public.

The parties agree to update this MoU (as provided in section IV, Amendment/Notices), other HMIS Project operational documents, and HMIS Project practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD specified timeframe for such changes.

IV. AMENDMENT/NOTICES

Amendments, including additions, deletions, or modifications to this MOU must be agreed to by all parties to this Agreement. Notices shall be mailed or delivered to RI Continuum of Care Attn: Elizabeth Bioteau
Rhode Island Housing
44 Washington St, Providence, RI 02903

V. TERMINATION

This MOU will become effective upon signature of the parties and shall remain in effect until terminated by the parties. Either party may terminate this MoU at a date prior to the renewal date specified in this MoU by giving sixty (60) days written notice to the other parties. If the funds relied upon to undertake activities described in this MoU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MoU within thirty (30) days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination.

The signatures of the parties indicate their agreement with the terms and conditions set forth in this document. This MOU will commence upon the signature of the parties.

VI. SIGNATURES



9/3/2018

Name: Caitlin Frumerie

Date

Title: Executive Director
Rhode Island Coalition for the Homeless



8/28/18

Name: Michelle Brophy

Date

Title: Board Chair
Rhode Island Continuum of Care

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.
- No agency may have more than one (1) member on the Board of Directors

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
February 1, 2018	Membership reviewed Article IV. Board of Directors; Membership voted to amend charter to reflect that “no agency may have more than one (1) member on the Board of Directors”.	February 1, 2018

Rhode Island Continuum of Care

Homeless Management Information System (HMIS) Policies and Procedures



Rhode Island Coalition
for the Homeless

Edited: September 6, 2018

Table of Contents

1.	<i>Introduction</i>	4
a.	Overview	4
b.	Federal HMIS Policies	4
c.	Required Participation in HMIS	5
d.	Voluntary Participation (Homeless Service Providing Organization)	5
e.	Read Only Access (Non-Homeless Service Organizations)	6
f.	Points of Contact	6
g.	HMIS Steering Committee	8
h.	Amending the Policies and Procedures	8
1.	<i>On-Boarding of New Agencies to HMIS</i>	9
a.	On-Boarding Procedures	9
b.	HMIS Project Set-Up Procedure	9
c.	Recommended Technical Specifications	9
2.	<i>Overview of Participating Agency Requirements</i>	10
a.	Collecting Data for HMIS	10
b.	Eligible HMIS Users	10
c.	Adding New Users to HMIS	11
d.	Participating Agency Administrator Requirements	11
e.	HMIS Partnership Agreement	11
f.	Security	12
g.	Training	12
h.	HMIS End-User Agreement	12
i.	Data Usage, Sharing and Confidentiality	12
j.	Data Quality	12
k.	Maintenance of On-Site Computer Equipment	13
3.	<i>Operational Procedures</i>	14
a.	User Accounts	14
b.	Designation of User Access Levels	14
c.	Passwords	14
d.	Restricting Access	16
e.	Auditing Access	16
f.	Project Setups and Descriptors	16
g.	Using HMIS Data for Research	16
h.	Disaster Recovery Plan	17
4.	<i>Technical Support</i>	17
5.	<i>Requests for Software Changes and/or Feedback</i>	17
6.	<i>Data Sharing</i>	18
a.	Statewide Data Sharing	18

b.	Client Release of Information	18
c.	No Conditioning of Services based on Release of Information.....	19
d.	Sharing of Attachments.....	20
e.	Reporting Access.....	20
7.	<i>Privacy</i>	20
a.	Introduction	20
b.	Baseline Privacy	21
c.	End User Privacy Responsibilities.....	21
d.	Participating Agency Responsibilities	22
e.	Use and Disclosure of Information.....	22
f.	Clients Access to Records	23
g.	Privacy Training.....	23
h.	Participating Agency Privacy Statements	24
8.	<i>Security</i>	25
a.	Security Plan Overview	25
b.	Security Officers	25
c.	Physical Safeguards.....	26
d.	Technical Safeguards	26
e.	Workstation Security.....	28
f.	Disposing Electronic, Hardcopies, Etc.	29
g.	Other Technical Safeguards	29
h.	Reporting Security Incidents	29
i.	New HMIS Participating Agency Site Security Assessment.....	30
j.	Annual Participating Agency Self-Audits.....	30
k.	Annual Security Audits.....	31
9.	<i>Client Complaints, Grievances, and Questions</i>	31
10.	<i>Violation of HMIS Policies</i>	32
11.	<i>Glossary and Definitions</i>	33
12.	<i>Attachments</i>	35
13.	<i>Acknowledgements & Revision History</i>	35

1. Introduction

a. Overview

The Rhode Island Homeless Management Information System (HMIS) is a web-based database that is used by homeless service providers across Rhode Island to record and store client-level information to coordinate care and better understand the numbers, characteristics, and needs of persons experiencing homelessness and those at-risk of homelessness. Mediware Information Systems, Inc. administers the central server and provides the HMIS software, [ServicePoint](#). The Rhode Island Coalition for the Homeless is the HMIS Lead Agency and Administrator, managing the system, including, but not limited to managing user licensing, training, data analytics, technical assistance, and compliance. Specific information about governance about HMIS operations can be found in the [Rhode Island Continuum of Care \(RICO\) Governance Charter](#).

HMIS enables programs to measure the effectiveness of their interventions, share information between service providers for case coordination, and facilitate longitudinal analysis of service needs and gaps. Guidance for the implementation of Rhode Island's HMIS is provided by Rhode Island's Continuum of Care (CoC) and its subcommittees including the HMIS Steering and System Performance Measures (SysPM) Committees.

This document provides the policy guidelines and standards that govern HMIS operations, as executed by the HMIS Lead Agency and also describes the responsibilities of Participating Agencies and users. It was approved by the RICO on September 6, 2018 and replaces all earlier documents.

b. Federal HMIS Policies

In addition to the Rhode Island HMIS Policies contained herein, our HMIS must also comply with federal HMIS requirements. These requirements are detailed in a suite of HMIS Data Standard resources, an overview of which is provided below:

Manual Name & Link	Intended Audience	Contents
HMIS Data Standards Dictionary	HMIS Vendors & HMIS Lead Agencies	The manual provides the detailed information required for system programming on all HMIS elements and responses required to be included in HMIS software. It delineates data collection requirements, system logic, and contains the XML and CSV tables and numbers. The manual also includes critical information about data collection stages, federal partner data collection required elements, and metadata data elements.
HMIS Data Standards Manual	HMIS Lead Agencies & HMIS Users	The manual provides a review of all of the Universal Data Elements and Program Descriptor Data Elements. It contains information on data collection requirements, instructions for data collection, and descriptions that the HMIS User will find as a reference.
HMIS Project Descriptor Data Elements Manual	HMIS Lead Agencies	The Project Descriptor Manual is designed to provide specific information about the Project Descriptors required to be set up in the HMIS by the HMIS Lead Agency.

HMIS documents are typically reviewed and updated each year, and changes tend to be effective October 1, in line with the Federal Fiscal Year. HMIS Federal Partner Program Manuals contain additional detailed information on HMIS project setup and data collection for federally-funded programs:

- [CoC Program Manual](#)
- [ESG Program Manual](#)
- [HOPWA Program Manual](#)
- [PATH Program Manual](#)
- [RHY Program Manual](#)
- [VA Program Manual](#)

c. Required Participation in HMIS

Excluding domestic violence service providers (who participate with a comparable database), 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 (HRC)
- 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)

The list above is not exhaustive and other funding sources may require participation in HMIS. All agencies that provide services and housing to the homeless are encouraged to participate in HMIS.

d. Voluntary Participation (Homeless Service Providing Organization)

Although non-funded agencies who agree to participate will meet minimum participation standards, the RICoC strongly encourages any homeless service providers to fully participate with all of their homeless programs, regardless of their funding source.

While each RICoC cannot require non-funded providers to participate in the HMIS, the RICoC works closely with non-funded agencies to articulate the benefits of the HMIS and to strongly encourage their participation. HMIS data provides the best overview available of homelessness in Rhode Island's CoC, and this information is used to redirect services, funding, and resources as needed.

Homeless or housing service providers interested in joining HMIS should contact the HMIS Administrator.

Other organizations who do not provide homeless services or programming may also be interested in joining HMIS for the purposes of care coordination. Please refer to the next section to review those requirements.

e. Read Only Access (Non-Homeless Service Organizations)

Generally, “read only” access to HMIS is not granted to non-homeless service and housing providers. Those in ancillary fields wishing to locate a client, verify information, check assistance status, or review other client level information can make contact with the program serving the client or the Coordinated Entry staff, provided they have an appropriate release. If an organization would like aggregate data on homelessness, they should contact the HMIS Administrator.

Under rare circumstances, the HMIS Steering Committee may make exceptions to this requirement. If an organization would like to request “Read Only Access” and is not a homeless/housing provider, they may submit a letter of interest to the HMIS Steering Committee detailing the following:

1. Agency Information
 - a. Contact Information;
 - b. Organizational Mission and Work Undertaken;
 - c. Documentation that the organization is a government agency or non-profit (with an IRS determination letter, Board of Directors approval, and approved Bylaws);
 - d. Documentation the organization has been in operation for over one year;
 - e. Agency Privacy and Data Controls; and,
 - f. Current Release of Information (if applicable)
2. Reason for Access Request
 - a. Intent & Plan for Usage;
 - b. Justification for Direct Access to HMIS, as opposed to coordinating with Program Provider/Coordinated Entry Staff;
3. Description of the Staff who will use HMIS; and,
4. Any Other Relevant Information

Voluntary participation in HMIS will be reviewed on an annual basis and organizations may have their access revoked for violations of the requirements set fourth in this manual or at the HMIS Steering Committee’s discretion.

This section does not apply to the HMIS Lead agency (and its consultants/contractors), the HMIS Steering Committee Chair, the CoC Collaborative Applicant, the Consolidated Homeless Fund Partnership, funders, and other users designated by the HMIS Steering Committee that have access to HMIS. The HMIS Steering Committee may also approve access to other entities for the purposes of research, analysis, and reporting as described in this document.

f. Points of Contact

HMIS 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 HMIS Operations Coordinator and Liaison will try to be available by cell phone (via-text) or e-mail outside of these hours strictly for password resets. An immediate response is not guaranteed based on staff availability and time of day.

HMIS Lead Agency

Rhode Island Coalition for the Homeless
 1070 Main Street, Suite 304, Pawtucket, RI 02860
Tel: (401) 721-5685
Fax: (401) 721-5688

Name, Title	Contact	Principal Activities
Caitlin Frumerie, Executive Director	caitlin@rihomeless.org 401-721-5685 x17	Supervision of HMIS team & activities Lead on policy and compliance work
Don Larsen, HMIS Administrator	don@rihomeless.org 401-721-5685 x25	Database and technical system administration Requests for HMIS enhancements or changes Custom report creation Data requests HUD reporting (HIC, PIT, AHAR, CAPER, SPM, LSA, CoC APR etc.) Bed inventory changes Bin/project creation and deactivation Implementation of HUD regulations and data standards Monitoring and ensure privacy and security Agency/User audit reports Adding new users to the system Removing old users from the system Utilizes SAGE for reporting submittals
Bob Maurice, Assistant HMIS Administrator	bob@rihomeless.org 40-721-5685 x 26	Onboarding new users trainings Group user trainings Data quality tracking and technical assistance Installing HMIS security "Certs" Record mergers SAGE/APR report submittals and data quality cleanups Report and system troubleshooting Password Resets
Shalissa Coutoulakis, HMIS Operations Coordinator and Liaison	shalissa@rihomeless.org 401-721-5685 x 27 401-753-2590 (Text-Only for after hour PW Resets)	Liaison for HMIS with CoC, committees, collaborative applicant, coordinated entry system, and other partners Data analysis and visualizations Data and report requests Onboarding of new organizations to HMIS Onboarding new users trainings Group user trainings Data quality tracking and technical assistance Installing HMIS security "Certs" Record mergers Report and system troubleshooting Monthly Newsletters Steering Committee Minutes and Agendas Password Resets SAGE/APR report submittals and data quality cleanups
Emily Howe, Executive Assistant	emily@rihomeless.org 401-721-5685 x 22	Purchase of HMIS Licenses Coordinate with the HMIS Administrator to add new users to System Coordinate with the HMIS Administrator to remove users from the system

CoC Collaborative Applicant

Rhode Island Housing
 44 Washington Street, Providence, RI 02903
Tel: (401) 457-1234
Fax: (401) 457-1141

Name, Title	Contact	Principal Activities
Elizabeth Bioteau, Continuum of Care (CoC) Planner	ebioteau@rihousing.com 401-429-1478	CoC Planning and Board Support CoC Program Funding

g. HMIS Steering Committee

The HMIS Steering Committee focuses on strategic 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. The Committee generally meets monthly, with HMIS staff coordinating the agenda, sending out meeting notices, and recording/sharing the minutes. Policy updates will be presented to the committee prior to submission to the RCoC board. The RCoC board will present to the RCoC at the next regularly scheduled meeting.

h. Amending the Policies and Procedures

These Policies and Procedures may be amended. It is expected that information shall be added, removed, and altered as necessary. If a change is deemed necessary, it will be vetted by the HMIS Steering Committee and presented to the Board of the Continuum of Care (CoC) for potential adoption by the Rhode Island Continuum of Care (RCoC). Any changes suggested by any party in the RCoC shall be presented by a member of the HMIS Steering Committee or any HMIS staff member to the HMIS Steering Committee. This policy may be amended at any time and the amendments may impact information obtained by the Covered Homeless Organization (CHO) before the date of the change. An amendment to the privacy notice regarding use or disclosure will be effective with respect to information processed before the amendment, unless otherwise stated.

1. On-Boarding of New Agencies to HMIS

a. On-Boarding Procedures

The procedure for onboarding new agencies into HMIS is as follows:

1. Reach out to the HMIS Administrator (and/or HMIS Lead Staff to discuss joining HMIS and its requirements)
2. Identify Agency Administrator.
3. Complete HMIS Partnership Agreement with signatures from the Executive Directors of the Participating Agency, RI Coalition for the Homeless and RI Housing.
4. File Partnership Agreement at RI Coalition for the Homeless.
5. Convene meeting between System Administrator and Agency Administrator to set up project bins in HMIS according to funding source and client population, and to determine the number of End Users/Licenses needed and required permissions.
6. Direct Agency Administrator to HMIS Systems Administrator to purchase required licenses.
7. Ensure Participating Agency has internet connectivity that meets Mediware Systems' requirements.
8. Ensure Participating Agency has suitable computers for HMIS participation.
9. Complete HUD HMIS Security Audit Checklist for Participating Agency.
10. Complete HMIS Security Checklist for each machine that will log on to HMIS.
11. Conduct appropriate trainings for all Participating Agency End Users. Training is considered complete when End Users successfully complete the homework assigned to them and review during the second one-on-one training.
12. Complete HMIS End User Agreement with signatures from Participating Agency Executive Director for each new End User.

* The HMIS System Administrator will provide access to End Users by generating User Names and Passwords upon fulfillment of all above requirements.

b. HMIS Project Set-Up Procedure

When creating new bins (or projects) in ServicePoint, all information relevant to funding and eligibility needs to be collected up front. Bin names need to confirm with HUD's guidance on Project Descriptor Data Elements (i.e. "COC-RRH-FAM" for Continuum of Care funded Rapid Rehousing for Families). Information entered in the ServicePoint Administration Standards tab for each project must align with the project's funding application and the true purpose of the project. To this end, all agencies requesting the creation of new bins must complete the HMIS Project Set-Up Form (obtained from the HMIS Systems Administrator) and send the completed document to their funder if applicable. Upon the funder's verification that the information aligns with original specifications of the project, the System Administrator will create the bin/project in HMIS.

c. Recommended Technical Specifications

For proper access to the HMIS, Participating Agencies should consider the following minimum technology requirements:

A PC with a 2 Gigahertz or higher processor, 40GB hard drive, 512 MB RAM, and Microsoft Windows

7 (or later), Dual-Core processor preferred

The most recent version of Google Chrome, Safari, Internet Explorer, or Firefox. No additional plug-in is required. It is recommended that your browser have a 128 cipher / encryption strength installed. The browser's cache should be set to "Check for new version of the stored pages: Every visit to page."

A broadband Internet connection or LAN connection; Dial-up modem connections are not sufficient.

Up to Date Virus and Malware protection

Mobile devices used for HMIS data entry must use the Mozilla Firefox, Google Chrome, or Apple Safari internet browsers. Apple Safari must be used on the latest version of iOS. (It is important to note that SP-5 is not set-up to be mobile-friendly and may be difficult to use on smart phones or tablets. SP-6 will be mobile-friendly.)

Screen Display of 1024x768 (XGA) or higher; 1280x768 strongly advised

Slow system response times that may arise as a result of slow internet connections cannot be controlled by the HMIS Lead Agency. If there are any Mediware Service Point 'down times' that occur or are expected to occur, the HMIS Systems Administrator will send notice to all participating agencies.

2. Overview of Participating Agency Requirements

a. Collecting Data for HMIS

Agencies participating in the HMIS should collect personal client information ONLY with client consent and when appropriate to provide services and/or for other specific purpose of the organization and/or when required by law. Clients cannot be denied services for choosing not to participate in HMIS.

Purposes for which agencies collect protected personal information (PPI) 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; and for research purposes.

b. Eligible HMIS Users

Participating Agencies must have at least one staff member or volunteer who is eligible to become an HMIS user. Users must be *paid staff* or *official volunteers* of an Agency. An official volunteer must complete a volunteer application with the Participating Agency, undergo agency training, and record volunteer hours within their participating agency.

Individuals who are solely contracting with a Participating Agency must be subject to the same

vetting and training as staff and volunteers who become HMIS users. All users must be at least 18 years old and possess basic computer skills. The Participating Agency is responsible for the actions of its users and for their training and supervision, in accordance with the Agency Agreement.

c. Adding New Users to HMIS

Once an organization is approved as a Participating Agency, new users can be requested using this online form: <http://sgiz.mobi/s3/HMIS-New-User-License-Request-Form> .

d. Participating Agency Administrator Requirements

Agencies must designate one key staff person to serve as Agency Administrator. This person will be responsible for the oversight of all personnel that generate or have access to client data in the HMIS 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. Typically the agency administrator responsibilities include:

- Administering and monitoring agency staff access and use of the HMIS;
- Ensuring compliance with all HMIS policies and procedures through oversight and training of staff, and through creating agency policies that support HMIS policies;
- Preventing staff misuse of the data system by means of training and policy;
- Restricting access to the HMIS 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, research or have data entry or technical responsibilities);
- Following procedure changes as determined by the HMIS Steering Committee or state and federal regulation;
- Implementing and maintaining data security policies and standards, in compliance with the HMIS Personal Protected Information Policy, the Rhode Island Continuum of Care Authorization to Share Information, and any other applicable policies;
- Administering agency-specified data protection controls;
- Providing assistance in and/or coordinating the recovery of data, when necessary;
- Detecting and responding to violations of federal, HMIS 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 HMIS Staff, in order to address data gaps and inconsistencies, at regular intervals each grant year.
- Notify the HMIS Systems Administrator of changes within the Agency Profile, bed counts, changes in funding, when funding ends and when case managers leave their agency.

e. HMIS Partnership Agreement

Agencies must sign and abide by the HMIS Partnership Agreement, a document agreement made between the participating agency 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 and/ or regulations relating to privacy protections and information sharing of client specific information.

f. Security

Agencies must ensure compliance with all requirements set forth in this document including transmission of PPI through unencrypted email.

g. Training

Agencies will ensure that all users meet the mandatory training and onboarding programming requirements. Users who are not trained and/or don't have a current HMIS license in their name, shall not under any circumstances be allowed access to HMIS.

New Users must attend and successfully complete:

1. Part A - One-on-One Training (3 hours - in person)
2. Homework Review (self-paced - remote)
3. Part B - One-on-One Training (1 hours - in person)
4. New User Group Training (1 day - held at RICH)
 - a. Part 1 - Rhode Island Homeless System 101 (1.5 hours)
 - b. Part 2 - Coordinated Entry (2 hours)
 - c. Part 2 - HMIS Training (3 hours)

Once users are trained and licensed, they must attend and successfully complete:

1. ANY two group HMIS trainings each state fiscal year (July 1st-June 30th)
2. One Privacy and Security Group training each state fiscal year (July 1st-June 30th)

Group trainings are offered by RICH on a monthly basis and on demand. Trainings are provided at no cost to users.

At the discretion of the HMIS Lead or RICOc, it may be determined that a user needs to be re-trained and/or that access to HMIS shall be limited until sufficient training can be provided to the user to ensure successful participation in HMIS.

h. HMIS End-User Agreement

Agencies must ensure that each HMIS user signs an "End-User Agreement" which 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 HMIS privacy policies, policies regarding access to HMIS, and this document. This includes IT personnel at participating agencies whether or not they are an HMIS user.

i. 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 this manual and associated documents.

j. Data Quality

In accordance with the HUD Data and Technical Standards, End Users will familiarize themselves with the HMIS Data Quality and Monitoring Plan, enter data according to HMIS and HUD Standards,

and cooperate fully with Program Managers and HMIS Staff in correcting aberrations from these standards.

k. 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 HMIS 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 of HMIS.
2. Internet Connection: The Participating Agency is responsible for maintaining internet connections compatible with daily HMIS usage and troubleshooting problems.
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. PPI data may not be uploaded/ stored on public sites
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

a. User Accounts

User accounts will be created and deleted by the HMIS Systems Administrator. The HMIS Administrator generates a unique user code for new End Users.

b. Designation of User Access Levels

There are different levels of access to the HMIS. 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.

c. 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. If a user forgets their password or tries to log-in with 3 failed attempts, the HMIS staff must be contacted in order to request a new password. The temporary password will only work until the user signs in and is asked to reset the password immediately. It is the responsibility of the End Users to select passwords that meet password security guidelines set forth in the HMIS Password Policy and Federal HMIS regulations.

General Requirements:

- All system-level passwords (e.g., root, enable, Windows Administrator, application administration accounts, etc.) must be changed on at least a quarterly basis.
- HMIS passwords change every 45 days.
- All user-level passwords (e.g., email, web, desktop computer, etc.) must be changed at least every 60 days.
- User accounts that have system-level privileges granted through group memberships or programs such as "sudo" must have a unique password from all other accounts held by that user.
- Where SNMP is used, the community strings must be defined as something other than the standard defaults of "public," "private" and "system" and must be different from the passwords used to log in interactively. A keyed hash must be used where available (e.g., SNMPv2).
- All user-level and system-level passwords must conform to the guidelines described below.

Creation of Passwords:

- Users are to create strong passwords that have the following characteristics:
 - Contain at least three of the five following character classes:
 - Lower case characters
 - Upper case characters

- Numbers
- Punctuation
- “Special” characters (e.g. @\$%^&*()_+|--=\`{}[]:~';<>/ etc)
- Contain at least eight alphanumeric characters.
- Try to create passwords that can be easily remembered but hard to guess. One way to do this is create a password based on a song title, affirmation, or other phrase. For example, the phrase might be: "This May Be One Way To Remember" and the password could be: "TmB1w2R!" or "Tmb1W>r~" or some other variation. (NOTE: Do not use either of these examples as passwords!)
- Users are to AVOID creating Weak passwords have the following characteristics:
 - The password contains less than eight characters
 - The password is a word found in a dictionary (English or foreign)
 - The password is a common usage word such as:
 - Names of family, pets, friends, co-workers, fantasy characters, etc.
 - Computer terms and names, commands, sites, companies, hardware, software.
 - The words "Rhode Island Homeless Management Information System (HMIS)", "sanjose", "sanfran" or any derivation.
 - Birthdays and other personal information such as addresses and phone numbers.
 - Word or number patterns like aaabbb, qwerty, zyxwvuts, 123321, etc.
 - Any of the above spelled backwards.
 - Any of the above preceded or followed by a digit (e.g., secret1, 1secret)

Protection of HMIS Passwords:

- Always use different passwords for HMIS accounts from other passwords
- Do not share HMIS passwords with anyone, including administrative assistants or secretaries. All passwords are to be treated as sensitive, confidential HMIS information.
- Passwords should never be written down or stored online without encryption.
- Do not reveal a password in email, chat, or other electronic communication.
- Do not speak about a password in front of others.
- Do not hint at the format of a password (e.g., "my family name")
- Do not reveal a password on questionnaires or security forms
- If someone demands a password, refer them to this document and direct them to the Information Security Department.
- Always decline the use of the "Remember Password" feature of applications (e.g., Eudora, Outlook, and Netscape Messenger).
- If an account or password compromise is suspected, report the incident to the Information Security Department.
- Remote access to the HMIS via remote access is to be controlled using either a one-time password authentication or a public/private key system with a strong passphrase.

Passphrases:

Passphrases are generally used for public/private key authentication. A public/private key system defines a mathematical relationship between the public key that is known by all, and the private key, that is known only to the user. Without the passphrase to "unlock" the private key, the user cannot gain access. All of the rules that apply to passwords apply to passphrases.

Passphrases are not the same as passwords. A passphrase is a longer version of a password and is, therefore, more secure. A passphrase is typically composed of multiple words. Because of this, a passphrase is more secure against "dictionary attacks." A good passphrase is relatively long and contains a combination of upper, lowercase letters, and numeric and punctuation characters.

An example of a good passphrase: "The*?#>*@TrafficOnThe101Was*&!#ThisMorning".

d. Restricting Access

Unauthorized access to the HMIS System must be prevented. User IDs and Passwords are only provided to qualified End Users with legitimate need for access, and inactive user accounts are promptly disabled by the System Administrator. No HMIS license is to be shared and will result in an immediate revocation of HMIS access.

e. Auditing Access

The System Administrator can audit the HMIS System for unauthorized or questionable access of data as a routine security check, or at the request of Agency Administrators or Program Managers.

f. Project Setups and Descriptors

The Project Descriptor Data Elements (PDDE) serves 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, LSA, SPMs and HIC; 2) track bed utilization; and 3) calculate rates of HMIS participation. PDDE enables clear identification of projects providing direct service to clients versus those who are the overarching corporate/agency name. The HMIS administrator oversees Project Setups.

g. Using HMIS Data for Research

The HMIS Steering Committee will review and respond to requests for the use of HMIS data for research with the Chair of the Steering Committee having the final decision.

The following procedures will be followed:

- 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 HMIS Steering Committee prior to publication, for publication approval by the HMIS Steering Committee;
- Research will be shared with the appropriate agencies after publication; and,
- HMIS Steering Committee will be granted the rights to utilize all findings (results).

Research can be carried out by:

- (1) An individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by a program administrator (other than the individual conducting the research) designated by the CHO.

OR

- (2) An institution for use in a research project conducted under a written research agreement approved in writing by a program administrator designated by the CHO. A written research agreement must:
 - (1) Establish rules and limitations for the processing and security of PPI in the course of the research.
 - (2) Provide for the return or proper disposal of all PPI at the conclusion of the research.
 - (3) Restrict additional use or disclosure of PPI, except where required by law.
 - (4) Require that the recipient of data formally agree to comply with all terms and conditions of the agreement.A written research agreement is not a substitute for approval of a research project by an Institutional Review Board, Privacy Board or other applicable human subjects' protection institution.

h. Disaster Recovery Plan

Disaster recovery for the Rhode Island Continuum of Care HMIS will be led by the RIHMIS Vendor with support from HMIS Participating Agencies. The HMIS Administrator must be familiar with the disaster recovery plan set in place by the HMIS software vendor.

4. Technical Support

Service requests may be initiated by participating HMIS agency staff to address concerns including, but not limited to, problems logging into HMIS, 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 technical 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 HMIS staff directly.
3. HMIS staff investigates and addresses the problem or concern if possible.
4. HMIS 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.

5. Requests for Software Changes and/or Feedback

Users and stakeholders with requests for software changes and/or feedback shall address their concerns to the HMIS Lead's Executive Director and/or the HMIS Steering Committee. Requests for new data elements or questions shall be directed to the HMIS Lead and are not considered Software changes.

6. Data Sharing

a. Statewide Data Sharing

The Rhode Island CoC employs statewide data sharing as a means to coordinate care, implement Coordinated Entry, reduce data collection and entry burden, and facilitate other coordination between Participating Agencies.

b. Client Release of Information

Statewide Data Sharing is a process guided by the client through the Release of Information (ROI). It is therefore imperative that the client understand the ROI, and that the Participating Agency address any questions the client may have, while respecting the client's right to decline to share data.

Prior to entering information into HMIS, the Participating Agency will obtain the informed (written or verbal) consent of the Client, with written consent preferred, using the HMIS Release of Information. If a client does not consent pursuant to the HMIS Release of Information (ROI) form, information may not be entered into HMIS.

It is the responsibility of the agency entering information about a client to determine whether consent has been obtained; to make appropriate entries to either designate the information as appropriate for sharing or prohibit information sharing; and to implement any restrictions on information sharing.

At a minimum, the Participating Agency must meet the following standards:

- The Participating Agency will use the HMIS Release of Information form (ROI), for all clients where written or verbal consent is required.
 - If the Participating Agency does not share data with other Agencies, the ROI form is not required. However, the Participating Agency will provide Rhode Island's HMIS Data Privacy Notice for review by all clients and provide clients with copies as requested.
 - If questions arise (for example questions on which programs within the Participating Agency share data with other agencies), the Participating Agency will contact the Lead Agency.
- The Participating Agency will note any limitations or restrictions on information sharing on a client's ROI with appropriate data entries into HMIS. If questions arise (for example, questions on how to implement restrictions on information sharing), the Participating Agency will contact the HMIS Lead.
- The Participating Agency will be responsible for ensuring that consent is understood and given by a person competent to provide consent. For example, in the case of a minor, the Participating Agency will comply with applicable laws regarding minor consent or obtain the consent of a parent or guardian.

- If a client withdraws or revokes consent for release of information, the Participating Agency is responsible for immediately contacting the HMIS Lead Agency to ensure that client's information will not be shared with other Agencies from that date forward.
- The Participating Agency that received the client's initial ROI form will scan and upload the signed copy of the form to the HMIS. Participating Agencies may be required to keep the original copy for a period of seven years, as dictated by Participating Agency policy or funder requirements. ROI forms will be available for inspection and copying by the Lead Agency at any time.
- If an ROI has been properly recorded in the client's HMIS record by another Participating Agency, the Participating Agency need not present the client with another ROI form. However, Covered Entities must always present a ROI form, as detailed in the section below. Other Participating Agencies may elect to do so at their discretion.

Additional Responsibilities of Covered Entities (HIPAA)

Participating Agencies that are also Covered Entities under the Health Insurance Portability and Accountability Act (HIPAA) and any program subject to 42 CFR Part 2 must obtain a signed HMIS Release of Information form before authorizing the Lead Agency to use or disclose information entered into the HMIS.

The information may be used by the Lead Agency as permitted by law and the HMIS Data Privacy Notice. It is the responsibility of the Participating Agency entering information about a client to ensure compliance with HIPAA including ensuring that all appropriate HIPAA Notices have been provided to clients, to determine whether consent has been obtained; making appropriate entries to either designate the information as appropriate for use or disclosure by the Lead Agency or to prohibit such use or disclosure; and implementing any restrictions on the use of the information.

The requirement to scan and upload signed Consent forms is effective as of the date these policies were first adopted. Client records created prior to that date that recorded Consent according to the guidance from that time are considered to have Consent properly recorded. Covered Entities may utilize their own forms but shall supplement these forms with the information conveyed in this document. Covered Entities must present a separate ROI form to each adult that is seeking services, regardless of whether a ROI form has been presented to them in the past.

c. No Conditioning of Services based on Release of Information

Participating Agencies will not condition any services upon or decline to provide any services to a client based upon a client's refusal to sign a form for the sharing of information in HMIS, unless a program funder or internal management practices require the entry of identified information into the HMIS to deliver services. Further, Participating Agencies may not limit client service or refuse to provide service in a way that discriminates against clients based on information the Participating Agency obtained from the HMIS. Participating Agencies may not penalize a client based on historical data contained in the HMIS.

d. Sharing of Attachments

Uploaded client documents and attachments shall be shared Statewide, provided the client has signed a consent to have that information shared as of the date indicated on the signed release. The default setting in HMIS as of that date is to share all attachments Statewide. If the client HAS NOT signed a “Attachment Consent Form”, you must note that in HMIS, and contact the HMIS Administrator at RICH in order to restrict access to the document. Sharing of attachments will allow for better care coordination, support coordinated entry, reduce duplication of collection of vital documents, and ensure safe digital keeping of important client records.

e. Reporting Access

Generally, individual participating agencies shall only have access to pull reports on their specific programs, activities, and projects. Organizations may enter into agreements with one another to allow other organizations access to agency/project reports and aggregate data.

HMIS Participating agencies may also submit a request to the HMIS Steering Committee to have the HMIS Lead pull a report that includes other participating agencies (e.g. organization wants a report on all rapid rehousing outcomes, not just their own programs). Any requests submitted to the HMIS Steering Committee will be shared with the organizations whose data is requested and their input sought, before a final decision is made.

Only the HMIS Lead agency (and its consultants/contractors), the HMIS Steering Committee Chair, the CoC Collaborative Applicant, the Consolidated Homeless Fund Partnership, funders, and other HMIS Steering Committee designated users can have access to aggregate reports and data. The HMIS Steering Committee may also allow access to other entities for the purposes of research, analysis, and reporting.

Note that this section applies only to aggregate and project level reporting and is not be confused with data sharing on a client level basis, which is covered in the following sections.

7. Privacy

a. Introduction

The HMIS Lead Agency, Participating Agencies, and End Users are jointly responsible for complying with HMIS privacy policies and procedures. When a privacy standard conflicts with other federal, state and local laws to which the Participating Agency must adhere, the Participating Agency must contact the Lead Agency to collaboratively update the applicable policies for the Participating Agency to accurately reflect the additional protections.

We intend our Privacy Plan to support our mission of providing an effective and usable case management tool. We recognize that clients served by individual agencies are not exclusively that “agency’s client” but instead are truly a client of the RI Continuum of Care. Thus, we have adopted a Privacy Plan which supports an open system of client-level data sharing amongst agencies.

HMIS Privacy and Security standards are set forth by HUD and outlined in HUD's standards for Homeless Management Information Systems (69 Federal Register 45888) and on December 9, 2011 HUD released [*HMIS Requirements Proposed Rule*](#) (*Federal Register Vol. 76, No. 237 Friday, December 9, 2011 Proposed Rules*).

b. Baseline Privacy

The core tenant of our Privacy Plan is the Baseline Privacy Statement. The Baseline Privacy Statement describes how client information may be used and disclosed and how clients can get access to their information.

Each agency must either adopt the Baseline Privacy Statement or develop a Privacy Statement which meets and exceeds all minimum requirements set forth in the Baseline Privacy Statement (this is described in the Agency Responsibilities section of this Privacy Plan). This ensures that all agencies who participate in the HMIS are governed by the same minimum standards of client privacy protection.

Summary Required Elements & Documents	
Baseline Privacy Statement: This is the main document of this Privacy Plan. This document outlines the minimum standard by which an agency collects, utilizes, and discloses information.	Agencies must adopt a privacy statement which meets all minimum standards. It is must be posted on your Agency's local website (if available).
Consumer Notice Posting: This posting explains the reason for asking for personal information and notifies the client of the Privacy Notice.	Agencies must adopt and utilize a Consumer Notice Posting.
Consumers Informed Consent, Sharing & Release of Information Authorization: This form must be signed by all adult clients and unaccompanied youth. This gives the client the opportunity to refuse the sharing of their information to other agencies within HMIS.	Client Signatures are required prior to inputting their information in HMIS.

c. End User Privacy Responsibilities

A client's privacy is upheld only to the extent that the users and direct service providers protect and maintain client's privacy. The role and responsibilities of the user cannot be over-emphasized. A user is defined as a person that has direct interaction with a client or their data. (This could potentially be any person at the agency: staff member, volunteer, contractor, etc.)

Users have the responsibility to:

- Understand their agency's Privacy Statement
- Be able to explain their agency's Privacy Statement to clients
- Follow their agency's Privacy Statement
- Know where to refer the client if they cannot answer the client's questions
- Must complete Consumers Informed Consent, Sharing & Release of Information Authorization
- with client prior collecting HMIS data.
- Present their agency's Privacy Statement to the client before collecting any information

- Uphold the client's privacy in the HMIS

d. Participating Agency Responsibilities

This Privacy Plan and the Baseline Privacy Statement provide guidance on the minimum standards by which agencies must operate if they wish to participate in the HMIS. Meeting the minimum standards in this Privacy Plan and the Baseline Privacy Statement are required for participation in the HMIS. Any agency may exceed the minimum standards described and are encouraged to do so. Agencies must have an adopted Privacy Statement which meets the minimum standards before data entry into the HMIS can occur.

Agencies have the responsibility to:

- Review their program requirements to determine what industry privacy standards must be met that exceed the minimum standards outlined in this Privacy Plan and Baseline Privacy Statement (examples: Substance Abuse Providers covered by State Law, 24 CFR Part 2, HIPPA Covered Agencies, Legal Service Providers).
- Review the 2004 HUD HMIS Privacy Standards (69 Federal Register 45888)
- Adopt and uphold a Privacy Statement which meets or exceeds all minimum standards in the Baseline Privacy Statement as well as all industry privacy standards. The adoption process is to be directed by the individual agency. Modifications to the Baseline Privacy Statement must be presented to the HMIS Steering Committee and approved by the RCoC.
- Ensure that all clients are aware of the adopted Privacy Statement and have access to it. If the agency has a website, the agency must publish the Privacy Statement on their website.
- Make reasonable accommodations for persons with disabilities, language barriers, or education barriers.
- Ensure that anyone working with clients covered by the Privacy Statement can meet the User Responsibilities.
- Designate at least one Security Officer that has been trained to uphold technologically the agencies adopted Privacy Statement.

Each HMIS Participating Agency must have a Privacy Statement that describes how and when the Participating Agency may use and disclose clients' Protected Personal Information (PPI). PPI includes but is not limited to name, Social Security Number (SSN), date of birth, project entry and/or exit date, and unique personal identification number (HMIS Unique Identifier).

Participating Agencies may be required to collect some PPI by law, or by organizations that give the agency money to operate their projects. PPI is also collected by Participating Agencies to monitor project operations, to understand better the needs of people experiencing homelessness, and to improve services for people experiencing homelessness. Participating Agencies are permitted to collect PPI only with a client's written consent.

e. Use and Disclosure of Information

Participating Agencies may use and disclose client PPI to:

- Undertake tasks as outlined in the Release of Information;
- Verify eligibility for services;
- Provide clients with and/or refer clients to services that meet their needs;

- Manage and evaluate the performance of projects;
- Report about project operations and outcomes to funders and/or apply for additional funding to support agency projects;
- Collaborate with other local agencies to improve service coordination, reduce gaps in services, and develop community-wide strategic plans to address basic human needs; and,
- Participate in research projects to understand better the needs of people served.
- Participating Agencies may also be required to disclose PPI for the following reasons:
 - When the law requires it;
 - When necessary to prevent or respond to a serious and imminent threat to health or safety; or,
 - When a judge, law enforcement or administrative agency orders it.

Participating Agencies are obligated to limit disclosures of PPI to the minimum necessary to accomplish the purpose of the disclosure. Uses and disclosures of PPI not described above may only be made with a client's written consent. Clients have the right to revoke consent at any time by submitting a request in writing.

f. Clients Access to Records

Clients also have the right to request from HMIS:

- A copy of all PPI collected;
- An amendment to any PPI used to make decisions about your care and services (this request may be denied at the discretion of the agency, but the client's request should be noted in the project records);
- An account of all disclosures of client PPI;
- Restrictions on the type of information disclosed to outside partners; and,
- A current copy of the Participating Agency's privacy statement.

Participating Agencies may reserve the right to refuse a client's request for inspection or copying of PPI in the following circumstances:

- Information compiled in reasonable anticipation of litigation or comparable proceedings;
- The record includes information about another individual (other than a health care or homeless provider);
- The information was obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) and a disclosure would reveal the source of the information; or,
- The Participating Agency believes that disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.

If a client's request is denied, the client should receive a written explanation of the reason of the denial. The client has the right to appeal the denial by following the established Participating Agency grievance procedure. Regardless of the outcome of the appeal, the client shall have the right to add to his/her program records a concise statement of disagreement. The Participating Agency shall disclose the statement of disagreement whenever it discloses the disputed PPI.

g. Privacy Training

All individuals with access to PPI are required to complete formal training in privacy

requirements at least annually.

h. Participating Agency Privacy Statements

Participating Agency Statements should, at a minimum, reflect the baseline requirements listed in this document and the HMIS Data and Technical Standards Final Notice, published by HUD in July 2004, and revised in March 2010. In any instance where this Privacy Statement is not consistent with the HUD Standards, the HUD Standards take precedence except where an agency is acting as a HIPAA entity Participating Agency Privacy Statements may be amended at any time. Amendments may affect information obtained by the agency before the date of the change. An amendment to the Privacy Statement regarding use or disclosure will be effective with respect to information processed before the amendment, unless otherwise stated. A record of all amendments to this Privacy Statement must be made available to clients upon request.

8. Security

a. Security Plan Overview

HMIS security standards are established to ensure the confidentiality, integrity, and availability of all HMIS information. The security standards are designed to protect against any reasonably anticipated threats or hazards to security and must be enforced by system administrators, agency administrators, as well as end users. This section is written to comply with section 4.3 of the 2004 Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice (69 Federal Register 45888) as well as local legislation pertaining to maintaining an individual's personal information. The last time HUD has released proposed regulations pertaining to HMIS Security was in December of 2013. These regulations are not yet in force and sufficient guidance has not been given to enact the policies.

The HMIS System and all agencies must apply the security standards addressed in this Security Plan to all the systems where personal protected information is stored or accessed. Additionally, all security standards must be applied to all networked devices. This includes, but is not limited to, networks, desktops, laptops, mobile devices, mainframes, and servers. Agencies IT people; whether or not they enter information into HMIS must sign a User Agreement.

All agencies, including the HMIS Lead, will be monitored by the HMIS Administrators annually to ensure compliance with the Security Plan. Agencies that do not adhere to the security plan will be given a reasonable amount of time to address any concerns. Egregious violations of the security plan may result in immediate termination of an agency or user's access to the HMIS as determined by the HMIS Lead.

b. Security Officers

The HMIS Lead Agency and all HMIS Participating Agencies must designate Security Officers to oversee HMIS privacy and security. The security officer is the single point-of-contact who is responsible for annually certifying that Agencies adhere to the Security Plan testing the CoC's security practices for compliance.

Systemwide Security Officer

Position held by the Assistant HMIS Administrator and is responsible for:

- Assessing security measures in place prior to establishing access to HMIS for a new Agency,
- Reviewing and maintaining file of Participating Agency annual compliance certification checklists,
- Conducting annual security audit of all Participating Agencies.

Participating Agency Security Officer

Position fulfilled within a Participating Agency, may be the agency administrator or another employee, volunteer or contractor who has completed HMIS Privacy and Security training and is adequately skilled to assess HMIS security compliance.

This person:

- Conducts a security audit for any workstation that will be used for HMIS purposes,

- Conducts a security audit no less than annually for all agency HMIS workstations, AND
- Continually ensures each workstation within the Participating Agency used for HMIS data collection or entry is adequately protected by a firewall and antivirus and malware software (per Technical Safeguards - workstation computer policy),
- Completes the semi-annual Compliance Certification Checklist, and forwards the Checklist to the Lead Security Officer.

Upon request, the HMIS Lead Agency may be available to provide Security support to Participating Agencies who do not have the staff capacity or resources to fulfill the duties assigned to the Participating Agency Security Officer.

c. Physical Safeguards

In order to protect client privacy, it is important that the following physical safeguards be put in place. For the purpose of this section, authorized persons will be considered only those individuals who have completed Privacy and Security training within the past 12 months.

- Computer Location - A computer used as an HMIS workstation must be in a secure location where only authorized persons have access. The workstation must not be accessible to clients, the public or other unauthorized Participating Agency staff members or volunteers. A password protected automatic screen saver will be enabled on any computer used for HMIS data entry.
- Printer location - Documents printed from HMIS must be sent to a printer in a secure location where only authorized persons have access.
- PC Access (visual) – Non-authorized persons should not be able to see an HMIS workstation screen. Monitors should be turned away from the public or other unauthorized Participating Agency staff members or volunteers and utilize visibility filters to protect client privacy.
- Mobile Device - A mobile device used to access and enter information into the HMIS system must use a password or other user authentication on the lock screen to prevent an unauthorized user from accessing it and it should be set to lock automatically after a set period of device inactivity. A remote wipe and/or remote disable option should also be downloaded onto the device.

d. Technical Safeguards

Workstation Security

To promote the security of HMIS and the confidentiality of the data contained therein, access to HMIS will be available only through approved workstations. The HMIS Lead Agency will be required to have and install a PKI certificate on all approved workstations, in compliance with Public Access baseline requirement in the HUD Data Standards (4.3.1 System Security). End-Users will be required to have this certificate installed on each individual account for each HMIS user of their workstation by the HMIS Lead Agency and will notify the Lead Agency should this certificate need to be re-installed or the computer decommissioned.

Participating Agency Security Officer will confirm that any workstation accessing HMIS shall have

antivirus, antimalware software with current virus definitions (updated at minimum every 24 hours) and frequent full system scans (at minimum weekly).

Participating Agency Security Officer will confirm that any workstation accessing HMIS has and uses a hardware or software firewall either on the workstation itself if it accesses the internet through a modem or on the central server if the workstation(s) accesses the internet through the server.

Establishing HMIS User IDs and Access Levels

The HMIS Administrator, in conjunction with the Participating Agency Executive Director, will ensure that any prospective End User reads, understands, and signs the HMIS End User Agreement. The HMIS Administrator will maintain a file of all signed HMIS End User Agreements. The Participating Agency is responsible for ensuring that all agency End Users have completed mandatory trainings, including HMIS Privacy and Security training and End User Responsibilities and Workflow training, prior to being provided with a User ID to access HMIS.

The HMIS Administrator will always attempt to assign the most restrictive access that allows an End User to perform efficiently and effectively their duties. The HMIS Administrator will also create new User IDs and notify the User ID owner of the temporary password verbally. When the Participating Agency determines that it is necessary to change a user's access level, the HMIS Administrator will update the user's access level as needed.

User Authentication

User IDs are individual and passwords are confidential. No individual should ever use or allow use of a User ID that is not assigned to that individual, and user- specified passwords should never be shared or communicated in any format.

End users will be prompted by the software to change their password every 45 days.

End Users must immediately notify the HMIS Administrator if they have reason to believe that someone else has gained access to their password.

Three consecutive unsuccessful attempts to login will disable the User ID until the password is reset. For Agency End Users, passwords should be reset by one of the HMIS contacts.

Rescinding User Access

The Participating Agency must notify the HMIS Administrator within 24-hours if an End User no longer requires access to perform his or her assigned duties due to a change of job duties or termination of employment. The HMIS Administrator reserves the right to terminate End User licenses that are inactive for 60 days or more. The HMIS Administrator will attempt to contact the Participating Agency for the End User in question prior to termination of the user's license.

In the event of suspected or demonstrated noncompliance by an End User with the HMIS End User Agreement or any other HMIS plans, forms, standards or governance documents, the Participating Agency Security Officer shall notify the HMIS Administrator to deactivate the User ID for the End User in question until an internal agency investigation has been completed. The HMIS Lead Agency should be notified of any substantiated incidents that may have resulted in a breach of HMIS system security and/or client confidentiality, whether or not a breach is definitively known to have occurred.

Any agency personnel who are found to have misappropriated client data (identity theft, releasing personal client data to any unauthorized party), shall have HMIS privileges revoked. The Continuum of Care is empowered to revoke permanently a Participating Agency's access to HMIS for substantiated noncompliance with the provisions of these Security Standards, the Rhode Island HMIS CoC Policies and Procedures, or the HMIS Privacy Statement that resulted in a release of PPI.

e. Workstation Security

RI HMIS Users will implement physical and technical safeguards for all workstations that access electronic protected health information to restrict access to authorized users.

Specific 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;
- 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); and,
- If wireless network access is used, ensure access is secure by following the Wireless Access policy

Workstations include any areas or devices used to access HMIS or undertake work on HMIS (including spaces at home, office, and remote locations). Specific devices include but are not limited to laptops, tablets, phones, mobile devices, desktops, and computer based medical equipment.

f. Disposing Electronic, Hardcopies, Etc.

Computer: All technology equipment (including computers, printers, copiers and fax machines) used to access HMIS and which will no longer be used to access HMIS will have their hard drives reformatted multiple times (DoD specifications). If the device is now non-functional, it must have the hard drive pulled, destroyed, and disposed of in a secure fashion.

Hardcopies: For paper records, shredding, burning, pulping, or pulverizing the records so that PPI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed.

Mobile Devices: Use software tools that will thoroughly delete/wipe all information on the device and return it to the original factory state before discarding or reusing the device.

g. Other Technical Safeguards

The Lead Security Officer shall develop and implement procedures for managing new, retired, and compromised HMIS account credentials.

The Participating Agency Security Officer shall develop and implement procedures for managing new, retired, and compromised local system account credentials. The Participating Agency Security Officer shall develop and implement procedures that will prevent unauthorized users from connecting to private agency networks.

Unencrypted PPI may not be stored or transmitted in any fashion—including sending file attachments by email or downloading reports including PPI to a flash drive, to the End User's desktop or to an agency shared drive. All downloaded files containing PPI must be deleted from the workstation temporary files and the "Recycling Bin" emptied before the End User leaves the workstation.

h. Reporting Security Incidents

These standards are intended to prevent, to the greatest degree possible, any security incidents. However, should a security incident occur, the following procedures should be followed in reporting:

- Any HMIS End User who becomes aware of or suspects that HMIS system security and/or client privacy has been compromised must immediately report the concern to their Participating Agency Security Officer.
- In the event of a suspected security or privacy concern the Participating Agency Security Officer should complete an internal investigation. If the suspected security or privacy concern resulted from an End User's suspected or demonstrated noncompliance with the HMIS End User Agreement, the Participating Agency Security Officer should have the HMIS Administrator deactivate the End User's User ID until the internal investigation has been completed.
- Following the internal investigation, the Participating Agency Security Officer shall notify the Lead Security Officer of any substantiated incidents that may have compromised HMIS system security and/or client privacy whether or not a release of client PPI is definitively known to have occurred. If the security or privacy concern resulted from demonstrated noncompliance by an End User with the HMIS End User Agreement, the Lead Security Officer reserves the right to deactivate permanently the User ID for the End User in question.
- Within one business day after the Lead Security Officer receives notice of the security or privacy

concern, the Lead Security Officer and Participating Agency Security Officer will jointly establish an action plan to analyze the source of the security or privacy concern and actively prevent such future concerns. The action plan shall be implemented as soon as possible, and the total term of the plan must not exceed thirty (30) days.

- If the Participating Agency is not able to meet the terms of the action plan within the time allotted, the HMIS Administrator, in consultation with the Rhode Island Continuum of Care Advisory Board, may elect to terminate the Participating Agency's access to HMIS. The Participating Agency may appeal to the CoC Advisory Board for reinstatement to HMIS following completion of the requirements of the action plan.
- In the event of a substantiated release of PPI in noncompliance with the provisions of these Security Standards, the Rhode Island HMIS Policies and Procedures, or the Participating Agency Privacy Statement, the Participating Agency Security Officer will make a reasonable attempt to notify all impacted individual(s). The Lead Security Officer must approve of the method of notification and the Participating Agency Security Officer must provide the Lead Security Officer with evidence of the Agency's notification attempt(s). If the Lead Security Officer is not satisfied with the Agency's efforts to notify impacted individuals, the Lead Security Officer will attempt to notify impacted individuals at the Agency's expense.
- The HMIS Lead Agency will notify the appropriate body of the Continuum of Care of any substantiated release of PPI in noncompliance with the provisions of these Security Standards, the HMIS Policies and Procedures, or the Participating Agency Privacy Statement.
- The HMIS Lead Agency will maintain a record of all substantiated releases of PPI in noncompliance with the provisions of these Security Standards, the Rhode Island HMIS Policies and Procedures, or the Participating Agency Privacy Statement for 7 years.
- The Continuum of Care reserves the right to revoke permanently a Participating Agency's access to HMIS for substantiated noncompliance with the provisions of these Security Standards, the Rhode Island HMIS Policies and Procedures, or the Participating Agency Privacy Statement that resulted in a release of PPI.

i. New HMIS Participating Agency Site Security Assessment

Prior to establishing access to HMIS for a new Participating Agency, the Lead Security Officer will assess the security measures in place at the Participating Agency to protect client data (see Technical Safeguards Workstation Security). The Lead Security Officer or other HMIS Administrator will meet with the Participating Agency Executive Director (or executive-level designee) and Participating Agency Security Officer to review the Participating Agency's information security protocols prior to countersigning the HMIS Memorandum of Understanding. This security review shall in no way reduce the Participating Agency's responsibility for information security, which is the full and complete responsibility of the Participating Agency, its Executive Director, and its HMIS Agency Security Officer.

j. Annual Participating Agency Self-Audits

- The Participating Agency Security Officer will use the Compliance Certification Checklist to conduct annually security audits of all Participating Agency HMIS End User workstations.
- The Participating Agency Security Officer will audit for inappropriate remote access by End-Users by associating User login date/times with employee time sheets. End Users must certify that they will not remotely access HMIS from a workstation (i.e.: personal computer) that is not subject to the Participating Agency Security Officer's regular audits.
- If areas are identified that require action due to noncompliance with these standards or any element of the Rhode Island HMIS Policies and Procedures, the Participating Agency Security Officer will note

these on the Checklist, and the Participating Agency Security Officer and/or HMIS Agency Administrator will work to resolve the action item(s) within 15 days.

- Any Checklist that includes 1 or more findings of noncompliance and/or action items will not be considered complete until all action items have been resolved. The findings, action items, and resolution summary must be reviewed and signed by the Agency's Executive Director or other empowered officer prior to being forwarded to the Lead Security Officer.
- The Participating Agency Security Officer must turn in a copy of the Checklist to the Lead Security Officer on a semiannual basis.

k. Annual Security Audits

- The Lead Security Officer will use the Compliance Certification Checklist to conduct security audits.
- The Lead Security Officer must randomly audit at least 10% of the workstations used for HMIS data entry. In the event that an agency has more than 1 project site, at least 1 workstation per project site must be audited.
- If areas are identified that require action due to noncompliance with these standards or any element of the Rhode Island HMIS Policies and Procedures, the Lead Security Officer will note these on the Checklist, and the Participating Agency Security Officer and/or HMIS Agency Administrator will work to resolve the action item(s) within 15 days.
- Any Checklist that includes 1 or more findings of noncompliance and/or action items will not be considered complete until all action items have been resolved and the findings, action items, and resolution summary has been reviewed and signed by the Agency's Executive Director or other empowered officer and forwarded to the HMIS Lead Security Officer.

9. Client Complaints, Grievances, and Questions

If a client believes that their rights have been violated related to their personal or private data held in the HMIS, a written complaint may be filed. The complaint may be filed with the Participating Agency serving the client and forwarded to the HMIS Lead Agency if resolution is not found. If the client believes that their shelter or services may be threatened due to the complaint, a complaint may be made directly to the HMIS Lead Agency. The Lead Agency will report all grievances to the HMIS Steering Committee (which reports up to the CoC Board). The HMIS Steering Committee will act as a final arbiter of any complaints not resolved by the Participating Agency or the Lead Agency.

The Participating Agency and HMIS Lead Agency are prohibited from retaliating against clients for filing a complaint. Identifying information will be kept confidential, unless the client gives express permission for such information to be shared between the Participating Agency and the HMIS Lead Agency.

10. Violation of HMIS Policies

HMIS users and Participating Agencies must abide by all HMIS policies and procedures found in the HMIS Policies and/or Procedures manuals, the User Agreement, and the Agency Agreement.

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

Any user or other fees paid by the Participating Agency will not be returned if a user's or Participating Agency's access to the HMIS is revoked.

The procedure to be followed is:

1. All suspected violations of any security protocols will be investigated by the Participating Agency and the HMIS Lead.
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 HMIS privileges, and revocation of HMIS privileges.
3. Access may be restricted prior to completion of formal investigation if deemed necessary by the HMIS Lead. If access is restricted, the HMIS Lead will notify a chair of the HMIS Steering Committee of the restriction and will consult with him/her about next steps.
4. Any Participating 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 HMIS Steering Committee.

Notifying the HMIS Lead Agency of a Violation

It is the responsibility of each Designated Agency HMIS Contact and user to notify the HMIS Lead Agency within 24 hours of when they suspect that a User or Participating Agency has violated any HMIS operational agreement, policy, or procedure. A complaint about a potential violation must include the User and Participating Agency name and a description of the violation, including the date or timeframe of the suspected violation. Complaints should be sent in writing to the HMIS Lead Agency. The name of the person making the complaint will not be released from the HMIS Lead Agency if the individual wishes to remain anonymous.

Violations of Local, State or Federal Law

Any Participating Agency or user violation of local, state or federal law will immediately be subject to the consequences listed under the Third Violation above.

11. Glossary and Definitions

AHAR - Stands for the Annual Homeless Assessment Report; HUD (the United States Department of Housing and Urban Development) uses the AHAR to report to U.S. Congress that provides nationwide estimates of homelessness. Soon to be replaced by the LSA (definition below).

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

CAPER - Stands for the Consolidated Annual Performance and Evaluation Report; Generated to report on accomplishments and progress towards consolidated plan goals.

CoC APR - the HUD Continuum of Care (CoC) Annual Performance Report (APR) is used for any recipients with HUD funding received through CoC homeless assistance grants are required to submit an APR electronically to HUD every operating year.

CoC Board - The RCoC 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 personal protected information 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.

HIC - Stands for Housing Inventory Count; HUD requires CoC's to conduct an annual count of homeless persons and the HIC is a point-in-time inventory of provider programs within a CoC that provide beds and units dedicated to serve persons who are homeless, categorized by five program types: Emergency Shelter (ES), Transitional Housing (TH), Rapid Re-Housing (RRH), Safe Haven (SH), and Permanent Supportive Housing (PSH).

HMIS - Stands for Homeless Management Information System, which is 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 HMIS Lead Agency is the Rhode Island Coalition for the Homeless. This entity is designated by the Continuum of Care to operate the Continuum's HMIS on its behalf.

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.

Longitudinal Systems Analysis (LSA) report - used to replace the AHAR, is produced from a CoC's [Homelessness Management Information System](#) (HMIS) and submitted annually to HUD via the [HDX 2.0](#), provides HUD and Continuums of Care (CoCs) with critical information about how people experiencing homelessness use their system of care.

Participating Agency - An Agency within the RCoC that creates, edits or views HMIS data.

PIT - Stands for Point-in-Time count; HUD requires a count of sheltered and unsheltered homeless persons on a single night in January - this count includes persons who are sheltered in an Emergency Shelter (ES) or Transitional Housing (TH) as well as those unsheltered on the street or in a place not meant for human habitation. PITs are collected annually including the last Wednesday of each quarter.

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). Projects are equated with bins in HMIS

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.

RCoC - Rhode Island has a single Continuum of Care (RCoC) 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.

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

12. Attachments

The attachments listed below can be found on the Rhode Island Coalition for the Homeless' website, which can be found at the following link: <https://www.rhomeless.org/hmis-information-forms-and-guides>.

The website includes the most up-to-date and recent version of all documents related to HMIS such as (but not limited to):

1. The HMIS Release of Information (ROI)
2. The Personal Protected Information Statement
3. The HMIS Data Collection Statement
4. The HMIS Fact Sheet
5. The HMIS User Agreement
6. The Checklist for the HMIS Certificate Installation
7. The Desktop and Mobile Devices Agreement
8. The RICoC VI-SPDAT Policy
9. HUD HMIS Data Standards Manual and Dictionary

13. Acknowledgements & Revision History

This HMIS Policy and Procedures Handbook was collaboratively written and informed by versions of other HMIS Policies and Procedure Documents from communities.

March 2005

January 2007

August 2013

March 2017

September 2018

2018 HDX Competition Report

PIT Count Data for RI-500 - Rhode Island Statewide CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	1160	1180	1101
Emergency Shelter Total	822	807	739
Safe Haven Total	0	0	0
Transitional Housing Total	301	304	311
Total Sheltered Count	1123	1111	1050
Total Unsheltered Count	37	69	51

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	144	240	264
Sheltered Count of Chronically Homeless Persons	141	215	247
Unsheltered Count of Chronically Homeless Persons	3	25	17

2018 HDX Competition Report

PIT Count Data for RI-500 - Rhode Island Statewide CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	93	106	121
Sheltered Count of Homeless Households with Children	93	106	120
Unsheltered Count of Homeless Households with Children	0	0	1

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	123	89	95	103
Sheltered Count of Homeless Veterans	121	89	92	100
Unsheltered Count of Homeless Veterans	2	0	3	3

2018 HDX Competition Report

HIC Data for RI-500 - Rhode Island Statewide CoC

HMIS Bed Coverage Rate				
Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	662	67	501	84.20%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	341	109	226	97.41%
Rapid Re-Housing (RRH) Beds	366	0	366	100.00%
Permanent Supportive Housing (PSH) Beds	1244	0	1012	81.35%
Other Permanent Housing (OPH) Beds	658	6	652	100.00%
Total Beds	3,271	182	2757	89.25%

2018 HDX Competition Report

HIC Data for RI-500 - Rhode Island Statewide CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 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	547

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	44	55	71

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	308	328	366

2018 HDX Competition Report

FY2017 - 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)	
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017
1.1 Persons in ES and SH	3146	3184	85	81	47	46
1.2 Persons in ES, SH, and TH	3421	3427	113	106	58	55
				-4		-1
				-7		-3

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added 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.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)		Median LOT Homeless (bed nights)	
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017
					Difference	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	2874	3230	307	364	116	150
						34
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	3148	3481	326	383	147	173
						26

2018 HDX Competition Report

FY2017 - 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.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	31	9	29%	1	3%	5	16%	15	48%
Exit was from ES	658	94	14%	39	6%	54	8%	187	28%
Exit was from TH	125	13	10%	3	2%	5	4%	21	17%
Exit was from SH	0	0		0		0		0	
Exit was from PH	585	21	4%	20	3%	26	4%	67	11%
TOTAL Returns to Homelessness	1399	137	10%	63	5%	90	6%	290	21%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1160	1180	20
Emergency Shelter Total	822	807	-15
Safe Haven Total	0	0	0
Transitional Housing Total	301	304	3
Total Sheltered Count	1123	1111	-12
Unsheltered Count	37	69	32

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	3477	3427	-50
Emergency Shelter Total	3172	3205	33
Safe Haven Total	0	0	0
Transitional Housing Total	485	408	-77

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	434	500	66
Number of adults with increased earned income	22	34	12
Percentage of adults who increased earned income	5%	7%	2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	434	500	66
Number of adults with increased non-employment cash income	107	156	49
Percentage of adults who increased non-employment cash income	25%	31%	6%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	434	500	66
Number of adults with increased total income	125	180	55
Percentage of adults who increased total income	29%	36%	7%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	284	183	-101
Number of adults who exited with increased earned income	48	26	-22
Percentage of adults who increased earned income	17%	14%	-3%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	284	183	-101
Number of adults who exited with increased non-employment cash income	54	47	-7
Percentage of adults who increased non-employment cash income	19%	26%	7%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	284	183	-101
Number of adults who exited with increased total income	95	63	-32
Percentage of adults who increased total income	33%	34%	1%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3050	3098	48
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.	1082	982	-100
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	2116	148

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3811	3808	-3
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.	1370	1283	-87
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.)	2441	2525	84

2018 HDX Competition Report

FY2017 - 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 FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	315	446	131
Of persons above, those who exited to temporary & some institutional destinations	40	68	28
Of the persons above, those who exited to permanent housing destinations	69	75	6
% Successful exits	35%	32%	-3%

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing destinations	2984	2923	-61
Of the persons above, those who exited to permanent housing	1283	1202	-81
% Successful exits	43%	41%	-2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	1906	1822	-84
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1798	1751	-47
% Successful exits/retention	94%	96%	2%

2018 HDX Competition Report

FY2017 - 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.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	AII ES, SH				AII TH				AII PSH, OPH				AII RRH				AII Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	688	617	619	650	403	391	344	257	1669	1624	1788	1938	373	308	328					
2. Number of HMIS Beds	568	497	499	510	387	375	311	251	1493	1529	1580	1659	373	308	328					
3. HMIS Participation Rate from HIC (%)	82.56	80.55	80.61	78.46	96.03	95.91	90.41	97.67	89.45	94.15	88.37	85.60	100.00	100.00	100.00					
4. Unduplicated Persons Served (HMIS)	3149	3056	3170	3203	536	484	485	514	1974	2082	2378	2382	679	713	951	1008	887	476	563	285
5. Total Leavers (HMIS)	2623	2512	2668	2686	335	284	261	310	409	499	706	634	440	511	663	635	697	270	319	123
6. Destination of Don't Know, Refused, or Missing (HMIS)	1134	600	866	1244	8	6	5	11	53	31	30	37	7	24	8	9	254	133	163	61
7. Destination Error Rate (%)	43.23	23.89	32.46	46.31	2.39	2.11	1.92	3.55	12.96	6.21	4.25	5.84	1.59	4.70	1.21	1.42	36.44	49.26	51.10	49.59

2018 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 2018 PIT Count	1/24/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/30/2018	Yes

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.”

Chronically homeless individuals and families shall be served exclusively in those projects that are either dedicated or prioritized for the chronically homeless. All beds not dedicated or prioritized must nonetheless accept referrals from the Statewide Coordinated Entry System and may only decline referrals consistent with CES policies. If there are no chronically homeless individuals or families then the CoC funded PSH provider must follow the following priorities: 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 RICOc and to all PSH beds/units funded by the RICOc 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 RICOc 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 Statewide 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.

Policy on the Use of Housing First

Purpose:

This implements the policy of the RCoC that providers of permanent supportive housing and rapid rehousing follow the Housing First model. The RCoC has adopted a set of Housing First Principles which establish how Housing First is to be implemented in this CoC.

Policy:

Permanent housing in the RCoC shall follow the Housing First model. Grantees funded by the CoC that indicate that they are following Housing First must implement policies that are consistent with the adopted Principles of Housing First and with how those principles may be amended over time.

Procedure:

All new applicants for CoC funded permanent supportive housing and rapid rehousing must follow Housing First Principles. Applications not proposing Housing First will not be accepted. By indicating on the HUD application that the project will follow Housing First, the applicant is agreeing to follow the Housing First Principles established by the RCoC.

Existing CoC funded permanent supportive housing and rapid rehousing must either transition the program so that it complies with the Housing First Principles or apply to the CoC board for a project specific waiver of Housing First. The performance outcomes of the project will be the primary consideration in deciding whether to grant the waiver.

Projects not following Housing First and without a waiver are at risk of having their funding reallocated.

Housing First Principles

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

**Racial Disparity Comparison US & RI Census Data (July 1, 2017 Estimates)
vs. RI HMIS Clients Served Population (Clients Served July 1, 2017-June 30, 2018)**

July 1, 2017 Estimated United States Census Data		July 1, 2017 Estimated Rhode Island Census Data		July 2017-2018 Rhode Island Homeless & Housed Population Served through HMIS	
United States Population Estimate	325,719,178 = 100%	Rhode Island Population Estimate	1,059,945 =100%	Total HMIS Population	8, 625 = 100%
Age and Sex		Age and Sex		Age and Sex	
Persons under 5 (%)	6.1%	Persons under 5 (%)	5.2%	Persons under 5 (%)	9.5%
Persons under 18 (%)	22.6%	Persons under 18 (%)	19.6%	Persons under 18 (%)	19.0%
Persons 65 and over (%)	15.6%	Persons 65 and over (%)	16.8%	Persons 65 and over (%)	5.0%
Female Persons (%)	50.8%	Female Persons (%)	51.4%	Female Persons (%)	44.0%
Male Persons (%)	Not on Census	Male Persons (%)	Not on Census	Male Persons (%)	55.0%
Race and Ethnicity		Race and Ethnicity		Race and Ethnicity	
White alone (%)	76.6%	White alone (%)	84.1%	White alone (%)	61.0%
Black or African American alone (%)	13.4%	Black or African American alone (%)	8.2%	Black or African American alone (%)	25.2%
American Indian and Alaska Native alone (%)	1.3%	American Indian and Alaska Native alone (%)	1.0%	American Indian and Alaska Native alone (%)	1.7%
Asian Alone (%)	5.8%	Asian Alone (%)	3.7%	Asian Alone (%)	0.6%
Native Hawaiian and Other Pacific Islander alone (%)	.2%	Native Hawaiian and Other Pacific Islander alone (%)	.2%	Native Hawaiian and Other Pacific Islander alone (%)	0.5%
Two or More Races (%)	2.7%	Two or More Races (%)	2.8%	Two or More Races (%)	7.0%
Hispanic or Latino (%)	18.1%	Hispanic or Latino (%)	15.5%	Hispanic or Latino (%)	22.0%
White alone, not Hispanic or Latino (%)	60.7%	White alone, not Hispanic or Latino (%)	72.5%	Non-Hispanic or Latino (%)	76.3%

Areas, as compared to RI Census Data,
that indicate disparity.

Racial Disparity Comparison All Clients Served in RI-CoC RI-HMIS
Persons served in Homelessness Programs in HMIS vs. those served in Housing Programs in HMIS
 (Note: Persons are represented by their last program entry type in HMIS.)
 (Clients Served July 1, 2017-June 30, 2018)

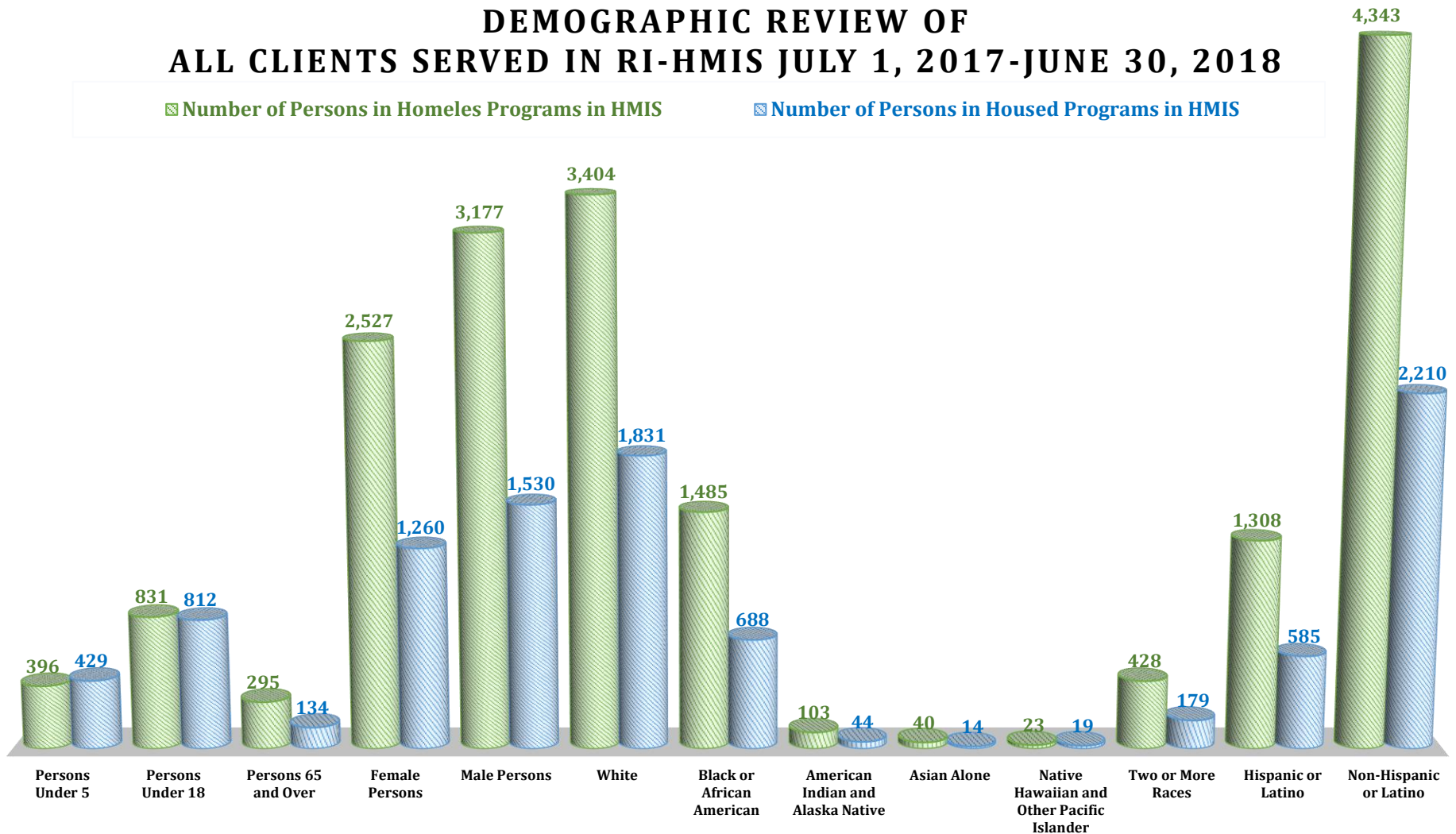
July 2017-2018 Rhode Island Homeless & Housed Population Served through HMIS		July 2017-2018 Percentage of TOTAL HMIS Homeless Persons Served in ES/TH/GPD/SO or Prevention Projects <i>*Percentages Calculated from TOTAL of each corresponding category in HMIS (left columns)</i>		July 2017-2018 Percentage of TOTAL HMIS Housed Persons Served in PH/RRH/PSH or SSO Projects <i>*Percentages Calculated from TOTAL of each corresponding category in HMIS (left columns)</i>	
Total HMIS Population	8, 625 = 100%	HMIS HOMELESS POPULATION	5, 789 = 67%	HMIS HOUSED POPULATION	2, 836 = 33%
Age and Sex		Age and Sex		Age and Sex	
Persons under 5	825 (9.5%)	Persons under 5	396 (48%)	Persons under 5	429 (52%)
Persons under 18	1,643 (19%)	Persons under 18	831 (51%)	Persons under 18	812 (49%)
Persons 65 and over	429 (5%)	Persons 65 and over	295 (69%)	Persons 65 and over	134 (31%)
Female Persons	3,787 (44%)	Female Persons	2,527 (67%)	Female Persons	1,260 (33%)
Male Persons	4,707 (55%)	Male Persons	3,177 (67%)	Male Persons	1,530 (33%)
Race and Ethnicity		Race and Ethnicity		Race and Ethnicity	
White	5,235 (61%)	White	3,404 (65%)	White	1,831 (35%)
Black or African American	2,173 (25.2%)	Black or African American	1,485 (68%)	Black or African American	688 (32%)
American Indian and Alaska Native	147 (1.7%)	American Indian and Alaska Native	103 (70%)	American Indian and Alaska Native	44 (30%)
Asian	54 (.6%)	Asian	40 (74%)	Asian	14 (26%)
Native Hawaiian and Other Pacific Islander	42 (.5%)	Native Hawaiian and Other Pacific Islander	23 (55%)	Native Hawaiian and Other Pacific Islander	19 (45%)
Two or More Races	607 (7%)	Two or More Races	428 (71%)	Two or More Races	179 (29%)
Hispanic or Latino	1,893 (22%)	Hispanic or Latino	1,308 (69%)	Hispanic or Latino	585 (31%)
Non-Hispanic or Latino	6,553 (76.3%)	Non-Hispanic or Latino	4,343 (66%)	Non-Hispanic or Latino	2,210 (34%)

Racial Disparity Comparison All Clients Served in RI-CoC RI-HMIS
Persons served in Homelessness Programs in HMIS vs. those served in Housing Programs in HMIS
 (Note: Persons are represented by their last program entry type in HMIS.)
 (Clients Served July 1, 2017-June 30, 2018)

**DEMOGRAPHIC REVIEW OF
 ALL CLIENTS SERVED IN RI-HMIS JULY 1, 2017-JUNE 30, 2018**

■ Number of Persons in Homeless Programs in HMIS

■ Number of Persons in Housed Programs in HMIS



In Spring 2018, the RICOC began taking action to begin work to identify the existence of racial disparities in its system. The RICOC created a workgroup to inform development of a formal strategy. The HMIS Lead, COC Planner, and RICOC providers convened to review the data and refine it into the report attached, highlighting apparent disparities.

The workgroup highlighted the following next steps to suggest to the RICOC Board:

1. Disseminate a survey to multiple “levels” of the system to determine the perceived reality of racial disparity, cultural competency training, implicit bias and how it might affect RICOC services and outcomes.
2. Engage an experienced consultant to convene focus groups to provide training around implicit bias and examine the disparity data with a goal of brainstorming of next steps towards mitigating disparities.
3. Using survey and focus group responses, the RICOC plans to create a formal strategy to address elimination of racial disparities in system and outcomes.