Opening Doors Rhode Island

Strategic Plan to Prevent and End Homelessness

Rhode Island Housing Resources Commission, Rhode Island Interagency Council on Homelessness and Rhode Island Housing

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Acknowledgements

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Rhode Island Interagency Council on Homelessness

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Goals of Opening Doors Rhode Island:

- Finish the job of ending chronic homelessness in 5 years
- End Veteran homelessness in 5 years
- End homelessness for families and youth in 10 years

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Introduction

This strategic plan outlines a program to significantly transform the provision of services to homeless people in Rhode Island. Consistent with new federal direction and policy, the plan seeks to sharply decrease the numbers of people experiencing homelessness and the length of time people spend homeless. It proposes to finish the job of ending chronic homelessness in five years and to prevent and end all homelessness among Veterans in the state in the same time period. It also outlines strategies to substantially decrease the numbers of homeless families and young people and to end this homelessness in ten years. Finally, the plan will reduce all other homelessness in the state and establish the framework for system transformation that will reduce the numbers of people who experience homelessness for the first time.

This plan shares the vision of "Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness". That vision is: **No one should experience homelessness – no one should be without a stable, safe place to call home.**

It also shares the core values of the Federal Plan:

- Homelessness is unacceptable. It is solvable and preventable.
- There are no "homeless people," but rather people who have lost their homes who deserve to be treated with dignity and respect.
- Homelessness is expensive. Invest in solutions.

The 'focus areas' for this plan which are used to categorize the strategies to prevent and end homelessness follow those used in the Federal strategic plan. Specifically, the focus areas for this plan are:

- Increase access to stable and affordable housing
- Retool the homeless crisis response system
- Increase economic security
- Improve health and housing stability
- Increase leadership, collaboration and civic engagement.

Additionally, this plan includes four **signature initiatives** focused on key homeless subpopulations – the chronically homeless, Veterans, families and youth. The signature initiatives are high profile targeted efforts intended to both solve a significant aspect of homelessness and to demonstrate to all Rhode Islanders that effective strategies can succeed at not simply managing homelessness but ending it.

This plan also calls for an adjustment of homeless policy in Rhode Island to align it with the goals and outcomes specified by the HEARTH Act (Homeless Emergency Assistance and Rapid Transition to Housing), passed in 2009, which substantially changes Federal homeless assistance

policy. In keeping with the former McKinney-Vento funded programs, the new Federal policy emphasizes achieving substantive outcomes in reducing homelessness and ensuring an effective range of services accessible to all people facing homelessness. HEARTH expands the range of outcomes to focus on rapidly ending homelessness and preventing its growth.

This plan was developed in the fall of 2011 and finalized in the winter of 2012. The process was guided by a Steering Committee[1] consisting of government officials, leading providers of services to homeless people, researchers on homelessness, and advocates. To ensure that there was maximum opportunity for public involvement in developing this plan, a stakeholder's session, six listening sessions, and a consumer forum were convened. An unduplicated total of approximately 130 persons contributed input to this plan. The structured 'listening sessions' had approximately 80 participants and covered the following topics:

- Homeless Crisis Response
- Families, Children & Youth
- Health & Behavioral Health
- Criminal Justice
- Workforce and Income
- Housing

The session enabled experienced providers, advocates, and government officials to present information on what was and was not working in Rhode Island and to identify successful practices that could be increased in scale.

In addition to obtaining public participation, the consulting team projected need for homeless assistance based on current trends. Cost projections for the development and operation of this housing were developed based on current actual costs.

[1] Membership list included in Appendix __

Homelessness in Rhode Island

In 2010, the most recent year for which data are available, about 4,400 persons were literally homeless in Rhode Island, living in shelters, on streets, or in transitional housing for homeless people. On any given night, over 1,100 Rhode Islanders have no home. This does not account for the many people who live in overcrowded housing or are temporarily residing in housing in which they have no legal right of occupancy.

Ending homelessness for those already homeless in Rhode Island and preventing homelessness for those who are precariously housed and at risk of homelessness will require a range of resources from permanent supportive housing for those with significant long term disabilities, service enriched permanent housing for those who will require occasional support in resolving crises and maintaining housing, transitional housing for those transitioning from institutional settings or in a transitional period in life; and rapid re-housing and prevention services for those imminently entering homelessness.

Rhode Island faces considerable challenges: it has the highest poverty rate and the highest rent burden rate in New England. According to the 2010 Census Bureau's American Community Survey, 14% of Rhode Island's population lived below the Federal poverty level ($18,310 for a family of 3) – an increase from 11.5% in 2009. Moreover, 61,000 Rhode Islanders are in deep poverty, with incomes less than 50% of the Federal poverty level or $9,150 for a family of 3. Families living in deep poverty are considered to be at high risk of homelessness. The American Community Survey also found that 41.7% of all households in Rhode Island are housing cost-burdened, meaning that they are paying more than 30% of their income for housing. Virtually half of all renters (49.2%) pay more than 30% of their income for housing.

Making a problematic situation even more troublesome, the national recession and efforts to reduce governmental deficits are restricting resources available to prevent and end homelessness. For the current fiscal budget year, the Department of Housing and Urban Development will be sharply reducing funding for Community Development Block Grants (12% cut) and the HOME program (37% reduction in available funding). Similar cutbacks are impacting the housing voucher and public housing programs (14% decrease in public housing operating funds) curtailing federal housing assistance. While dedicated homeless resources have been level funded at HUD, the sharp reductions in mainstream housing programs will make it more difficult to supplement dedicated homeless funding. The federal cutbacks are paralleled at the state level as the state government struggles to address burgeoning needs while federal resources are cut and tax revenues stagnate.

While striving to assemble as many resources as possible to address this critical problem, it is also important to ensure that existing resources are used as efficiently as possible, targeted to the correct populations and provided based on an individualized assessment of need. The most long term and costly resources – permanent supportive housing -- should be targeted toward

those for whom it can be demonstrated that the resolution of their homelessness will not occur in the absence of significant continuing support.

Additionally, many of the existing 'affordable housing resources' in Rhode Island are not necessarily affordable to those with extremely limited income or no income at all, circumstances that characterize many people who are homeless or at risk of homelessness. These units lack deep on-going subsidies. Residents whose income decreases after occupancy can face significant obstacles to maintaining their housing.

The charts below illustrate the numbers of persons as counted on a single night in January and the total number of persons accessing homeless services in the calendar year. The point in time numbers provides data for three years; the annual count covers the most recent four years.

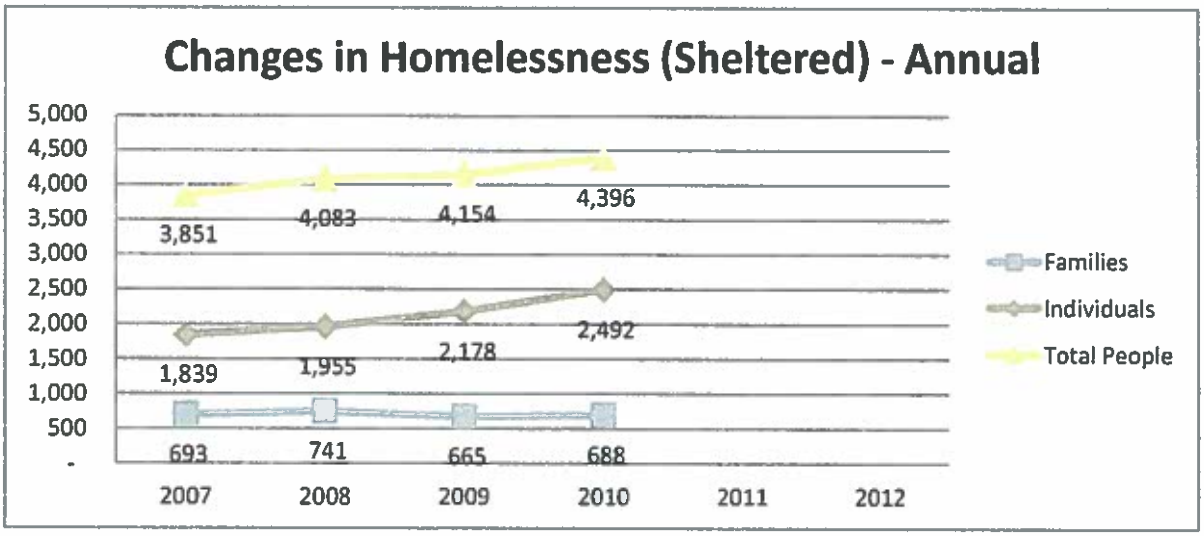


FIGURE 1

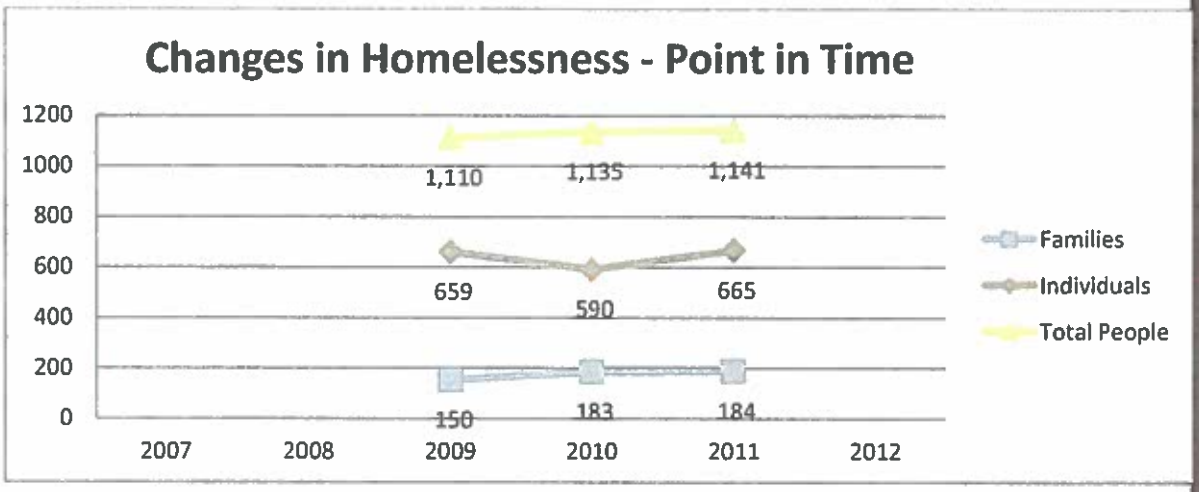


FIGURE 2

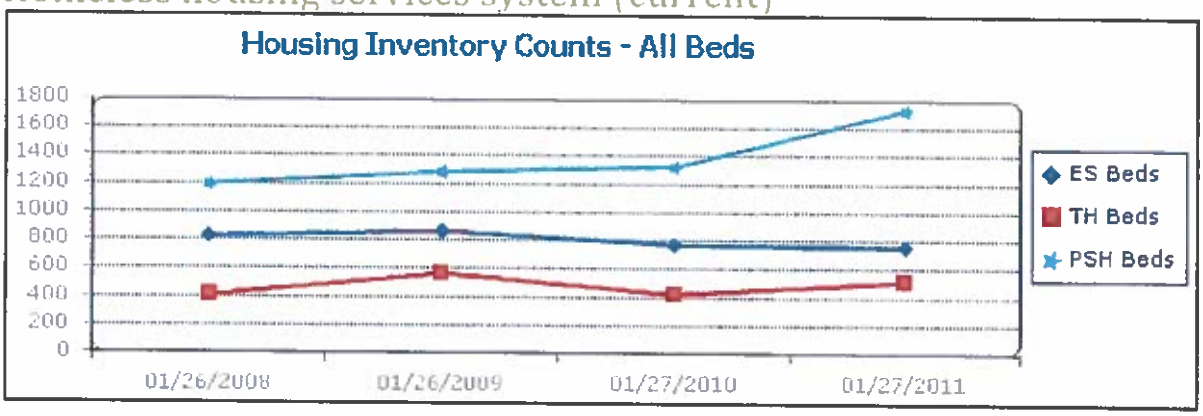
The annual numbers presented are taken from HMIS; the point in time numbers come directly from that count.

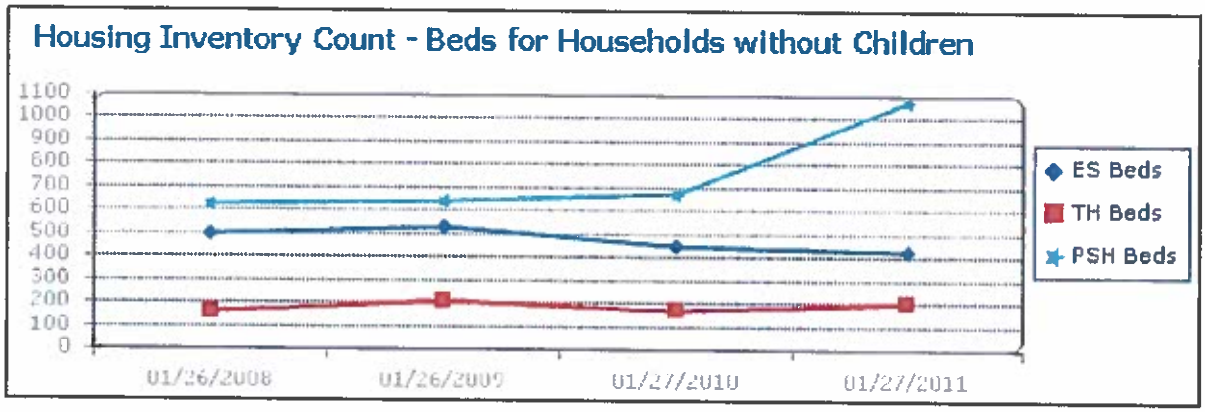
The trend has been for an increase in the single individual population and for steadier numbers of homeless families.

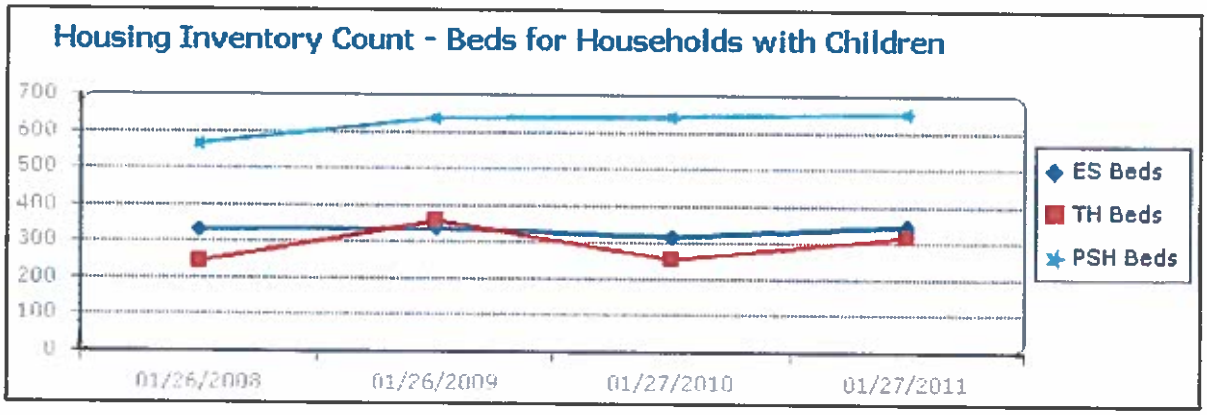
To address this need, Rhode Island has the following emergency, transitional and permanent housing resources (shown in the charts below) as indicated in the Housing Inventory Charts submitted to HUD. As can be seen, the numbers of transitional and emergency beds have remained relatively constant; the permanent supportive housing (PSH) capacity – especially for single adults - has increased significantly in line with policy to rely on PSH to meet the needs of chronic and long term homeless people.

This plan will call for the continued expansion of permanent supportive housing units to serve chronically homeless persons. It will also call for an examination of the use of shelter and transitional housing services. To the maximum extent possible, shelter services for families will be supplanted by diversion from shelter through rapid rehousing. Transitional programs will be evaluated to assure that they are achieving outcomes in ending homelessness and effectively serving those in transition.

Homeless housing services system (current)







In addition to the households actually experiencing homelessness in Rhode Island, there are many more who are at risk of homelessness. The chart below shows the number of households

in Rhode Island living in deep poverty – defined as having an income no greater than 50% of the Federal poverty level. In Rhode Island, that was $9,265/year for a family of three in 2010.

2010	American Community Survey, Poverty Institute
RI Population	1,052,567
Persons living in Poverty	142,000 (13.5% of RI population; US 14.3%)
Persons living in deep poverty (50% FPL)	61,000 (5.8% of RI population)
Households living in deep poverty	38,000 (9.4% of RI households)
Total homeless persons (annual) HMIS	4,396 (0.42%)
Total homeless households HMIS	3,008 (0.75% of all RI households)

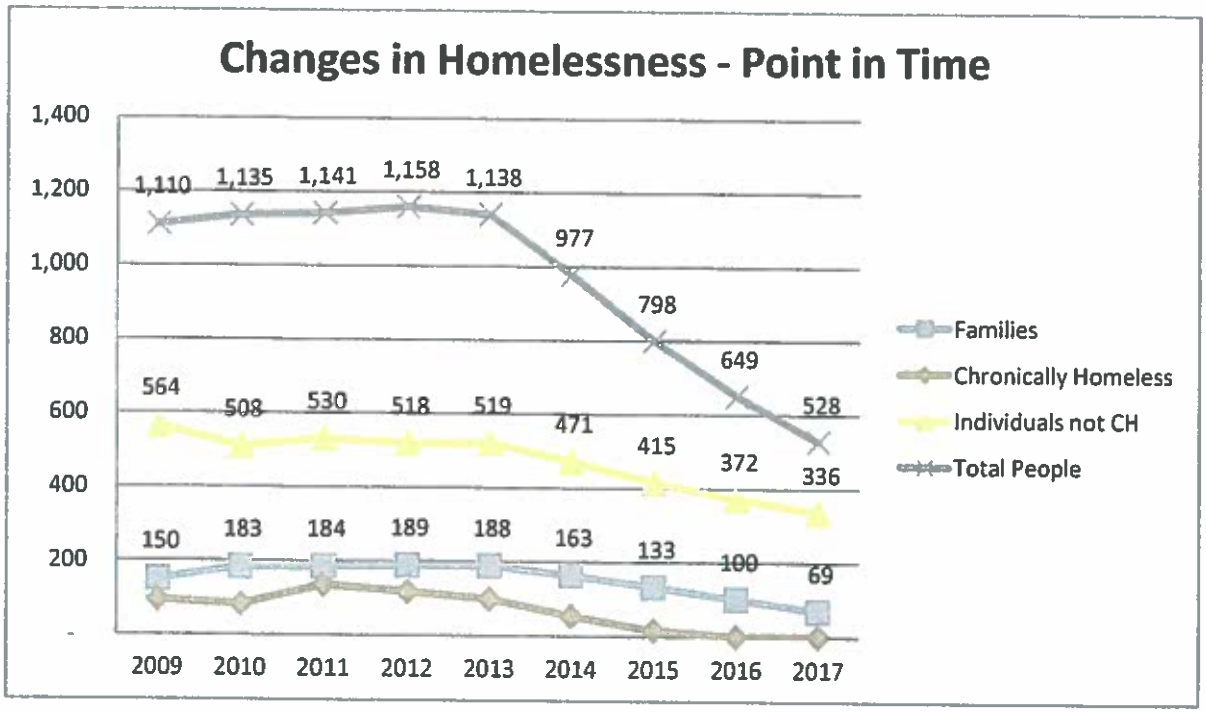
Although nearly one in every ten households in Rhode Island is living in deep poverty and therefore at high risk of homelessness, only 8% of those extremely low income at risk households actually became homeless in 2010. This indicates the significant resiliency of households in deep poverty as the overwhelming majority is able to piece together sufficient resources to avoid becoming homeless. This provides indirect evidence that the evidence based strategy of rapid re-housing, providing families with immediate but limited short term support can be highly effective in ending or preventing homelessness. It also indicates that there is an extremely large population that will remain at risk of homelessness in Rhode Island and it is essential that an effective program of re-housing and diversion from shelter for those with no other options to homelessness will be extremely important to maintain.

Projected Impact of Strategic Plan

The following tables project the estimated impact on homelessness in Rhode Island through the implementation of this strategic plan. Consistent with the goals of the plan, the increased levels of permanent supportive housing and other interventions will reduce the point in time count of chronically homeless people to zero in 5 years. Family homelessness will be greatly reduced in

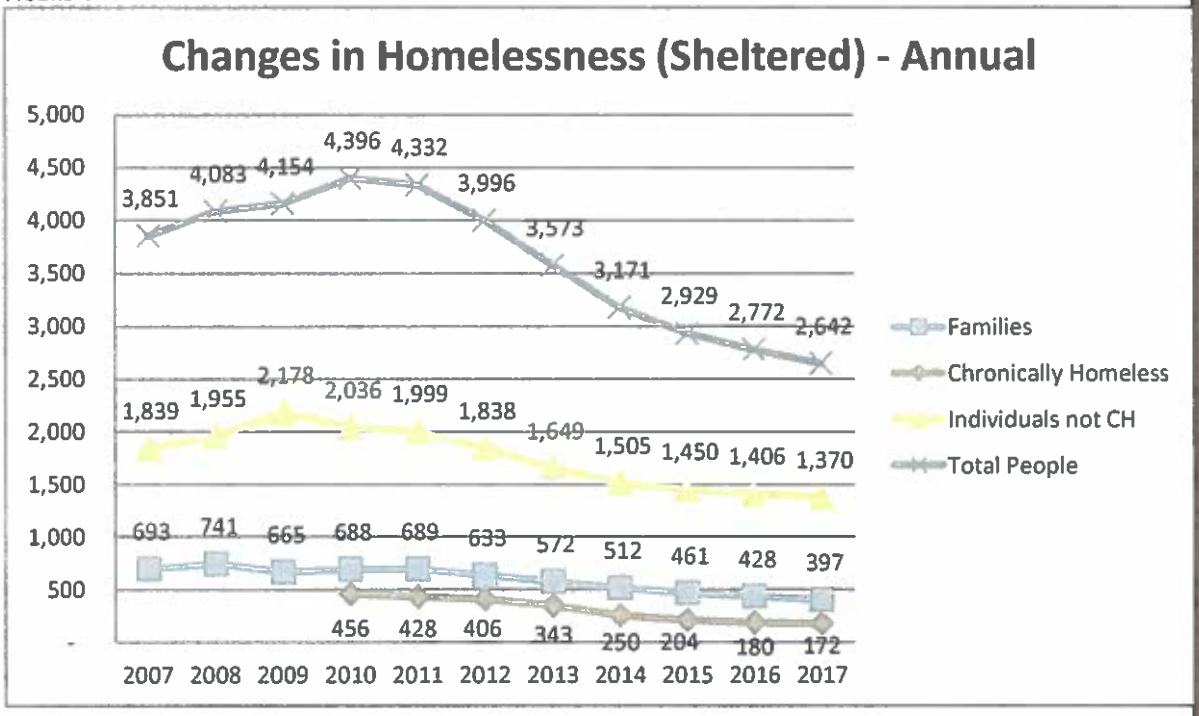
the same 5 year period and ended over the 10 year term. All other homelessness will sharply decline to less than half the level in 2012.

FIGURE 3



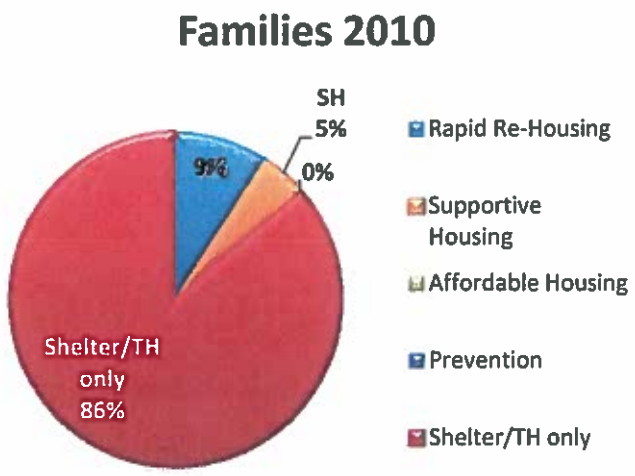
The following table presents the projected impact of this strategic plan on the numbers of persons who annually access homeless assistance in Rhode Island.

FIGURE 4



System Transformation

FIGURE 5



These changes in projected numbers of homeless people will be achieved by transforming the delivery of homeless services in Rhode Island. The strategic plan relies on expanding the implementation of two key evidence based strategies, strategies emphasized in the HEARTH Act:

- **Permanent supportive housing structured on a 'Housing First' model for chronically homeless adults and**

- **Rapid re-housing & shelter diversion to prevent and end homelessness among families.**

The multiple strategies included in this plan are outlined in the Strategies section. The figures shown here illustrate the system transformation needed to achieve the reductions in homelessness shown in Figures 3 and 4 above.

Figure 5 shows how homeless families were receiving services in 2010. Overwhelmingly (86%) families received shelter and/or transitional housing services. Only 9 percent received rapid re-housing to end their homelessness and 5 percent accessed permanent supportive housing.

FIGURE 6

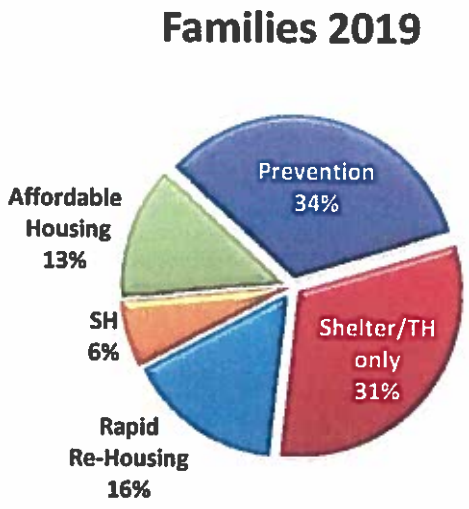


Figure 6 illustrates a transformed system in 2019. The percentage of families accessing shelter or transitional housing is reduced from 86% to 31%, meaning that overwhelmingly families who lose their housing will not have shelters as their primary option. Over a third of all families in housing emergencies will be diverted from shelter services (34%) and will never need to become homeless in order to get assistance. Increased access to deeply affordable housing will end homelessness for about 13% of homeless families. Rapid re-housing will assist 16% of the families. Six percent of families will be assisted through permanent supportive housing.

The following figures illustrate the transformation proposed for chronically homeless adults. In 2010 the overwhelming service received by chronically homeless individuals was shelter or transitional housing only. Through the system transformation proposed by this plan, at the conclusion of a five year period in which the development of new supportive housing remains prioritized, chronically homeless people will overwhelmingly be provided with permanent supportive housing to end their homelessness. The plan calls for the creation of additional supportive housing through development of additional new housing and through leasing/rental assistance.

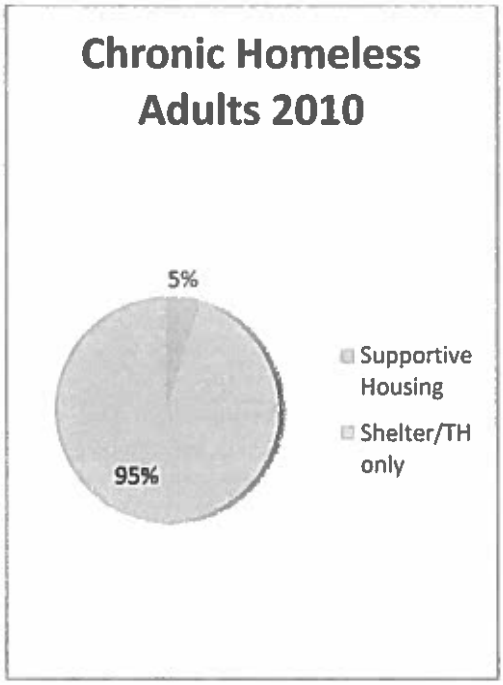


FIGURE 7

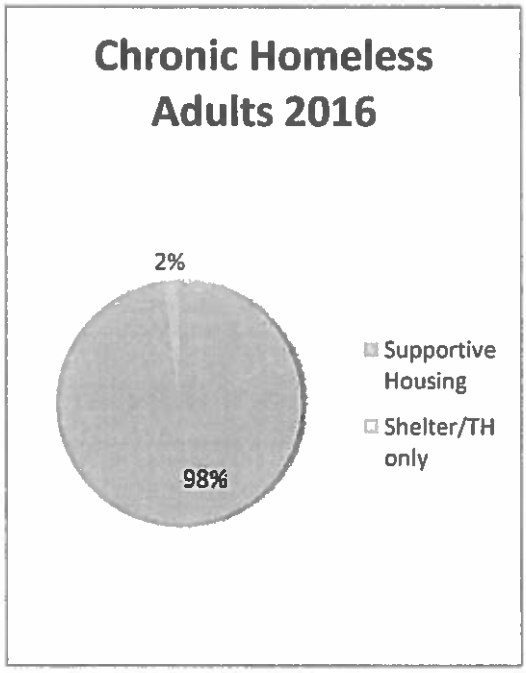


FIGURE 8

These changes in the utilization of homeless services by families and chronically homeless adults will be accomplished through the strategies outlined in the Strategies section of this report. The strategies call for a transformation of homeless services to focus on diversion and rapid rehousing to reduce the number of families who become homeless and to rapidly end homelessness for those who lose their housing. As illustrated above, services for chronically homeless adults will be transformed from shelter/transitional housing to permanent supportive housing. Accompanying the changes in homeless emergency assistance will be increased collaboration between agencies providing services to homeless or at risk families.

Housing Assistance Needs

Data from the Rhode Island Point in Time Count, HMIS, and available research was used to develop estimates of the number of households who will need prevention and rapid re-housing assistance, permanent supportive housing, and deeply affordable rental housing over the next five years. The aim was to determine the level of housing assistance that would be needed to end chronic and Veterans homelessness in five years and family homelessness in ten years. In total, it is estimated that over 2,100 households will need housing assistance over the five year period. Estimates of the costs of providing this assistance follow the Strategies section.

Estimated Needs for Housing Assistance Over Five-Year Timeframe - Rhode Island

Estimated needs for housing assistance, by type, among targeted households who will experience homelessness (unless prevented)	2012-2016			
	Families with Children	Chronically Homeless Adults without Children	Total Households	Veterans *(included within other columns)*
Prevention Strategies*	465		465	86
Rapid Re-Housing*	329		329	71
Deeply Affordable Housing**	350		350	40
Permanent Supportive Housing	251	724	975	178
Estimated need that could be met through turnover of existing supportive housing units	*-149*	*-277*	*-427*	*-98*
Need for new Supportive Housing	101	447	548	80
Estimated Total Target Households Needing Housing Assistance 2012-2016	1,394	724	2,118	376
Estimated Persons in these households	3,856	724	4,580	475

***Does not assume permanent rent subsidies connected with prevention and rapid re-housing.**

****Deeply affordable housing refers to subsidized rental housing that is affordable to persons living in deep poverty. Affordable housing and permanent supportive housing options can take the form of scattered subsidized apartments or the development of buildings through new construction or rehabilitation. The affordable housing numbers presented here do not include rent subsidies needed to prevent homelessness or that may be used in conjunction with rapid re-housing or permanent supportive housing. These numbers also do not encompass the need for affordable housing among low income households who are not experiencing homelessness. Significantly increasing the availability of rental housing that is affordable to households with the lowest incomes would be the most effective strategy for preventing and ending homelessness. The need for affordable housing in Rhode Island is much larger than the number of affordable housing units needed to serve households who have become homeless.**

Opening Doors Rhode Island: Strategies for Preventing and Ending Homelessness

These strategies for preventing and ending homelessness in Rhode Island were developed through the Listening Sessions conducted during the fall of 2011, a review of best practices among continuums of care, and based on preparation for impending changes resulting from the implementation of the HEARTH Act. The strategies presented are grouped according to the five themes established in *Opening Doors, The Federal Strategic Plan to Prevent and End Homelessness.*

In each of the past three years during the Point-in-Time homeless count conducted at the end of January, over 1,100 people were homeless in Rhode Island. Although the numbers have varied somewhat from year to year, this total includes well over 600 homeless individuals and over 180 families. In addition to the Point-in-Time numbers, on an annual basis nearly 4,400 persons accessed homeless services in 2010 and this includes nearly 2,500 individuals and almost 700 families.

To provide overall focus to this plan, the goals established for the Federal Strategic Plan have been incorporated into Opening Doors Rhode Island:

Goals of Rhode Island Plan to Prevent and End Homelessness:

- Finish the job of ending chronic homelessness in 5 years
- Prevent and end homelessness among Veterans in 5 years
- Prevent and end homelessness for families , children and youth in 10 years;
- Set a path for ending all types of homelessness.

These goals will be achieved through the following strategies.

1 Increase the supply of and access to permanent housing that is affordable to very low income households.

Permanent housing includes: permanent supportive housing for long term and chronically homeless persons with disabilities, service enriched housing for homeless families with less intensive support needs, and deeply affordable housing for those with extremely limited incomes. This plan calls for additional units of permanent housing through the development of new units targeted to homeless and at risk households and by providing rental and other subsidies to make existing housing affordable to extremely low income families.

Permanent supportive housing using the Housing First model has been demonstrated to be successful in solving chronic homelessness and other long term homeless situations. It is also a cost effective intervention. Multiple studies including one on Housing First Rhode Island have documented cost savings when the total publicly funded cost is compared pre- and post-Housing First for chronically homeless persons. Across the board the most significant cost savings have been in Medicaid expenditures for emergency room, inpatient, detoxification, and ambulance costs.

Create and/or Subsidize Deeply Affordable Housing for Households with Little or No Income

Additional units of deeply affordable housing (affordable to households in deep poverty) should be created through rental subsidies and through the development of new housing supported by project based subsidies.

- Much of the newly developed affordable housing has very limited ongoing support to maintain affordability. To ensure that this housing remains viable and useful as a resource for homeless and at-risk households, it will be necessary for some units to have deeper subsidies in terms of rental assistance or operating support. Securing this additional support will need to come from existing programs like a recapitalized State investment in the Neighborhood Opportunities Program; HUD Section 202 funding, should it be re-instated; and from the reforms to the Section 811 program under the Frank Melville Supportive Housing Act. Resources could also come from project basing voucher assistance from HUD-VASH (Veterans Affairs Supportive Housing) or the Section 8 Housing Choice Voucher Program.

Establish a goal to make available 100 additional permanent supportive housing units per year through leasing/rental assistance and development. Utilize all funding sources to reach goal.

- Allocate and seek funding from all federal sources (Continuum of Care, competitive grants -- Section 811, 202, entitlement dollars), and VA resources (HUD-VASH)

- Seek Public Housing Agency (PHA) support and commitment through seeking competitive federal resources (Family Unification), establishing set-asides and, where possible, allocating project based vouchers
- Secure continuing State support through the Neighborhood Opportunities Program, allocation of tax credits, and facilitating access to mainstream resources (Medicaid) to fund supportive services.

Expand and Maintain Rental Assistance Vouchers and other Operating Supports

For households with long term disabilities and others not expected to become economically self-sufficient, long-term housing assistance through rental assistance or operating subsidies is essential for housing stability.

Increase project basing of vouchers and operating funding through a dedicated funding stream such as a recapitalized Neighborhood Opportunities Program (NOP)

- The NOP program provides essential support to housing serving very low wage workers and disabled families to maintain the affordability of privately owned rental housing. It contributed to the production of over 2,400 homes.
- Seek opportunities through Section 811 HFA partnership program.
- Project based subsidies are one of the few strategies to ensure that affordable housing developments remain affordable to extremely low income families with little to no income. They also provide the subsidy assistance needed in order to secure financing for housing development. Potential sources of project based subsidies include:
    - HUD-VASH
    - PHA's allocation of housing choice vouchers (up to 20% of the PHA's rental assistance budget authority can be project based)

Systematically pursue all Federal Funding Opportunities

- Establish a protocol for evaluating and applying for federal funding opportunities that address housing and/or services targeted to homeless people, those at risk of homelessness, and special needs populations. Seek to ensure that all applicable opportunities are pursued by eligible, competitive applicants.

Expand Partnerships with Public Housing Agencies

Public housing agencies (PHAs) control much of the mainstream housing resources including Housing Choice Vouchers (Section 8) and public housing. This plan seeks to increase collaboration between PHAs and the Continuum of Care (CoC) by increasing access to

supportive services for PHA residents and eliminating barriers to accessing PHA resources by homeless people. Although Federal requirements place limitations on accessing PHA resources especially to those with criminal justice histories or past negative history with vouchers or public housing, many PHAs have requirements and restrictions that exceed the Federal rules. As a result, many homeless families are unable to access the most significant resources for housing assistance in the country. It is also critical to ensure that tenants in PHA housing can access supportive services and maintain their housing.

Seek to increase PHA participation in the Rhode Island Continuum of Care.

By increasing PHA participation, barriers to homeless people accessing PHA resources can be addressed and PHA needs such as accessing services for tenants can be jointly considered. Rhode Island PHAs should be represented at the highest levels in the CoC.

Develop a MOA with public housing agencies and the State that will ensure access to services for individuals who are homeless or at risk of homelessness and an examination of barriers to homeless participation in PHA housing.

Many PHA tenants require community based behavioral health and other services in order to live independently. Failure to access these services could result in loss of PHA housing and a PHA eviction will make it difficult to secure housing in the future. The CoC should work with PHAs to identify supportive services needs of PHA tenants and develop strategies to address these needs and prevent evictions.

PHAs should examine barriers to homeless households accessing their housing. They should review their Administrative Plans to identify areas where the local requirements are in excess of federal standards and determine the necessity of the requirement. PHAs should also explore set-asides and preferences for homeless families in public housing and Housing Choice Voucher waiting lists.

The Rhode Island Continuum of Care (CoC) should work with PHAs to secure commitments to project base some of their allocation of housing choice vouchers to support affordable housing development.

Create partnerships through MOUs with PHAs that increase opportunities for federal funding that focus on Family Unification and housing opportunities for youth aging out of the child welfare system.

PHAs frequently have the opportunity to apply for additional funding or special initiatives to address the needs of special populations, including youth aging out of foster care or otherwise leaving the child welfare system. Fully competitive applications require collaborations between PHAs, CoCs, and other supportive services organizations. These partnerships should be established in advance of any possible application cycles to be fully prepared and competitive.

Mandate a set-aside in state-supported affordable housing developments of at least 15% of cumulative units to serve special needs households

Designated homeless assistance resources are insufficient to accomplish the goal of preventing and ending homelessness in Rhode Island. Unless additional resources are allocated to this effort, the problem will not be resolved. A mandated set-aside of units in affordable housing development will assist in addressing homelessness. However, it is important not to transfer all responsibility to the developers of affordable housing. For set-asides such as the one recommended to succeed, there must be some form of operating subsidy to support it. Additionally, there must be access to appropriate supportive services so that the assisted households are able to maintain their housing.

- The ability to implement this set-aside is contingent on the availability of deep subsidies or other financing and underwriting models that guarantee affordability.
- To ensure that these resources effectively serve homeless and at risk people, it's recommended that, to the maximum extent possible, nonprofit community development organizations be involved in the development, management and operation of the housing.
- Facilitate relationship building between nonprofit housing developers and service providers and encourage development applications for permanent supportive housing that involve these strong partnerships.

Develop move-on strategies for permanent supportive housing residents who no longer need extensive services

Recent studies have indicated that the large majority (about two-thirds) of residents of permanent supportive housing in Rhode Island are satisfied with their housing and intend to remain. However, a sizeable minority would be more satisfied with housing alternatives. Although permanent supportive housing has been demonstrated to be a cost effective solution to chronic and other long term homeless, it's a costly intervention with long-term costs for housing and services.

Individualized service planning in permanent supportive housing must address the resident's preferences for long term housing. Plans for future housing opportunities should be identified by residents and their case managers as part of their individualized housing stability plans.

Those with an interest in moving on to other housing opportunities should be assisted in applying for and securing positions on waiting lists for long term affordable housing. This includes PHA waiting lists as well as lists associated with privately owned affordable housing development. Residents who no longer require the services intensity of permanent supportive housing should be assisted in securing long term affordable housing in communities of their choice. Vacancies in affordable housing units across the state should be tracked and monitored on a regular basis and information on available housing made available to the PSH providers. Other communities have been able to accelerate the pace of moving on by dedicating some housing vouchers or set-asides of public housing for people leaving PSH.

Create a program for 'service enriched housing.'

Service enriched housing is affordable housing with wrap-around services that provide homeless and extremely low income households support in addressing issues and resolving crises that can lead to loss of housing stability. Unlike permanent supportive housing, which is based on continuously available supportive services, service enriched housing assumes that most of the time, families will be able to maintain their housing but because of extremely low incomes and other life issues residents will have episodic needs for support. Case management caseloads in service enriched housing are significantly higher than in permanent supportive housing, reflecting the expectation that a lower level of support will be needed. This is a lower cost approach that prevents homelessness among those in affordable housing. Recognizing the need for these services for low income families in public housing, some public housing already provides service coordination with funding from HUD. The Listening Sessions identified the need for a broader range of services to include cross-sector partnerships between housing organizations and vocational service providers and access to financial counseling/literacy services.

End Homelessness among Veterans

Signature Initiative: Reduce homelessness among Veterans by 20%/year until the mission of ending Veteran homelessness is accomplished

Rhode Island is small enough and the numbers of homeless Veterans are manageable enough to make it realistic to actively plan for ending all homelessness among Veterans. According to the 2011 point-in-time count, the number of Veterans in shelter or transitional housing was 86. This number has remained consistent: there were 82 homeless Veterans counted in 2009, 88 in 2010 and 86 in 2011. Despite the seemingly manageable numbers, ending Veteran homelessness in Rhode Island will require a combination of VA and CoC resources.

The most critical task is ensuring that the VA is an active partner to and participant in the CoC. Ending Veterans' homelessness requires that U.S. Department of Veterans Affairs (VA) and CoC

resources be used in a planned and coordinated manner. CoC resources should be used to fill in the gaps that cannot be addressed by VA resources, including serving Veterans ineligible for VA benefits and covering services and assistance that cannot be provided by the VA. The VA, through the regional VISN (Veterans Integrated Services Network), has developed its own 5-year plan to end Veteran's homelessness and the VA's plan should be aligned and coordinated with the CoC.

- Assess all persons accessing homeless services for military service and connect, where appropriate, to the VA.
- Serving the chronically homeless is the priority for the HUD-VASH program. The VA has established a performance outcome that at least 65% of HUD-VASH recipients be chronically homeless. The CoC should actively coordinate with VA to assist it in identifying chronically homeless Veterans and linking them to the VA.
- Seek to secure agreements for project-based VASH vouchers in PSH projects serving eligible Veterans.
- Seek to expand resources available to prevent Veteran's homelessness in Rhode Island by expanding the Supportive Services for Veteran Families program.
- Coordinate intake for VA homeless services with planned central/coordinated intake/assessment program.
- Explore the development of alternative transitional housing using the Grant and Per Diem Program including transition in place strategies.
- Ensure that Veterans are connected to the VA through a data match with the Medicaid Division.
- Consider adding the VA as a voting member to the HRC.
- Ensure that VA funded homeless assistance programs such as Grant and Per Diem, Support Services to Veteran Families, and HUD-VASH have HMIS partnership agreements and are entering data into HMIS.

2. Retool Homeless Crisis Response System

Make the Homeless Response System a Well-Oiled Machine

The need is imperative for the homeless response system in Rhode Island to be as effective as possible. Flat funding on the Federal level is likely to be the best-case scenario for the near future. Other sources of Federal funds that could assist homeless people or low income households are facing significant cuts.

Simultaneously, new and significant requirements are being imposed on local Continuums of Care as HUD moves to implement the HEARTH Act, passed by Congress in 2009. The Emergency Solutions Grant (ESG) program will continue – at a much reduced level – activities such as prevention and rapid re-housing formerly funded under the Homelessness Prevention and Rapid Re-housing Program (HPRP). ESG sets forth new HUD requirements for a centralized/coordinated intake and assessment process for people seeking assistance and written standards for the provision of homeless assistance.

The impending introduction of the new HEARTH Act regulations for the Continuum of Care will likely impose additional requirements on CoCs as well as establish new requirements for accessing new or bonus funding from HUD. As in the current McKinney-Vento program, access to additional (bonus) resources will be contingent on achieving HUD-identified outcomes and addressing HUD-required procedures. Since bonus or other incentivized funding through the CoC is one of the very few possible avenues to secure additional homeless assistance funding, it will be even more critical for CoCs to meet HUD's evolving standards and requirements.

Plan for a coordinated/centralized intake and assessment process; link to universal wait list process, and embed in HMIS.

This recommendation addresses what will be a HUD requirement. HUD will be releasing standards for this intake/assessment process in the near future. In order to assure that Rhode Island will access bonus/additional funding, it's essential that the state be prepared to implement this system as soon as possible after HUD establishes the standards.

- Assessment to be unified across the CoC.
- Assessment will address Continuum of Care programs as well as Emergency Solutions Grants and state funded programs.
- Assessment for homeless assistance to be linked to mainstream resource applications. Intake processes for homeless assistance should be coordinated with applications for mainstream assistance programs such as SNAP (food stamps), TANF, and Medicaid.

Establish a governance process for the CoC that targets and allocates resources based on HEARTH outcomes and the goals of Opening Doors Rhode Island

Evaluate CoC expenditures and programs based on CoC defined outcomes and benchmarks. Expand outcome criteria to include new HEARTH outcomes including: length of time homeless, returns to homelessness, providing coverage to all homeless people, improve employment rates and income of homeless people, reduce numbers of people becoming homeless for the first time, reductions in overall numbers of homeless people, and serving youth/families eligible for assistance under other federal homeless programs. Each Continuum of Care and ESG grant should be evaluated at least annually based on outcome indicators established by the CoC in

conformity with HEARTH requirements including costs per person served as well as cost per successful program outcome as determined by the CoC.

- Provide technical support or re-purpose funds that are not achieving specified outcomes.
- Awards of renewal grants and the ability to apply for new homeless assistance grants should be contingent on the grantee's success in achieving, or making progress toward achieving, outcomes with existing funding. Those grantees not achieving designated outcomes should risk loss of renewal funding and limited access to new resources.
- Redesign service and program models based on the results of the program evaluations, using strategies that have been proven effective in achieving desired outcomes.

Establish written standards for administering assistance

Ensure that all assistance provided through CoC resources (leasing, transitional, short/medium term rental assistance, permanent supportive housing) is administered consistently with respect to levels of assistance provided, eligibility determination and documentation, and needs assessments in accordance with written standards developed by the CoC.

- Create standards for case management services, using evidence based practices to support housing stabilization.
    - Case management is the most significant services investment of the CoC. However, there is significant variation in how case management is practiced and evidence based case management practices such as Critical Time Intervention are not widely employed. Establishing standards for case management based on best practices will have a positive impact on CoC outcomes.

Ensure that the full range of homeless prevention and assistance interventions including shelter diversion, rapid re-housing, housing stabilization and permanent supportive housing are available and that there are minimal barriers to assistance for anyone in emergency need.

- Work to eliminate barriers to emergency assistance including sobriety requirements, inability to accommodate households of more than one person, or insufficient capacity to provide emergency accommodation.
- HPRP experience has demonstrated that rapid re-housing is effective for families fleeing domestic violence and its use should be expanded for this purpose.

Provide Comprehensive and Effective Training to Front Line Homeless Services Staff

In order to ensure that homeless services in Rhode Island are a comprehensive system of care, it is essential that 'front-line' case managers, outreach workers, and drop-in center staff have a thorough grounding in best practices for their discipline. They should also have an awareness of the resources and requirements for other assistance available in order to comprehensively address the needs of their clients.

- Develop a CoC-wide training plan for front-line staff.
- Link to CoC-wide standards for providing assistance.
- Incorporate HMIS.
- Cross train the regional Network RI Staff (Providence, Pawtucket, Woonsocket, and West Warwick) with supportive housing and homeless services providers on a quarterly basis.
- Train all family services providers on the McKinney-Vento Title I benefits.
- Cross train local education authorities Homeless Liaisons with homeless and housing services providers.

Examine use of Transitional Housing Resources – especially for single adults

The CoC supports 129 units of transitional housing for single adults – close to 25% of single adults considered homeless on the night of the point-in-time count were in transitional housing. It is important that this resource is cost-effective and achieving outcomes. There are significant unmet needs for persons who are re-entering from institutional settings and without appropriate transitional services are at risk of recidivism.

- Implement a renewal evaluation program to ensure that transitional housing programs are meeting CoC defined outcomes based on HEARTH requirements.
- Evaluate costs and outcomes of individual transitional housing programs and consider whether conversion to Transition in Place, Rapid Re-housing or Permanent Supportive Housing or adjustments to target population(s) would further the goals of this plan.

Increase linkages to Community Based Supports – Especially Behavioral Health

Lack of insurance is a significant barrier to accessing behavioral health services. Community based mental health and substance use treatment services are essential to maintaining housing stability. It was widely reported that access to these critical services is extremely difficult to arrange unless the individual has health insurance.

- Explore all possible avenues to increase access to community based supports among those who are homeless or at risk.
    - Include the chronic homeless population as a target in the Mental Health Block Grant

- Ensure that SOAR (SSI/SSDI Access, Outreach, and Recovery) is widely used to get persons with long term disabilities access to income and health insurance.
- Identify alternative funding strategies including Medicaid that can cover the costs of behavioral health services for individuals and families with a history of homelessness or who meet the federal definition of being 'at risk of homelessness.'

3. Increase Economic Security

Preventing and ending homelessness requires that people who are homeless or at risk have access to sufficient financial resources – through earned income or public benefits – to be able to maintain decent, safe and sanitary housing. To the maximum extent possible, this should be achieved through employment but people with long term disabilities or other circumstances which make full time employment not possible should be supported in accessing benefits.

Signature Initiative: Create a pilot program targeting homeless youth 18-24 for successful participation in DLT programs by linking education, housing and life skills support to homeless youth. This will demonstrate the importance of including housing in job training and placement programs and a means to prevent chronic homelessness and unemployment by intervening early.

The economic recession has dramatically decreased the ability of people with histories of homelessness to obtain competitive employment. The ability to secure employment is complicated by educational deficits including basic literacy, math and English language skills, criminal justice histories and lack of employment background. It was reported in the Listening Sessions that there are many in Rhode Island who are *chronically unemployed* as well as *chronically homeless*. The greatest challenge may be in ensuring that job training is targeted to jobs that actually exist and are potentially available to homeless people. Additionally, many of the existing employment opportunities do not provide sufficient wages to cover the full cost of maintaining stable housing. In addition to training people for jobs, available employment opportunities have to be expanded to include more jobs paying living wages.

There are multiple barriers to employment that must also be addressed to ensure that homeless people can become economically secure. Families with young children must have access to adequate and appropriate child care; transportation must be available in order to get to and from work; and persons with criminal histories must have some avenues to address legal barriers

to employment such as court fines, reinstating licenses, and whenever possible expunging their criminal records or they will never get the opportunity to become self-sufficient.

Department of Labor and Training has specific strategies to increase employment outcomes for individuals and families which when combined with resources from the Department of Education, Workforce Investment Boards and homeless service providers can provide multiple opportunities for the homeless populations.

Utilize existing employment preparation programs by strengthening coordination between Workforce Investment Boards, Department of Labor and Training and homeless service providers

- Develop model partnership between Workforce Investment Boards, Department of Labor and Training, Chamber of Commerce, Department of Education and homeless assistance programs to integrate employment training, job readiness, job development, job referral and job placement, and preparation with housing.
- Ensure that existing 'On the Job' training program which allows participants to have up to 50% of their salary paid by federal funds (administered by Workforce Incentive Board) during the duration of training (six months maximum benefit) is accessible to homeless people.
- Address special needs of families including access to child care during training and employment.
- Develop opportunities for career advancement through access to post-secondary education and academic skill building.
- Use supported volunteerism as a means of developing skills and opening employment opportunities.
- Incorporate special needs populations into the state's employment and training plan and search for federal funding to implement best practices.
- Develop incentive based performance contracts that prioritize services to homeless people.
- Adapt evidence-based practices such as Supported Employment to other homeless populations besides those with serious mental illness. Quick access to jobs and ongoing support ("follow along supports") has proven particularly helpful in working with populations with troubled work histories.

Expand and Improve Access to Mainstream Benefits

The CoC must adopt a systematic approach to assessing people who are accessing homeless services for eligibility for mainstream benefits and assisting them in securing those for which they are eligible. HMIS should be used as the primary vehicle for this.

- Explore methods to increase the utilization of SOAR (SSI/SSDI Outreach, Access and Recovery) to increase rates of enrollment in SSI/SSDI
    - Develop a SOAR initiative in prison.
    - Expand SOAR initiative to chronically homeless through collaborations with mental health centers, health centers, and hospital emergency departments.
- Data match high users of services; connect 50% to benefits through SOAR.
- Expand the involvement of medical centers and health insurance companies to get patients enrolled in SSI/SSDI.
- Coordinate benefit processing and application with the institutional discharge process.
- Provide access to employment services for people with disabilities through avenues such as Office of Rehabilitative Services.
- Educate people on SSI/SSDI about the "Ticket to Work" to improve income.
- Recruit employers to participate in "Ticket to Work" to improve access to employment.
- Develop a state-wide unified/consolidated benefit program application and incorporate it into the assessment/intake process for homeless services. The State of Connecticut uses one application for Medicaid, Food Stamps, Children's Health Insurance and other benefits for low income households.
    - Embed this application process in HMIS.
- Assess chronic homeless persons for benefit eligibility including Medicaid and/or State CNOM (Costs Not Otherwise Matchable) authority.
    - Develop pilot in-reach program to connect shelter residents to mainstream resources including CNOM, Medicaid, Food Stamps, Veterans benefits, youth aging out, and elder services.
    - Implement a Food Stamps pilot that will outreach to the homeless population to increase food security and provide meals in community settings that are easily accessed by public transportation.
    - Expand awareness of the Medicaid buy-in program – the possible loss of benefits is a barrier to persons with disabilities entering the workforce.

Focus on returning service members and National Guard members in need of employment

- The declining economy has had a severe impact on members of the armed forces (active duty military, National Guard, and Reserve) who have been deployed overseas and are seeking employment on their return.
- Consistent with the signature initiative of this plan to end homelessness among Veterans, it is important the returning service members have every opportunity to obtain gainful employment.

4. Improve Health and Housing Stability

In order to maintain housing stability, residents of supportive housing must be able to access essential services. Developing strategies for funding those services is essential to developing and operating supportive housing. Additionally, access to primary care and behavioral health care must be expanded in order to allow residents to access services in a cost-effective manner, e.g., without resorting to emergency rooms or other unnecessary high cost care.

Strengthen Behavioral Health Services to Vulnerable Populations

- Provide family centered care to families with behavioral health services needs.
- Improve access to mental health services for transitioning young adults
- Create access to mental health services for people re-entering the community post-incarceration
- Develop strategies for funding mental health services (using mental health block grant funds) for those lacking insurance
- Link substance use and mental health services to housing.
- Target some State MH/SA Block Grant funding to support services in permanent supportive housing.

Signature Initiative: Continue the High Users campaign to show the effectiveness of supportive housing in reducing inappropriate use of medical resources. Target the 50 highest users of Medicaid funded services who are also homeless. Document Medicaid expenditures pre- and post-placement in supportive housing. Based on anticipated effectiveness, use results to argue for increased use of Medicaid resources to fund services in supportive housing. Allocate rental assistance vouchers to support implementation of the campaign.

This sets the foundation for a signature initiative for this plan: continue the demonstration program targeting the 50 persons who are homeless and consume the highest levels of Medicaid-funded services. This involves data matching between HMIS and Medicaid information systems to identify potential participants, outreach to engage, and direct access to housing through Housing First. The 'campaign' to identify the highest homeless users of Medicaid funded services and place them in supportive housing parallels similar initiatives such as the 100,000 Homes Campaign (100khomes.org). These campaigns provide multiple benefits: they raise public awareness, involve people in outreach and engagement, and demonstrate that it's possible to achieve a meaningful impact in ending homelessness. On a regular basis, perhaps annually, the State should match and analyze the Medicaid data with HMIS data to continue to identify and target resources to the highest cost people in the community

Changes on the horizon will make it possible to increase access to services for homeless people. The Affordable Care Act will significantly expand eligibility for Medicaid in 2014 to include all single individuals who earn at or below 138% of the federal poverty level (FPL). States have options under Medicaid to use it to support services in permanent supportive housing.

Expand Access to Primary Care

- Re-establish the mobile van serving homeless people and connecting them to the health care for homeless clinic.
- Expand the number of behavioral health providers serving as medical homes to their clients.
- Explore methods for co-locating Federally Qualified Health Centers (FQHC) in supportive housing environments. Establish dialogues between FQHCs and supportive housing providers to identify methods to increase primary care access.
- Explore new Medicaid health home model through the Affordable Care Act.

Exercise state options to use Medicaid to fund services in supportive housing

States can exercise options under home and community based services to individuals that earn less than 150% of the federal poverty level and require less than institutional levels of care. These options can allow states to cover housing stabilization services through Medicaid. States may also use a 1115 waiver process to demonstrate that services to Medicaid beneficiaries in

supportive housing are at a minimum budget neutral. This is an alternative approach for funding supportive services.

- Explore methods to expand the role of Medicaid in funding services in supportive housing
  - Examine ways to fund substance use, mental health and case management services
  - Determine whether the Massachusetts model for using Medicaid to fund services for disabled people in housing can be adapted for use in Rhode Island.
- Investigate use of the Medicaid Waiver process (1155) and/or state plan options to cover services in supportive housing.

Families, Children and Youth

Facilitate relationships between contracted agencies serving families and youth and community development corporations and affordable housing developers to increase the number of supportive housing units.

Signature Initiative: Expand the use of rapid re-housing and diversion services to address the needs of families entering homelessness. Establish this as the first response for families. Through use of data, assessment, and outreach strategies, target the most vulnerable families to prevent and/or end their homelessness.

- Create housing options for families involved with the Department of Children, Youth and Families (DCYF) to advance family preservation or re-unification.
- Expand accessible/affordable child care options.
- Increase knowledge of and access to the Family Care Community Partnerships (FCCPs) which provide wraparound services to families with children who are at risk of involvement with DCYF.
- Explore ways to expand the FCCP model to other populations by securing additional sustainable funding and improve access to child and family services focused on early child development, educational stability, and youth development.
- Ensure access to mental health services for transitioning young adults.
- See recommendations on PHAs and Family Unification.
- Coordinate a policy workgroup that maps the current system of transitioning youth to the adult systems, identifies gaps in the current systems and develops policies to address these gaps and prevent youth (18-25) from becoming homeless.

Criminal Justice and Re-entry

The Listening Session addressing criminal justice identified many barriers that people leaving criminal justice settings experience that compound the difficulty of reentering. These include criminal background checks that accompany employment and housing applications, lack of structured living opportunities post-incarceration, and access to employment.

- Evaluate the pilot program targeting frequent users of criminal justice and homeless services providing stable housing and supportive services. Examine the impact of providing appropriate, coordinated services on recidivism rates.
  - Seek to decrease recidivism rates by 25% for individuals cycling through prisons and shelters through targeted use of the Access to Recovery (ATR) program.
- Examine repurposing transitional housing to provide re-entry housing for those being released.
- Explore possible use of Department of Corrections resources to provide housing and services post-discharge.

5. Increase Leadership, Collaboration and Civic Engagement

The Federal Strategic Plan is driven by the vision that no one should experience homelessness – no one should be without a safe, stable place to call home. Accomplishing that vision is complicated by diminished public sector resources, a continuing economic downturn, and the highly complex needs of people experiencing homelessness. Leadership is essential in order to secure the needed resources to have a meaningful impact in preventing and ending homelessness in Rhode Island.

Given that resources are likely to be limited this is an opportunity to examine alternatives to current approaches to addressing the inter-related housing, income, health care, and behavioral health needs in a way that achieves better outcomes at lower overall social cost. Multiple public systems including corrections, health care, behavioral health, child welfare, and education have a stake in solving homelessness as a way to achieve overall system savings. To accomplish this requires leadership and collaboration among agencies and providers. It is also important to demonstrate that real and substantial progress can be made toward the goal of solving homelessness.

Shift the focus to putting people in homes, not shelters. Emphasize the criticality of housing and the need for sustained public investment.

Adequate and appropriate housing is essential in order to have a meaningful impact on ending homelessness. This study documents the likely costs of comprehensively addressing homelessness in Rhode Island over the next five years. Although the projected costs are high, the potential savings are considerably higher. Savings will result from decreased utilization of high cost services including health care (emergency rooms, inpatient care, and ambulance services), criminal justice (police time, court costs, and corrections costs), and behavioral health (reduced use of inpatient and emergency services). However, an upfront investment in housing is essential in order to achieve the projected system savings.

- This plan sets out the projected costs, by intervention type (prevention, rapid re-housing, affordable housing and permanent supportive housing) to comprehensively address homelessness in Rhode Island over the next five years.
- Although projected savings and other numeric projections are critical in addressing the problem of homelessness, securing widespread public support requires more than numbers. It requires that ordinary citizens recognize that people who are homeless are no different and that their struggles are similar – if more intense – to other Rhode Islanders. Telling people's stories puts a human face on homelessness and demonstrates on an individual and family basis that homelessness can be solved with positive outcomes. It also helps to limit the stigma associated with homelessness.
- Use pilot programs to demonstrate the cost-effectiveness of solving homelessness. This plan has called for several pilot projects. These are particularly appropriate in the current fiscal environment as pilots are less costly than full scale interventions and can generate data that can be used to document effectiveness and allow the initiative to be increased in scale as additional resources become available.
- Continue to identify ways to involve the faith community in raising awareness of homelessness, in service provision and referrals, and in generating support for comprehensive efforts to prevent and end homelessness in Rhode Island.

Use data to document the scope of need and the effectiveness of solutions to homelessness

The homeless management information system (HMIS) provides a means for tracking utilization of services and reporting on outcomes. It also can be adapted to serve as a centralized intake and assessment mechanism. However, to truly measure the impact of strategies to prevent and end homelessness, it is important to match and integrate other data systems that track services to measure the full impact of homeless solutions.

- Conduct an independent evaluation of Rhode Island's HMIS system and staffing to determine its ability to effectively track progress in achieving targeted performance outcomes and to make recommendations on how to improve the system to build that capacity.
- Move toward data integration/sharing between: HMIS, Medicaid information systems, and Behavioral Health Data Systems.
- Use HMIS to identify eligibility for other systems of support (VA, Elderly Affairs)
- Use data matching to document the impacts of interventions to end and prevent homelessness on other systems of care and their costs.
- Increase the scope of the HMIS system to include intake and assessment and coordinated application for mainstream resources.

Agree on a common set of outcomes to measure success in preventing and ending homelessness

HUD's homeless assistance programs have been outcome focused for a significant period of time. The existing set of outcome indicators will be significantly expanded through the introduction of the HEARTH Act to include additional indicators such as: length of time homeless, reductions in numbers of homeless people, coverage of all homeless people, reductions in new households entering homelessness, and returns to homelessness after receiving homeless assistance services. Outcome measures and benchmarks are most successful when developed at the local level to address local priorities.

- Develop system-wide outcome measures that reflect: reductions in numbers of homeless people, reductions in the use of emergency shelter services, decreases in the lengths of stay for homeless assistance, reduced numbers of persons returning to homelessness or institutional care after receiving homeless assistance services, coverage of homeless services, and the length of time required to access appropriate housing and essential services.
- In addition to developing overall outcome measures, develop interim benchmarks to measure success of homeless households in moving toward independence and housing stability.
- Explore using performance based contracts to increase outcomes and efficiency. Establish standards for length of stay (LOS) and exits to permanent housing as well as costs per successful outcome. Collect baseline data as a first step in this process.

Ensure key stake holders are "at the table" and that the plan has the required "buy in" to implement it.

Costs of Housing Assistance

The following tables provide an estimate of the costs of providing the housing assistance projected to be needed during the period 2012-2016 in order to end chronic and Veterans homelessness within five years and family homelessness within ten years.

The total cost of this housing assistance over the five year period is estimated at approximately $110 million in capital costs for the development of new housing units, and $19.6 million for operating and service costs. When capital costs are annualized over a 20-year term, the combined average cost of capital, operating, and service costs per household served under the Strategic Plan is only $5,613 per year.

Rhode Island Plan to Prevent and End Homelessness

Five Year Housing Assistance Plan 2012-2016

Total Households	Households Needing New Housing Assistance					
	1	2	3	4	5	Total
HOUSING ASSISTANCE	2012	2013	2014	2015	2016	
Prevention Assistance (short/med term)	35	71	106	126	126	465
Rapid Re-Housing Assistance(short/med te	61	61	64	68	75	329
New Permanent Supportive Housing						
Leased Units (vouchers or set-asides)	35	66	61	57	55	274
New Construction or Rehabilitation	35	66	61	57	55	274
TOTAL SUPPORTIVE HOUSING UNITS	70	131	122	115	110	548
New Deeply Affordable Housing						
Leased Units (vouchers or set-asides)	35	35	35	35	35	175
New Construction or Rehabilitation	35	35	35	35	35	175
TOTAL DEEPLY AFFORDABLE HOUSING	70	70	70	70	70	350
TOTAL HOUSEHOLDS SERVED	236	334	362	379	381	1692

	2012	2013	2014	2015	2016	Total
	New Housing Assistance By Population					
Families	186	234	263	279	282	1,244
Chronically Homeless Individuals	50	99	99	99	99	447
Total Households*	236	334	362	379	381	1,692

	Households Served Through Turnover in Existing PSH Units					
Families	25	28	31	32	33	149
Chronically Homeless Individuals	36	46	55	65	75	277
Total Households*	61	74	86	98	109	427

All Assisted Households*	297	407	448	476	490	2,118

*Households include Veterans

Rhode Island Plan to Prevent and End Homelessness

Costs of New Housing Assistance 2012-2016

Capital Costs of New Housing Assistance	1 2012 Capital	2 2013 Capital	3 2014 Capital	4 2015 Capital	5 2016 Capital	Total 2012-2016 Capital
Permanent Supportive Housing	$ 7,979,518	$ 15,237,459	$ 14,340,441	$ 13,639,114	$ 13,249,952	$ 64,446,485
Deeply Affordable Housing	$ 8,750,000	$ 8,925,000	$ 9,100,000	$ 9,275,000	$ 9,450,000	$ 45,500,000
TOTAL	$ 16,729,518	$ 24,162,459	$ 23,440,441	$ 22,914,114	$ 22,699,952	$ 109,946,485

Operating and Service Costs New Housing Assistance	1 2012		2 2013		3 2014		4 2015		5 2016		Total 2012-2016	
	Rental & Financial Assistance	Services	Rental & Financial Assistance	Services	Rental & Financial Assistance	Services	Rental & Financial Assistance	Services	Rental & Financial Assistance	Services	Rental & Financial Assistance	Services
Prevention and Rapid Re-Housing	$ 288,865	$ 192,577	$ 404,226	$ 264,200	$ 529,646	$ 339,517	$ 616,179	$ 387,534	$ 652,111	$ 402,538	$ 2,491,028	$ 1,586,366
Permanent Supportive Housing	$ 733,805	$ 643,566	$ 1,402,369	$ 1,197,342	$ 1,321,183	$ 1,096,159	$ 1,257,784	$ 1,015,041	$ 1,222,756	$ 982,363	$ 5,937,896	$ 4,914,472
Deeply Affordable Housing	$ 838,740	$ 70,000	$ 855,515	$ 70,000	$ 872,290	$ 70,000	$ 889,064	$ 70,000	$ 905,839	$ 70,000	$ 4,361,448	$ 350,000
TOTAL	$ 1,861,410	$ 906,143	$ 2,662,110	$ 1,531,542	$ 2,723,119	$ 1,506,676	$ 2,763,027	$ 1,472,575	$ 2,780,706	$ 1,434,901	$ 12,790,372	$ 6,850,838

Costs Including Annual Renewals Operating and Services New Housing Assistance	1 2012		2 2013		3 2014		4 2015		5 2016	
	Rental & Financial Assistance	Services	Rental & Financial Assistance	Services	Rental & Financial Assistance	Services	Rental & Financial Assistance	Services	Rental & Financial Assistance	Services
Prevention and Rapid Re-Housing	$ 288,865	$ 192,577	$ 404,226	$ 264,200	$ 529,646	$ 339,517	$ 616,179	$ 387,534	$ 652,111	$ 402,538
Permanent Supportive Housing	$ 733,805	$ 643,566	$ 2,136,174	$ 1,840,908	$ 3,457,357	$ 2,937,068	$ 4,715,140	$ 3,952,109	$ 5,937,896	$ 4,914,472
Deeply Affordable Housing	$ 838,740	$ 70,000	$ 1,694,255	$ 140,000	$ 2,566,544	$ 210,000	$ 3,455,609	$ 280,000	$ 4,361,448	$ 350,000
TOTAL	$ 1,861,410	$ 906,143	$ 4,234,655	$ 2,245,108	$ 6,553,547	$ 3,486,584	$ 8,786,928	$ 4,619,643	$ 10,951,456	$ 5,667,010

Rhode Island Plan to Prevent and End Homelessness

Supportive and Affordable Housing Creation - Summary and Timeline

Housing Creation Summary			
Supportive Housing Units	548		
Deeply Affordable Housing Units	350		
Total Units	898	Time Frame in Years:	5

Overview of Unit Creation by Type, Size, and Year

	Units	Unit Production by Year											
		2012		2013		2014		2015		2016		Total by Size	
		0-1 BR	2-3 BR	0-1 BR	2-3 BR	0-1 BR	2-3 BR	0-1 BR	2-3 BR	0-1 BR	2-3 BR	0-1 BR	2-3 BR
Development													
Supportive Housing Units	274	25	10	50	16	50	11	50	8	50	5	224	51
Deeply Affordable Housing Units	175	-	35	-	35	-	35	-	35	-	35	-	175
Leasing													
Supportive Housing Units	274	25	10	50	16	50	11	50	8	50	5	224	51
Deeply Affordable Housing Units	175	-	35	-	35	-	35	-	35	-	35	-	175
Total Units													
Supportive Housing Units	548	50	20	99	32	99	23	99	15	99	11	447	101
Deeply Affordable Housing Units	350	-	70	-	70	-	70	-	70	-	70	-	350

Financing Commitments Required for the Creation of the Units

	Units	New Commitments Required by Year					Total
		2012	2013	2014	2015	2016	
Supportive Housing							
Development	274						
Capital Funding		$ 7,979,518	$15,237,459	$14,340,441	$13,639,114	$13,249,952	$64,446,485
Operating/Rent Subsidies		$ 352,459	$ 674,306	$ 636,157	$ 606,414	$ 590,082	$ 2,859,418
Services		$ 361,710	$ 672,403	$ 614,913	$ 568,823	$ 538,892	$ 2,756,742
Leasing	274						
Operating/Rent Subsidies		$ 381,345	$ 728,063	$ 685,027	$ 651,370	$ 632,674	$ 3,078,478
Services		$ 281,856	$ 524,939	$ 481,246	$ 446,218	$ 423,471	$ 2,157,730
Deeply Affordable Housing							
Development	175						
Capital		$ 8,750,000	$ 8,925,000	$ 9,100,000	$ 9,275,000	$ 9,450,000	$45,500,000
Operating		$ 419,370	$ 427,757	$ 436,145	$ 444,532	$ 452,920	$ 2,180,724
Services		$ 70,000	$ 70,000	$ 70,000	$ 70,000	$ 70,000	$ 350,000
Leasing	175						
Operating		$ 419,370	$ 427,757	$ 436,145	$ 444,532	$ 452,920	$ 2,180,724
Services		$ -	$ -	$ -	$ -	$ -	$ -

Opening Doors Rhode Island Action Plan

Signature Initiative

Goal: Reduce Homelessness Among Veterans by 20%/year until need is met

Strategy	Action Steps	Person/ Organization Responsible	Timeframe	*Relevance*	
				FSP Goal(s)	HEARTH PM(s)
Coordinate with VA to effectively use all homeless assistance resources	Assess all persons accessing homeless assistance for military service and refer appropriate persons to VA	ICH/VA/State Veterans Affairs		B	A, B, C, D, F
	Coordinate intake with VA to assure that chronically homeless Veterans are able to access HUD-VASH	"		A, B	C
	Ensure that VA is a full member/partner in the CoC	"		B	C
	Assure alignment of CoC Strategic Plan with VISN 5 year plan	"		B	C
Develop additional units of PSH to serve homeless Veterans with disabilities	Secure agreements to project base HUD-VASH	"		A, B	A, B, D
	Seek PHA support for disabled Veteran housing	"		A, B	A, B, D
	Set aside units in new affordable housing for Veterans with disabilities	"		B	A, B, C, D
Prevent Veterans and returning service members from experiencing homelessness	Expand the SSVF program in Rhode Island	"		B	D
	Expand protections to returning service members who are renters	"		B	C,D
	Ensure Veterans are connected to VA through a data match with Medicaid Division	State Dept Veterans Affairs		B	C
	Implement Veterans Court to divert Veterans from homelessness and criminal justice system	BHDDH/Veterans Affairs		B	C, F
Examine alternatives to current transitional housing services for Veterans	Explore establishing transition in place model	CoC cte		B	A, D
	Examine re-purposing some CoC supported Veteran transitional housing	VA-grants per diem		B	A, D
Improve VA utilization of HMIS to ensure accurate CoC accounting and unified performance measurement	Assure VA grant and per diem program, VASH projects, and new SSVF program have HMIS partnership agreements and are entering data in HMIS.	HMIS Steering Cte		A, B	A, B, D

See key to FSP and HEARTH Act Performance Measures on last page

Opening Doors Rhode Island Action Plan

Goal: Retool Homeless Crisis Response System to be more Effective in Preventing/ending Homelessness					
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***	
				FSP Goal(s)	**HEARTH PM(s)**
Implement coordinated/centralized intake/assessment process for CoC and other homeless assistance resources	Coordinate assessment/application process for homeless assistance with application for mainstream resources including SNAP, TANF, Medicaid	CHF partnership/CoC Coordinating cte		C, D	E
	Coordinate assessment for CoC programs, ESG and NOP	CHF partnership/CoC Cordinating Cte		C, D	A, B, C, D, E
	Design, plan and implement assessment and intake process and apply across entire CoC	CoC Coordinating Cte		C, D	A, C, F, G
Establish governance process for CoC that targets and allocates resources based on HEARTH outcomes and goals of Strategic Plan	Establish annual review process for all CoC funded activities to determine their effectiveness in achieving outcomes – especially new HEARTH outcomes	CoC Coordinating Cte/Governance cte		C, D	C, D
	Provide TA to programs not achieving outcomes or initiate a process to repurposed funding	CoC Coordinating Cte		C, D	C, D
	Redesign service and program models based on evaluations using strategies effective in achieving outcomes	CoC Coordinating Cte		C, D	C, D
Establish written standards for providing assistance	Develop written standards for CoC assistance including level of support, eligibility determination and documentation, and needs assessments	CHF partnership/CoC coordinating cte		C, D	C, D
	Create standards for providing CoC supported case management services using evidence based practices	CoC Coordinating cte		C, D	B
Provide comprehensive training to 'front line' homeless services staff and cross train other workers assisting homeless people	Develop CoC wide training plan for front line staff	CHF partnership, CoC cte, RICH		C, D	A, B, D
	Cross train regional Network RI staff with supportive housing and homeless service providers on a quarterly basis	CoC Coordinating Cte & DLT		C, D	A, B, D
	Cross train local education authorities homeless liaisons with homeless and housing services providers	CoC Coordinating Ct & DOE		C, D	A, B, D, G
Assess transitional housing programs, ensure they are achieving outcomes and examine repurposing for programs not achieving outcomes	As part of renewal evaluation process, assess whether transitional housing programs are meeting HEARTH outcomes	CoC Coordinating cte		C, D	C
	Repurpose programs not achieving outcomes to rapid rehousing, transition in place or PSH	CoC Coordinating Cte		A, C, D	C

Goal: Increase Economic Security for those who are homeless or at risk					
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***	
				FSP Goal(s)	**HEARTH PM(s)**
Strengthen collaboration between Workforce Investment Boards, DLT, CoC and homeless services providers	Develop model partnership between WIB, DLT, Chamber of Commerce, DOE and CoC to integrate employment training, job readiness, job development, job referral and job placement and preparation with housing	ICH & DLT cte		B, C, D	E
	Adapt evidence based practices such as Supported Employment to other homeless populations beyond those with serious mental illness.	ICH & DLT		B, C, D	E
	Incorporate special needs populations into RI's employment and training plan and search for federal funding to implement evidence based practices	Sr. Mgmt team		B, C, D	E
Expand and Improve Access to Mainstream Benefits	Expand SOAR to include: prison based initiative; chronically homeless through collaboration with mental health centers, health centers and hospital emergency departments; data match high users of services and connect at least 50% to benefits through SOAR	ICH – EOHHS Medicaid division		A, B	C, E
	Examine/research state-wide unified benefit program application and incorporate into intake/assessment process for homeless services accessed through HMIS	HMIS Steering Cte		A, B, C ,D	C, D, E, F, G
	Assess chronic homeless persons for benefit eligibility: develop an in-reach program to connect shelter users to mainstream benefits and services;	ICH		A	A, E
	Implement food stamps pilot to outreach to homeless population	DHS		C, D	D, E, G
Provide access to employment services for people with disabilities	Develop collaboration with Office of Rehabilitative Services and CoC providers	ICH		A, B	A, B, E
	Increase utilization of 'Ticket to Work' to improve income of SSI/SSDI recipients	ICH		A, B	E
	Recruit employers to participate in 'Ticket to Work' to improve access to employment	ICH		B	E

Goal: Improve Health and Housing Stability of Homeless and Vulnerable Populations					
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***	
				FSP Goal(s)	**HEARTH PM(s)**
Strengthen behavioral health services to vulnerable populations	Improve access to mental health services for transitioning young adults and re-entry post-incarceration	DCYF/BHDDH/sub cte of Governor's council on Behavioral Health		C	F, G
	Provide family centered care to families with behavioral health needs	DCYF/BHDDH/sub cte of Governor's council on Behavioral Health		C	C, F, G
	Allocate some RI MH/SA block grant to support services in permanent supportive housing for homeless people with serious mental illness	DCYF/BHDDH/sub cte of Governor's council on Behavioral Health		A, B, C	B, G
	Develop strategies for funding mental health services using MH block grant funds for uninsured homeless	DCYF/BHDDH/sub cte of Governor's council on Behavioral Health		A, B, C	C, D, F
Expand Access to primary care and appropriate care for chronic conditions	Re-establish mobile van serving homeless people and connecting them to health care for homeless clinic	DOH/BHDDH		A, B, C	A, C
	Expand collaborations with FQHCs and supportive housing to increase primary care access and access to integrated behavioral health care	DOH –Minority Health Division		A, B, C, D	C, F, G
	Develop Medicaid Health Home Model for homeless people with multiple chronic conditions	BHDDH/EOHHS Medicaid division		A, B, C	C, D
Increase utilization of Medicaid to fund services in supportive housing	Exercise state options to provide home and community based care to chronically homeless people	BHDDH/EOHHS		A, B	B, G
	Create 'gaps analysis' of current Medicaid reimbursed services and the services needed in supportive housing	DOC/Re-entry councils		A, B, C	A, B, C, D
Facilitate re-entry for persons leaving criminal justice	Evaluate pilot program targeting frequent users of criminal justice and homeless services.	DOC/Re-entry councils		A	B, D
	Decrease recidivism rates through targeted use of Access to Recovery Program and coordination with Public Defenders	DOC/Re-entry councils		A, D	B, C, F
	Expand collaborations with DOC, continue discharge planning to prevent homelessness,	DOC/Re-entry councils/BHDDH ATR		A, D	B, C, F

Signature Initiatives

Goal: End Homelessness Among Families, Children and Youth in Ten Years					
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***	
				FSP Goal(s)	**HEARTH PM(s)**
Redirect emergency response to family homelessness to housing focused services	Emphasize and prioritize rapid re-housing	CHF Partnership		C, D	A, D, G
	Develop diversion program at intake/assessment	CHF Partnership/SHPPN		C	A, B, D, F
	Use data, assessment, outreach to target vulnerable families	CHF Partnership/Coord Cte		C	A, D, F
	Seek to reduce average length of shelter stays by families by 20%	CHF Partnership			
Create pilot initiative targeting homeless youth for successful participation in DLT programs by linking education, housing and life skills support.	Identify/select provider/sponsor organization to design and implement program	DCYF *Mike will be getting his input to me*		C, D	D, E, F, G
	Develop MOA among participating state agencies to commit to cooperating in demonstration and providing sufficient resources to implement			C, D	D, E, F, G
	Plan and implement evaluation documenting costs and outcomes achieved			C, D	D, E, F, G
Create housing options for families involved with DCYF to advance family preservation or unification	Work with PHAs to secure HUD vouchers for Family Unification Program targeting vulnerable families and aging out youth			C	F, G
	Increase access to Family Care Community Partnership			C	F, G
	Explore ways to expand FCCP model to other vulnerable populations			C	F, G
	Establish policy work group to map current system of transitioning youth, identifies gaps, and develops policies to prevent youth from becoming homeless			C	F, G
Create and/or subsidize deeply affordable housing for families with little to no income	Recapitalize Neighborhood Opportunities Program	HRC – RICH		C, D	A, B, D, F
	Seek HUD support through the Section 811 and/or a reinstated Section 202 program	RIH/BHDDH		C, D	C, D
	Systematically pursue all federal funding opportunities	ICH		C, D	C, D
Expand partnerships/collaboration with PHAs	Increase participation by PHAs in the RI CoC	ICH		C, D	C, D
	Develop MOA with PHAs to reduce barriers to homeless people accessing PHA resources	ICH		C, D	C, D, F
	Develop MOAs with PHAs to increase opportunities for federal funding that focus on family unification and housing for youth aging out	ICH		C	D, G
Expand and increase coordination with local education agencies	Ensure that educational homeless liaison and shelter and supportive housing providers are cross trained	DOE/Coordinating Cte		C	C, F, G
	Ensure that homeless families accessing emergency homeless services are accessing McKinney Title I benefits	DOE		C	C, F, G

Opening Doors Rhode Island Action Plan

Goal: End Chronic Homelessness in RI in 5 Years					
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***	
				FSP Goal(s)	**HEARTH PM(s)**
Establish a goal to make available 100 additional permanent supportive housing units per year through leasing/rental assistance and development.	Allocate funding from federal resources (CoC, entitlement funding and competitive grants)	RIH ICH		A	A, B, D
	Seek commitments of project based vouchers from HUD-VASH and from PHAs	VA & Public Hsg Authorities		A, B	D
	Secure state investments to supplement federal funds including a re-investment in the Neighborhood Opportunities program	ICH		A	D
Implement high-users initiative to target homeless persons who are also using very high levels of Medicaid covered services	Implement data match with Medicaid and HMIS to identify high users	HMIS Steering Cte/EOHHS Medicaid Division		A	A, C
	Target outreach to high-users to engage and assist in connecting to PSH	Universal wait list cte		A	A, C, D
	Provide housing choice vouchers to support PSH for participants	Public Hsg Authorities		A	A, C, D
	Track Medicaid expenditures pre and post-PSH to document cost-effectiveness of PSH	HMIS Steering cte/EOHHS Medicaid Division		A	C
Develop move-on strategies for PSH for residents who no longer require extensive services	Assist residents of PSH to develop housing stability plans that identify long term housing affordability options	Coordinating Cte/Wait list cte/OHCD		C	B
	Develop process for residents of PSH to register on PHA waiting lists and affordable housing wait lists in communities where they would like to reside post-PSH	OHCD		C, D	B, D
	Track and monitor vacancies in affordable housing throughout the state and make information available to PSH providers	RIH and PHAs		C, D	A, C
Use outreach to identify and engage chronically homeless persons on streets	Use PATH to outreach and engage sheltered and unsheltered chronically homeless	BHDDH		A	A, C. D
	Target chronic homeless in MH block grant	BHDDH		A	A, B, D
	Use HMIS to identify elderly chronic homeless and case conference identified cases with Elderly Affairs	HMIS Steering Cte		A	A, B, D

Signature

Goal: Engage Leadership in Preventing and Ending Homelessness					
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***	
				FSP Goal(s)	**HEARTH PM(s)**
Secure cross-government support for RI Strategic Plan	Secure legislative support for plan	ICH/RICH government relations cte		A, B, C, D	A, B, C, D, E, F, G
	Secure support from Housing Resources Commission to implement strategic plan	HRC		A, B, C, D	A, B, C, D, E, F, G
	Interagency Council to Adopt Plan	ICH		A, B, C, D	A, B, C, D, E, F, G
Use data to support the need for and effectiveness of solutions to homelessness	Move toward data integration/sharing between HMIS, Medicaid, and behavioral health data systems	HMIS Steering Cte		A, B, C, D	A, B, C, D, E, F, G
	Use HMIS to identify eligibility for other systems of support	HMIS Steering Cte		A, B, C, D	A, B, C, D, E, F, G
	Use data matching to document the impacts of interventions to prevent and end homelessness on other systems of care and their costs	HMIS Steering Cte		A, B, C, D	A, B, C, D, E, F, G
Agree on common set of outcomes to measure success in preventing and ending homelessness	Develop system wide outcome measures that address HEARTH outcomes	OHCD/HRC		A, B, C, D	A, B, C, D, E, F, G
	Develop interim benchmarks to measure incremental successes in moving toward independence and housing stability	OHCD/HRC		A, B, C, D	A, B, C, D, E, F, G
	Establish standards for lengths of stay and exits to permanent housing	OHCD/HRC		A, B, C, D	A, B, C, D, E, F, G
	Establish standards for costs/successful outcomes	OHCD/HRC		A, B, C, D	A, B, C, D, E, F, G
	Explore using performance based contracts to increase outcomes and efficiency	OHCD/HRC		A, B, C, D	A, B, C, D, E, F, G

Key to Codes used in Action Plan:

USICH Federal Strategic Plan Goals (FSP Goals)

A. Finish the job of ending chronic homelessness in 5 years
B. Prevent and end homelessness among Veterans in 5 years
C. Prevent and end homelessness for families, youth, and children in 10 years
D. Set a path to ending all types of homelessness

HEARTH Act CoC Performance Measures (HEARTH PMs)

A. Reduce average length of time persons are homeless
B. Reduce returns to homelessness
C. Improve program coverage
D. Reduce number of families and individuals who are homelessness
E. Improve employment rate and income amount of families and individuals who are homeless
F. Reduce number of families and individuals who become homeless (first time homeless)
G. Prevent homelessness and achieve independent living in permanent housing for families and youth defined as homeless under other Federal statutes

Annual Housing Assistance Targets – Families	
Prevention Strategies	93 at-risk Families per year
Rapid Re-Housing	66 homeless Families per year
Affordable Housing	70 homeless Families per year
New Permanent Supportive Housing	20 homeless Families per year

Annual Housing Assistance Targets – Chronically Homeless Adults	
New Permanent Supportive Housing	89 Chronically Homeless Adults per year

Annual Housing Assistance Targets –Veterans (also included within other tables above)	
Prevention Strategies	17 at-risk Veteran households per year
Rapid Re-Housing	14 homeless Veteran households per year
Affordable Housing	8 homeless Veteran households per year
New Permanent Supportive Housing	16 homeless Veteran households per year

APPENDIX _

RI Plan to Prevent and End Homelessness

Estimated Average Cost Per Person Per Year

Total Households Served	1,692		
Development			
Capital Costs - Deeply Affordable and Supportive Housing			
Total Costs over 5 year period		$	109,946,485
Cost Per Year	20 Years	$	5,497,324
Cost Per Household (Unit)	449 Households	$	12,238
Operating Costs over 5 year period		$	5,040,142
Service Costs over 5 year period		$	3,106,742
Total Operating and Services Costs		$	8,146,884
Cost Per Year	5 Years	$	1,629,377
Cost Per Household	449 Households	$	3,627
Average Annual Cost/ Household Served through Development		$	15,865
Leasing			
Rental and Financial Assistance over 5 year period		$	5,259,202
Service Costs over 5 year period		$	2,507,730
Total Operating and Services		$	7,766,933
Cost Per Year	5 Years	$	1,553,387
Average Annual Cost/Household	449 Households	$	3,458
Prevention and Rapid ReHousing			
Rental and Financial Assistance over 5 year period		$	2,491,028
Service Costs over 5 year period		$	1,586,366
Total Operating and Services		$	4,077,394
Cost Per Year	5 Years	$	815,479
Average Annual Cost/Household	793 Households	$	1,028

Average Cost Per Household Served

		Average Cost per household	% of total households		Weighted Average Per Household
Development	$	15,865	26.6%	$	4,213
Leasing	$	3,458	26.6%	$	918
Prevention & Rapid ReHousing	$	1,028	46.9%	$	482
Average Annual Cost Per Household Served				**$**	**5,613**