

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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: RI Coalition to End Homelessness

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	No	No	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
9.	Law Enforcement	No	No	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	No	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

By selecting "other" you must identify what "other" is.

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

The RICOc works diligently to incorporate equity throughout the CoC and ensure policy and programs are effectively addressing the needs of underserved communities, particularly Black and Brown communities. This work happens through collaboration between CoC Standing Committees, the CoC Board and Membership, the Collaborative Applicant, and CoC Recipients. Examples include:

- Led by the Equity Committee, the CoC engaged a qualified DEI consultant in 2022 to work with CoC Recipient agencies on conducting an organizational assessment, making recommendations for strategic planning for diversity, equity, and inclusion, and how to implement said recommendations for change to influence both agency policy and the implementation of housing programs.
- The Equity Committee has worked with the Funding Committee, the HMIS and System Performance Committee, and the CES Implementation Committee for the last 3 years on performance measures for the CoC Competition. Two examples include: (1) Identifying and reducing racial and ethnicity disparities in denied referrals (FY22) and (2) Agency’s compensation for direct service staff – points awarded based on staff receiving a housing wage (FY24).
- Standing Committees, the CoC Planners, and the HMIS and CES Lead teams regularly analyze data by utilizing reports generated by HMIS that captures race and ethnicity data. This past year the CES Implementation Committee implemented a regional set-aside for shelter prioritization. During implementation, the CES Lead has regularly reviewed race and ethnicity reporting on the regional set-aside with the CES Implementation and the CoC Board, allowing them to analyze the system-wide impact and the project-specific outcomes and adjust when necessary.

There are many organizations that participate in the CoC that are led by and serve Black, Brown, Indigenous and other People of Color, and that the CoC regularly solicits, obtains, and applies input from when planning and implementing programs and activities. One example is the Rhode Island Coalition to End Homelessness (RICEH). This organization is led by a black woman with lived experience of homelessness and is the HMIS and CES Lead for the RICOc. RICEH has been integral in advancing racial equity through the policy work of the Equity Committee, the reporting and program implementation work of the HMIS and CES Committees, and the performance monitoring work of the Funding Committee referenced above.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	
	Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC’s website) to solicit new members to join the CoC;	
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC’s geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

1. The CoC Planner publicly posts the call to join RICOc Membership in English and Spanish on the RICOc, RIHousing, and Secretary of State’s website. The Planner shares this solicitation with a diverse group of CoC stakeholders, who disseminate it to community partners. The call is printed in English and Spanish, and the Planner reaches out to cross-sector stakeholders from systems critical to ending homelessness. Between annual solicitations, the Planner responds to requests for Membership and meets with stakeholders to encourage participation.

2. All posts described here are in PDF format (English and Spanish) to maximize accessibility for people with disabilities. Before posting any materials, they are reviewed for accessibility, and revisions are made to increase accessibility if needed. Additionally, the CoC Planners ensure effective communication with individuals with disabilities through announcing the opportunity at the CoC’s public meetings, which offer a virtual option, and via email, and are available upon request to meet 1-on-1, and often do, with individuals with disabilities.

3. The CoC’s Governance Committee surveys membership each year for self-identification of race, ethnicity, sexual orientation, gender identity, age, lived experience of homelessness, and professional experience. Based on the results, in comparison with the demographics of those served in CoC programs, the CoC engages in outreach strategies to fill the identified gaps. Additionally, the Governance Committee is in the process of surveying Membership in 2024 to inform recruitment for this year’s invitation to join Membership (for 2025). The Governance Committee and Equity Committee have explored if changes to the Governance Charter are needed to continue making progress toward the CoC’s equity goals. To support this, the CoC instituted term limits, which has led to healthy turnover on the CoC Board, and the ability for new Members to run for leadership positions. Currently, the RICOc has 6 persons who self-identify as having lived experience of homelessness serving on the CoC Board; there are 17 total seats, of which 15 are currently filled, meaning that 40% of the current CoC Board has lived experience of homelessness. Six out of the 15 (40%) CoC Board members identify that their race and/or ethnicity increases the diversity of the CoC Board; 2/15 (13%) of the Board self-identifies that they believe they increase the LGBTQ+ diversity on the CoC Board.

1B-3.	CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1. The CoC Committee Structure ensures opinions from a broad array of perspectives are considered. CoC Membership and the public are encouraged and supported by the Planner to participate in CoC Committees. One doesn't need to be a member of the CoC to participate in a CoC Committee, but only needs to have relevant experience and interest. This allows the CoC to incorporate diverse stakeholders in the committee structure. Within the CoC's decision-making process committees make recommendations to the CoC Board for action. These recommendations are reached through consensus, and if consensus is not reached, multiple recommendations go to the Board to ensure varied opinions are considered. Additionally, the CoC has worked to incorporate those with lived experience of homelessness into every layer of CoC decision making, including Committees, the Board, and Membership. The CoC collaborates closely with the Constituent Advisory Committee (CAC), who are advocates with lived experience of homelessness. The CAC was made a formal Standing Committee of the CoC in 2023, and members of the CAC are reimbursed for joining CoC meetings. Members of the CAC have become active throughout the CoC, and participate in all levels, including the CoC Board and CoC Standing Committees. Currently, there are two CAC members on the CoC Board, one of which is the Secretary.
2. All CoC Board and Membership meetings are required to comply with Rhode Island's Open Meetings Act. This is the legal standard for communicating and documenting public forums to ensure the public can access CoC meetings.
3. The CoC is in full compliance with this law and hosts public forums in accessible locations to ensure that all stakeholders, including those with disabilities, can access and participate in CoC meetings. All CoC Committee meetings are available via electronic format.
4. Public comment is incorporated into each CoC Board and Membership meeting to ensure the public can voice opinions, concerns, or ideas before action is taken. This allows the CoC Board time to discuss and act upon input given in public comment during their meeting, or after their meeting, depending on how urgent the issue is. Given the diverse membership of the CoC, many ideas on improvement and/or new approaches to preventing and ending homelessness are communicated. The CoC Planner and those with lived experience also utilize planning dollars to attend regional and national conferences to learn about best practices.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1. On May 3rd, the CoC opened its RFP for New Projects. This was announced through the CoC's listserv, was publicly posted via PDF on the CoC's website and was announced in the CoC's public meetings. The announcement was sent to community partners and CoC stakeholders, and the Planner asked these stakeholders to share the announcement widely. On August 9th, the CoC announced the opening of the Local Competition. This announcement was made through the CoC's listserv, which includes stakeholders and community partners. The announcement was publicly posted in PDF format on the CoC's website and was announced in the CoC's public meetings. The Planner asked partners to share this announcement widely. The RFP for New Projects, the Local Competition Announcement, and the recorded trainings all mention that the CoC will consider project applications from non-profits and government agencies not currently receiving CoC funding.

2. The RFP for New Projects and the Local Competition Announcement detail the process for how a project applicant must submit their application. Both documents include a timeline including the deadlines, webinar trainings, and presentations of the process of applying. Recordings of the trainings are publicly posted on the CoC website, so attendees and the public can access the same information. New project applicants submit applications to the CoC Planner via email. During FY24, New Projects were due in ESNAPS by September 20, and renewals were due by September 13.

3. The RFP for New Projects and the Local Competition Announcement included the scoring and ranking process. The annual performance scoring process and the CoC's ranking and reallocation policy determine how renewal projects are ranked. The RFP for New Projects determines which new project applications are submitted to HUD, and their rank. All policies and scoring criteria are hyperlinked in the publicly posted RFP for New Projects. The CoC Planners determine threshold criteria, and the CoC's Funding Committee scores new project applications and recommends the ranking of renewal and new projects to the CoC Board for approval. Additionally, the CoC publicly posts its full scoring criteria, ranking, and reallocation policy on the CoC website for transparency.

4. All documents described above, including the RFP for New Projects, the Local Competition Announcement, and the CoC's Ranking and Reallocation Policy are publicly posted on the CoC website in PDF format to ensure accessibility.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC’s geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	No
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

1. Youth Education Providers (YEP) are active participants in CoC Membership, and within the CoC's Standing Committees. Their participation in the CoC structure helps inform system policies and procedures, processes, gaps analysis, and strategic planning. Numerous YEPs also partner directly with CoC recipient and subrecipient agencies to deliver services within multiple CoC programs (Early Head Start MOU, McKinney Vento Liaisons, etc.). Additionally, CoC recipient and subrecipient agencies in family and youth-focused projects have formal partnerships (established in their policies and procedures and via MOUs) with youth education providers.

2. The Rhode Island Department of Education's Statewide McKinney Vento Liaison Coordinator is a long-term member of CoC Membership, and regularly participates in CoC meetings and ensures education and district needs and goals are represented in statewide CoC planning and ongoing communication about opportunities for partnership. For example, when Rhode Island's Department of Education was beginning to disseminate its second round of ARRA monies, the CoC led a series of workshops on CoC programs and fostered partnerships between districts and the LEA's receiving ARRA and the CoC agencies in their jurisdiction. CoC staff attend regular SEA/LEA meetings to share resources, network, and collaborate. The CoC also regularly offers to link liaisons with specific recipient agencies in their jurisdictions to foster formal partnerships whenever necessary. Many CoC recipients formally work with school districts in direct service delivery, and the CoC and HMIS Lead collaborate with the statewide McKinney Vento Liaison Coordinator and multiple school districts throughout the state for the PIT Count and the Youth PIT. Additionally, the CoC Planners are currently working with the statewide liaison to recruit specific McKinney Vento Liaisons throughout the state to CoC membership for 2025.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

The RICOc has a written policy and procedure on educational services for children and young adults. This policy includes a sample educational rights policy for ESG and CoC recipients and sub-recipients to support them in effective implementation of the policy. Additionally, this policy ensures that all recipients and sub-recipients understand their responsibilities under federal and state law and under RICOc policy. The policy further clarifies how every school district and public charter school is mandated, under federal and state law, to designate a homeless liaison responsible for supporting children and young adults experiencing homelessness through helping them maintain school enrollment, stability, and attendance, and making sure they are given opportunities for academic success. This policy summarizes information about the responsibilities of recipients and sub-recipients of CoC and ESG funds, which includes designating a staff member(s) to ensure that participants in ESG and CoC programs understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act, and more recently, the Every Student Succeeds Act. These educational rights mandate that children and young adults experiencing homelessness are immediately enrolled in school, as required by federal and state law, and are connected to transportation and education services to help them succeed in school.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	Yes	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–Collaboration with Federally Funded Programs and Victim Service Providers.	
	NOFO Section V.B.1.e.	

In the chart below select yes or no for the organizations your CoC collaborates with:

Organizations		
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
Other Organizations that Help this Population (limit 500 characters)		
4.		

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. The CoC regularly collaborates with organizations indicated in Question 1C-5 to update CoC-wide policies. Two of the CoC's main collaborators include the Rhode Island Coalition Against Domestic Violence (RICADV) and Sojourner House (SH). The latter is one of the largest CoC and ESG providers, currently with more than 3.9M in CoC and ESG funding for PSH, RRH, SSO, and YHDP projects. This year Sojourner House has had a representative on the CoC Board of Directors, a representative from RICADV was active on CoC Membership, and representatives from both participate frequently in CoC Standing Committees. This level of participation means that Victim Service Providers (VSPs) are involved in all levels of CoC decision making and influence CoC-wide policy development and implementation. For instance, recently a representative from Sojourner House was part of a small working group of providers to work on and recommend revisions to the CoC's TH/RRH Joint Component Written Standards, to better serve both survivors and youth. The recommendations made by this group were unanimously approved by the CoC Board. Additionally, the CE and HMIS Lead, the Rhode Island Coalition to End Homelessness (RICEH), was awarded a large CoC grant to work with VSPs on further streamlining the referral and housing workflow into the larger CoC, while maintaining the safety of the households served. The work of implementing this award continues. This commitment to collaboration between the CoC and VSPs means that VSPs are integrated into the CoC decision-making structure and have influence over policy decisions.

2. The CoC holds multiple, free trainings on trauma informed care and victim-centered services, including safety and confidentiality planning and protocols. These trainings are open and encouraged for all CoC and ESG providers. Examples of these trainings include the following: Intersections of Domestic Violence, Sexual Assault, and Homelessness: Working with Survivors to Navigate Systems and Trauma Safely, Trauma Informed Care, Critical Time Intervention, Harm Reduction, Treatment Planning, Advanced Case Conferencing, and Housing First. These trainings are offered at least quarterly, and often monthly. Additionally, the CoC offers all these trainings to CES staff, and additional CES-specific trainings are provided as well, including the following: Responding to Emergency Transfers, Working with Survivors to Navigate Systems and Trauma Safely, etc.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1. The CES Lead Agencies, the Rhode Island Coalition to End Homelessness (RICEH) and Crossroads Rhode Island (CRI), with input and guidance from Victim Service Providers (VSPs), lead the work to effectively implement both safety planning and confidentiality protocols in Rhode Island’s CoC. The CES Lead Agencies, RICEH and CRI, provide regular training throughout the year to program staff and CES Assessors on CES policies and procedures to support the ongoing implementation of CES within the state, including the implementation of CES’s safety planning protocols. Specifically, safety planning protocols are outlined in the CES policies and procedures, and all CES Assessors and Primary Workers must be trained on these policies and procedures before beginning to work in the CES. These trainings include information on the protections provided to survivors within CES and a careful review of the referral procedure for survivors to ensure safety and confidentiality. Additionally, RICEH meets monthly with DV provider agencies to ensure the safety planning protocols are trauma-informed and victim-centered.

2. The entire CES process for survivors is de-identified to prioritize the safety of the survivor above all else. Only the VSP making the referral into the CES knows the identity of the survivor as the entire CES process, including the housing match, uses a de-identified number only to ensure the survivor’s safety and complete confidentiality. The referral process was developed and is continuously informed by monthly meetings with DV provider agencies to ensure it is trauma-informed and victim-centered. In these monthly meetings with DV providers, RICEH also continuously trains providers on the de-identified referral workflow for survivors, which supports the ongoing implementation of CES with DV shelter and housing providers, including confidentiality protocols. RICADV, who administers the comparable database, has been on CoC Membership since 2019. The largest VSP provider in the state, Sojourner House, has long been a CoC member and has a representative on the CoC Board. This inclusion of VSPs at the highest level of CoC decision-making ensures the CoC’s policies and procedures, including CES policy, is considered with a victim services approach.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors’ individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors’ rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below:	
1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1.The CoC has policies and procedures that include an emergency transfer plan. This policy applies to all CoC participants regardless of known survivor status. The emergency transfer plan is trained on during CoC, CES, and DV-specific CES trainings. Victim Service Providers, CoC, and CES Lead Agencies provide regular training throughout the year to program staff on CoC and CES policy to support the ongoing implementation of CES throughout the state, including the implementation of the emergency transfer plan.

2.Through the training referenced in (1) CoC and ESG providers understand the policies and procedures of the CoC, and that all CoC and ESG providers must develop and implement an emergency transfer plan. The implementation of said plan requires all program participants be informed of the emergency transfer plan, their rights under VAWA, and how to initiate an emergency transfer. This is a requirement of the RICoC, and CoC and ESG providers are under an obligation to ensure participants are informed and understand these rights.

3.The HUD Form 5380 'VAWA Occupancy Rights Notice' must be provided to all adult program participants upon acceptance into any CoC or ESG-funded project. This form must also be provided with any notice of eviction or termination of assistance. A household requests an emergency transfer by submitting the HUD-5383 Form 'Request for Emergency Transfer'. By using this form, the tenant certifies that they meet the criteria for an emergency transfer. All CoC and ESG grantees must develop and implement an emergency transfer plan that allows participants to move to housing outside of the jurisdiction of the CoC if necessary to ensure participant safety. Participants must be informed of their rights under VAWA and be provided a form indicating those rights upon program application, acceptance into the program, and upon termination or completion of program services.

4.Emergency transfer requests are responded to within the CoC in two ways. First, all CoC and ESG providers are responsible for responding directly to emergency transfer requests. Second, if a specific provider cannot accommodate a request, then the provider may submit a transfer request to the CES, where the CES Housing Prioritization and Referral Manager will facilitate a transfer to another available housing resource.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

The CoC makes all housing resources available to households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. Survivors are not only referred to DV-specific housing and services, but all available CoC resources. The CoC accomplishes this through the CoC and CES policies and procedures, respectively. These policies and procedures clarify that all eligible populations, including households who fit the Category 4 homeless definition, have access to all housing programs in the order they are prioritized. The CoC ensures safe access by providing regular trainings throughout the year to program staff and CES Assessors on CES policies and procedures to support the ongoing implementation of CES, including CES's safety planning protocols. All CES Assessors and Primary Workers must be trained on these protocols before beginning to work in the CES. These trainings include information on the protections provided to survivors within CES and a careful review of the differences between the referral procedures for survivors to ensure safety and confidentiality. RICEH, the CES Lead, meets regularly with DV provider agencies to ensure the safety and planning protocols are trauma-informed and victim-centered.

In addition, the Housing Assessment, which is used to determine vulnerability and to prioritize households for all CoC housing resources and services, includes a domain that asks about exposure to violence and risk of exploitation. Within this question, multiple forms of violence and exploitation are considered, including domestic violence, sexual assault, stalking, trafficking, and sex work. In short, within the CoC, survivors have access to all CoC housing resources and services. And within the prioritization tool for all CoC housing resources the CoC recognizes that this experience, or being a household experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, makes a household more vulnerable.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
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NOFO Section V.B.1.e.

Describe in the field below how your CoC ensures survivors receive safe housing and services by:

1.	identifying barriers specific to survivors; and	
2.	working to remove those barriers.	

(limit 2,500 characters)

1. The RICoC works proactively with the Victim Service Providers (VSPs) to identify barriers to survivors and actively works with these partners to remove these barriers. Two of the CoC’s main collaborators include the Rhode Island Coalition Against Domestic Violence (RICADV) and Sojourner House (SH). The latter is one of the largest CoC and ESG providers in Rhode Island, with more than 3.9M in CoC and ESG funding for PSH, RRH, SSO, and YHDP projects. Currently, Sojourner House has a representative on the CoC Board of Directors, and a representative from RICADV is currently on CoC Membership.

This participation throughout the CoC’s Governance Structure means that barriers specific to survivors are regularly identified proactively, and then CoC Committees and the CoC Board can effectively plan and work to solve these issues. For example, a representative of Sojourner House is on the CES Implementation Committee, and, after identifying opportunities for improvement on the CoC’s Housing Assessment, co-lead a sub-committee of the CES Implementation Committee that focused on revising the Housing Assessment. Recommendations from this sub-committee are being reviewed by the larger CES Implementation Committee in October.

2. This level of participation within the CoC’s Governance Structure means that Victim Service Providers (VSPs) are involved in all levels of CoC decision making and influence CoC-wide policy development and implementation focused on removing barriers to housing for survivors of domestic violence, dating violence, sexual assault, and stalking. For example, due to challenges around the implementation of CES locally, and how to best service victims, the CE and HMIS Lead, the Rhode Island Coalition to End Homelessness (RICEH), was recently awarded a CoC grant to work with VSPs on streamlining the referral and housing workflow into the larger CoC, while maintaining the safety of the households served. This demonstrates the commitment to collaboration and breaking down barriers for victims between the CoC and VSPs.

Additionally, VSPs involved in the CoC Governance Structure have consistently raised the need for more PSH dedicated to survivors of domestic violence. The CoC has responded locally by working with an affordable housing developer, Women’s Development Corporation, and Sojourner House, to put forth an application for the CoC Builds NOFO supporting capital costs and ongoing subsidy for 14 units for PSH for victims of domestic violence.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your 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 your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:	
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC updates its CoC-wide anti-discrimination policy as necessary when there is a federal regulation change, or when stakeholders from the CoC or wider community bring feedback to the CoC, either through committees or public forums. This process ensures participation throughout the community from diverse stakeholders. This includes updates due to the finalization of HUD's Equal Access and Gender Identity Final Rules and subsequent policy interpretation memos issued by HUD. Changes to the CoC's anti-discrimination policy seek to uphold the intent of the Equal Access and Gender Identity Final Rules, or that eligibility determinations for CoC and ESG projects are made without regard to actual or perceived sexual orientation, gender identity, or marital status. CoC and ESG-funded projects are prohibited from making inquiries regarding sexual orientation or gender identity for determining eligibility or otherwise making housing available, and inquiries related to an applicant or occupant's sex are allowed only for the purpose of determining the number of bedrooms a household is entitled to.
2. The CoC supports providers in developing project-level anti-discrimination policies consistent with CoC standards by providing regular training opportunities on this policy. These trainings help the CoC reiterate that LGBTQ+ households receive supportive services, shelter, and housing free from discrimination and give practical steps toward best practices in serving households who may identify as LGBTQ+ in accordance with rules, policy, and best practices.
3. Annually, during the CoC's monitoring process, provider's project-level anti-discrimination policies are reviewed for compliance with CoC and HUD policy, including HUD's Equal Access and Gender Identity Final Rules. Additionally, the CoC's CES Lead and Implementation Committee, works to identify and escalate potential violations to the Collaborative Applicant, through regular implementation of CES.
4. Non-compliance identified at monitoring, and through CoC implementation work, is addressed with a finding on a monitoring report and the CoC provider being required to submit evidence of the updated policy or corrective action in an identified timeline. Non-compliance identified through complaints or CoC implementation work, is addressed through the CoC's Grievance Process.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Rhode Island Housing	44%	Yes-HCV	Yes
Providence Housing Authority	45%	Yes-HCV	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

Describe in the field below:

1. steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. The CoC has collaborated with Rhode Island Housing (RIH), the Providence Housing Authority (Prov HA), and the Pawtucket Housing Authority (Paw HA) to craft policy and procedures for a homeless preference for HCV and PH programs. The CoC partnered with RIHousing on the need data, policy and procedures, and HUD approval for a revised Administrative Plan to create an additional 25 HCV 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”, and it is based on HUD’s Moving On Initiative. Additionally, the CoC is working on a new Moving On pilot with the Prov HA and one of the CoC’s largest PSH providers, Crossroads.

The CoC continues to network extensively statewide with PHAs to support the transition to limited and general homeless preferences. In 2023, the CoC created the Pipeline Committee, whose purpose is to work to increase the number of housing opportunities for households experiencing homelessness in Rhode Island. The Committee has identified expanding partnerships wherever possible with the 27 PHAs throughout the state as a priority project. To this end, an intern working with the Committee Chair put together a list of essential information on all PHAs throughout the state – including what special vouchers each PHA has, their Admin and ACOP plans, etc. In September, the Committee Chair and the CoC’s Lead Planner presented at PHARI, which is the association of Rhode Island Public Housing Authorities, on potential ways for PHAs to partner with the CoC.

The CoC has also supported PHAs by drafting language and working to partner the CoC’s HMIS and CES Lead with PHAs to help streamline the process of adopting homeless preferences. The CoC, and Rhode Island Housing, has shared admin plan language, board approval documents, and programmatic templates to support PHAs in the implementation of their homeless preferences. Rhode Island Housing has been a longtime CoC member and has a general homeless preference. Additionally, The Prov HA and Rhode Island Housing currently hold seats on the Board, and the CoC has collaborated with the Prov HA to support two applications for Mainstream Vouchers, with both applications being successful (Prov HA received 140 vouchers), and helped inform Prov HA’s accompanying admin plan revision to create a limited preference for households experiencing homelessness or at risk of homelessness.

2. N/A

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes

	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Family Unification Program (FUP) Voucher, Mainstream Vouchers, Emergency Housing Vouchers, and VASH

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	26
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	26
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
 Describe in the field below:

1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1. The CoC requires all projects to follow Housing First principles and provides technical assistance on the CoC’s Housing First Standards. The CoC evaluates all project’s implementation of Housing First principles using two strategies: (1) CoC agencies are monitored annually through a technical assistance provider contracted by the CoC and (2) the CoC reviews system performance measures at the project level and scores projects annually utilizing these performance measures. The reports summarize whether the CoC grantee is compliance with Housing First policies. In 2024, to further develop the monitoring tool, the CoC Planners worked with the technical assistance provider to create a Housing First Policy and Practice Review tool. The aim of this tool is to more reliably capture whether CoC agencies and projects are implementing housing first strategies to fidelity. These strategies utilize expert guidance and local knowledge to evaluate each CoC-funded agency’s Housing First policies and procedures and engages program staff in discussion of implementation strategies.

2. Through discussion of system performance measures and incorporating housing-first metrics into the annual scoring and monitoring process, the CoC ensures ranking matches system values. The list of factors and performance indicators the CoC uses during its evaluation includes, but is not limited to, housing retention, exits to permanent housing, returns to homelessness, length of time from referral to move-in date, percentage of admissions to PSH with multiple disabilities, and whether projects are low-barrier.

3. Outside of the local CoC competition, CoC-funded agencies, stakeholders, and CES staff utilize the CoC’s formal and informal grievance process if a CoC-funded agency is not following Housing First principles. Additionally, the CoC monitoring process, and CES Implementation Committee reports are used to ensure the CoC regularly evaluates projects outside of the local competition.

4. The CoC is building on its current strategies to ensure the monitoring tool used is more nuanced and captures both policy and practice of CoC-funded agencies. This tool, the Housing First Policy and Practice Review, will be used to make recommendations to the CoC’s Funding Committee on funding decisions and the development of performance standards. Additionally, the Collaborative Applicant and CES Lead are partnering to more closely monitor housing referrals through regular case conferencing.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance. NOFO Section V.B.1.j.
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Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

The CoC supports robust coordination of Street Outreach (SO) teams operating throughout the Statewide CoC by pairing a full-time Statewide Street Outreach Coordinator (SSOC) position within the CES Lead Agency, or the Rhode Island Coalition to End Homelessness (RICEH). This SSOC position works with all SO teams throughout the state to ensure all persons experiencing unsheltered homelessness are identified and engaged. Support provided by the SSOC includes a monthly statewide SO meeting to coordinate all SO teams operating within Rhode Island, with visits to each region of the CoC to provide additional support to ensure widespread coverage and deduplication efforts. The SSOC works with the SO teams and the HMIS Lead (RICEH) to identify and report out on real-time data regarding homeless encampments, and leads Place Not Meant Case Conferencing meetings in all four regions of the state that are focused on locating and engaging the households who are hardest to reach and least likely to request assistance. Additionally, the SSOC and outreach team leads attend housing case conferencing meetings hosted by the CES Team and Collaborative Applicant to ensure a warm handoff to housing providers as those at the top of the housing queue get matched to housing resources.

To ensure all households are identified and engaged, the HMIS and CES teams also regularly identify unsheltered households with CE enrollments, but who are not connected to a SO team. This data is used to make referrals directly to SO teams. During this process, the SSOC also identifies special populations (survivors, TAY, veterans, etc.) and makes direct referrals to agencies specifically funded and/or trained to serve these populations. To supplement this, the SSOC regularly analyzes heat map data from the HMIS Lead related to location of households experiencing homelessness to ensure adequate street outreach coverage. The SSOC also serves as one of the CoC's liaisons with behavioral, mental, and physical healthcare, schools, meal sites and food pantries, day shelters, grassroots service organizations, municipalities, and other resources that persons experiencing unsheltered homelessness access. This is to ensure that the CoC is identifying all unsheltered households and engaging them in services. In short, the CoC's Street Outreach approach is designed, through multiple strategies, to identify and serve those households who are the least likely to request assistance.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	No	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes

3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS. NOFO Section V.B.1.i.
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	HIC Longitudinal HMIS Data	2023	2024
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	407	609

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff. NOFO Section V.B.1.m.
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Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC’s geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	No
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	No
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	No
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance. NOFO Section V.B.1.m
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Describe in the field below how your CoC:

1. works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
2. promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1.The CoC partners with and directly funds Community Mental Health Centers (CMHCs) and offers technical assistance to CoC grantees seeking to begin partnering with CMHC’s. For example, there are 7 CMHC’s throughout the state: two (2) of these CHMC’s are direct recipients of CoC funds, while five (5) partner with Rhode Island Housing on its PSH project – which is the largest in the CoC’s portfolio – through sub-recipient agreements or active MOUs. The CoC continues to put forward New Project applications that leverage healthcare organizations that provide treatment for substance use disorders, mental health treatment, and that assist program participants with receiving healthcare services, including Medicaid. In the FY22 NOFO, a new PSH project was funded where the CoC worked to partner with a PHA, a CDC, and a services and harm reduction organization to provide wraparound supports. In the FY23 NOFO, a new PSH project was funded that will utilize a substance use treatment provider to serve all households requesting these services in the project. And, in this application, the FY24 NOFO, the CoC is submitting two new PSH project applications that are collaborations between multiple stakeholders, including two CDCs, one PHA, multiple CMHCs, and supportive services organizations that bill Medicaid.

Additionally, the CoC Board and Membership voted in August of 2023 to change the Governance Charter to add a Standing Committee that is focused on building out additional partnerships between the CoC, healthcare systems, and affordable housing developers (the Pipeline Committee). These efforts have led to significant progress and strengthened cross-sector collaboration. For example, the state’s Department of Health and Human Services recently released a significant grant opportunity focused on the intersection of the homeless response system and healthcare. The Chair of the Pipeline Committee will be on the review committee.

2.The CoC positioned its statewide coordination of the SOAR program at the Rhode Island Coalition to End Homelessness, who is also the CoC’s HMIS and CES Lead. Currently, the Department of Housing, the Department of Health and Human Services, and the CoC are working to better integrate SOAR within healthcare organizations throughout the state through Certified Community Behavioral Health Clinics, or CCHBCs. Additionally, the state’s largest Victim Services Provider and one of the CoC’s largest providers, Sojourner House, is a local lead.

ID-7.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
NOFO Section V.B.1.n.		
Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:		
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. At the onset of the COVID-19 pandemic in Rhode Island, the CoC collaborated with Rhode Island’s Department of Health, Department of Health and Human Services, and Department of Administration to create the Homeless Response Team (HRT), which was tasked with overseeing a cross-sector response to the COVID-19 pandemic for people experiencing homelessness. Key to this effort, was the funding of a COVID-19 liaison position at the Rhode Island Coalition to End Homelessness (RICEH) tasked with leading communication to deploy policy and protocols in a rapidly changing environment and to solicit input and feedback on emerging needs. During this time the Department of Health and Human Services and the Department of Health collaborated on issuing guidance to inform policy development and the Department of Administration, which oversaw the dissemination of funding, streamlined their practices, and regularly sought feedback from RICEH and the CoC to inform priorities for funding dissemination.

The HRT centralized the COVID-19 response, policy decision making, and the dissemination of resources and training for service providers. The collaboration has formally ended but has led to sustained cross-sector collaboration. Currently, the Department of Health and the Department of Health and Human Services are active on CoC Membership and within CoC Standing Committees, and a current CoC Board Member holds a leadership position with the Department of Health and Human Services. These members help develop CoC-wide policies and procedures to respond to infectious disease outbreaks and provide invaluable public health expertise. The additional collaboration during the COVID-19 pandemic has led to significant strengthening of coordination between agencies.

2. One example that has come out of increased collaboration, is Rhode Island’s Department of Health and Human Services recently released a funding opportunity on the intersection of health and housing that utilizes Opioid Settlement and Medicaid’s Home and Community Based Services (HCBS) funding. This opportunity includes funding for Infectious Disease Supports focused on warming stations, emergency shelters, non-congregate shelters, and community partners to mitigate the spread of infectious diseases, among other opportunities. The Continuum of Care Planners will be part of this grant opportunity’s scoring and review committee, and existing Consolidated Homeless Fund providers have been encouraged to apply.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. At the onset of the COVID-19 pandemic in Rhode Island, the CoC collaborated with Rhode Island’s Department of Health and Department of Health and Human Services, to create the Homeless Response Team (HRT), which was tasked with overseeing a cross-sector response to the COVID-19 pandemic for people experiencing homelessness. Key to this effort, was the funding of a COVID-19 liaison position at the Rhode Island Coalition to End Homelessness (RICEH) tasked with leading communication and sharing information related to public health measures and homelessness with homeless services providers and key stakeholders. During this time, the Department of Health and Human Services and the Department of Health collaborated with the COVID-19 liaison an CoC system leadership on issuing guidance to inform policy development.

The HRT centralized the COVID-19 response, policy decision making, and the communication and sharing of information related to public health measures and homelessness for homeless service providers and key stakeholders. This collaboration has formally ended but has led to sustained cross-sector collaboration and learnings. Currently, the Department of Health and the Department of Health and Human Services are active on CoC Membership and within CoC Standing committees, and a current CoC Board Member holds a leadership position within the Department of Health and Human Services. Having these members active within all levels of CoC Governance ensures that information related to public health and homelessness is communicated effectively.

2. The fact that the Department of Health and the Department of Health and Human Services are integrated throughout the CoC’s Governance structure ensures effective communication between public health agencies and homeless service providers. These members can provide feedback and updates regularly to CoC and ESG providers on how to accomplish their work with a public health lens. Additionally, now active within the CoC is the Housing is Healthcare Collaborative, which is a group from the healthcare and homelessness sectors with a shared goal of using a public health approach to prevent and end homelessness, and to ensure equitable healthcare and housing services for those experiencing homelessness.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC’s coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC’s geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1.The CoC is a statewide CoC, and the CES covers the entire geographic (100%) area. The CES ensures access across the state by using a call-center model that is accessible by phone, text, chat, and email. Staff statewide act as CES assessors who can complete crisis and/or housing assessments. These assessors include direct service staff within CoC and ESG programs that are part of outreach teams, shelter providers, housing programs, and other community partners and crisis services. Additionally, the CoC funds a CES Statewide Street Outreach Coordinator (SSOC) that works with outreach providers across the state to ensure access for those who are unsheltered and/or living in encampments.

2.Those in a housing crisis initiate a request for services either in-person or by phone, text, chat, or email. There are multiple access points in the CES, and a household can access services through the CE Call Center, which has a language line, or through an outreach provider, a shelter provider, or community-based service provider who has been trained on the CE workflow. The Statewide Street Outreach Coordinator (SSOC) works with the CE Lead to engage households who are unsheltered and hard to reach. The scores on these assessments directly inform the CoC’s prioritization determination for both shelter and housing resources.

3.CES assessors undergo mandatory training on how to administer CES assessments in a trauma-informed way. All households interfacing with the CES Team can choose the level of privacy they would like in HMIS, including having their information and profiles be private. Consistent with this, all CES assessments and processes are discussed and updated regularly by a diverse group of stakeholders, including those with lived expertise, to ensure that they continue to be trauma-informed and prioritize those most in need of assistance.

4.The standard assessments are updated regularly. These tools are locally developed and determine prioritization for shelter and housing. These tools draw on a range of stakeholder experience, and are simultaneously being evaluated and iterated upon, based on feedback received from participating projects and households that participated in Coordinated Entry. The Statewide CES Policies and Procedures is updated annually in response to local feedback. Feedback is gathered by the CE Lead via listening sessions, surveys, and public meetings incorporating participating projects and households with experience navigating CES.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC’s coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and
4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1.The CES ensures access across the state by using a call-center model that is accessible by phone, text, chat, and email. The CES utilizes a no wrong door approach by training staff statewide to act as CES assessors who can complete crisis and/or housing assessments. These CES assessors include direct service staff within CoC and ESG programs that are part of outreach teams, shelter providers, housing providers, and other community partners and crisis services. To supplement this approach, and to help reach those least likely to receive homeless assistance in the absence of special outreach, the CoC funds a CES Statewide Street Outreach Coordinator (SSOC) that works with outreach providers across the state to ensure access for those who are unsheltered and/or living in encampments. This includes coordinating with outreach providers to make sure unsheltered households have completed crisis and housing assessments, as well as working to update those crisis and housing assessments, and guaranteeing that when these households are connected to shelter and housing placements, they are done so quickly and effectively.

2.The CoC’s prioritization is described in the CES Policies and Procedures and prioritizes households most in need of assistance based on acuity/vulnerability, which is measured by the locally developed and universally applied crisis assessment and housing assessment. Additionally, these tools are consistently iterated upon by a diverse group of stakeholders, including those with lived expertise, to ensure that they continue to prioritize those most in need of assistance.

3.Timeliness standards for all steps of the referral process are included in the CES Policies and Procedures to ensure households are placed in housing in a timely manner, consistent with their preferences, and time to housing is monitored and incorporated within the CoC’s performance metrics.

4.The no wrong door approach implemented through utilizing CoC and ESG program staff to act as CES assessors embedded within outreach teams, shelters, housing programs, and other community partners and crisis services, and the SSOC, reduces unnecessary burdens to accessing the CES. Furthermore, the CES Implementation Committee continues to review the assessment and prioritization process to further simplify and improve coordination.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1.The CoC, and its CES Lead, use multiple strategies to affirmatively market all housing and services provided in the CoC’s geographic area to persons experiencing homelessness. The CES operates a No Wrong Door Approach, which is the foundation of the CoC’s CES. This approach maximizes access through combining a CE Call Center that is open 365 days a year, with full coverage Monday through Friday from 9am – 7pm, and additional hours on the weekends from 2pm-7pm, with over 150 CES Assessors trained on the CES workflow and embedded throughout the homeless response system. The Call Center has a call back queue feature, online live chat, SMS texting, and language lines available, and CES Assessors work proactively with community partners to ensure that the community, and those experiencing homelessness, know about the housing and services provided through the CES. This is combined with robust marketing, which is done through regular meetings with community partners and service providers to ensure they have up-to-date information, including physical materials, to effectively disseminate to all points of contact throughout the CoC. These services are also marketed on RICEH’s website (rihomeless.org). The goal of these strategies is to take affirmative steps to ensure all persons eligible can access the CES.

2.All CES Lead staff and CES Assessors are trained on the CoC’s CES Policies and Procedures, which outline the participants rights under federal, state, and local fair housing and civil rights laws. As part of the CES workflow, staff are trained to educate households utilizing the CES of these rights and their ability to file formal complaints utilizing the specific provider’s grievance policy and/or the CoC’s grievance policy.

3.Actions or conditions that impede fair housing choice for current or prospective program participants are discovered mainly by the CES Lead and Collaborative Applicant, through case conferencing, CES Assessor feedback, data review, and the CoC’s grievance policy. These situations are elevated to the CoC’s Recipient Approval and Evaluation Committee (RAEC), which is a joint funding committee and includes all ESG jurisdictions in Rhode Island, including Woonsocket, Pawtucket, Providence, and the State of Rhode Island. This works, in addition to the CoC’s Grievance policy, to not only remedy specific grievances, but hold providers accountable for ongoing issues and incorporate learning into funding and policy decisions.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/03/2023

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC’s Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

1. The CoC analyzes evidence of racial disparities in the provision of outcomes of homeless assistance in two main ways:

First, the CoC looks at system-level data, evaluating the implementation of both CoC and ESG homeless assistance programs at change points, including initial entry into CES, referral to resource, intake into program, and exit from program. This data, which is taken from HMIS, has been reviewed at a system level and at the CoC's Equity Committee. This Committee, which includes participation from the HMIS and CES Lead, has worked to identify trends and has compared this data to Rhode Island census data to determine if racial disparities exist in the provision and/or outcome of services.

Second, the CoC analyzes evidence of racial disparities at the project level. In FY22, the Equity Committee included three equity-based outcome measures in the CoC's performance scoring for the CoC Competition. That year the goals were: (1) identifying and reducing racial disparities in denied referrals (into housing programs) (2) identifying and reducing racial and ethnicity disparities in length of time from referral to move-in date (into housing programs) and (3) agency conducted an equity-focused assessment internally within agency inclusive of board and all levels of staff that incorporates policy and procedures, compensation equity review, and stakeholder input. Due to regular review of system-level data, during the FY23 and FY24 CoC Competitions (1) and (2) were not included in the performance metrics. Instead, the Equity Committee, HMIS and System Performance Committee, HMIS and CES Teams, and the CoC Planners access specific reports that are regularly pulled by the HMIS Lead that track and analyze race and ethnicity data across project types, entry into Coordinated Entry, and the provision/outcome of services.

2. The Committees and Lead Staff analyze the data by utilizing reports generated by HMIS that capture race and ethnicity data that is both system-wide and project-specific. This data is compared to Rhode Island census data. Regular analysis demonstrates that racial disparities exist at the system level that align with national trends: BIPOC and Latinx households are disproportionately represented in the population of the homeless system as compared with RI's general population.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

Select yes or no in the chart below to indicate the strategies your CoC is using to prevent or eliminate racial disparities.

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes

3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

The CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity starts with the CoC's Equity Committee.

The CoC's Equity Committee has two main objectives: (1) build equity as a non-negotiable element of the CoC's work by determining equity metrics and performance standards and ensuring that these metrics are included in the CoC and homeless response system's strategic planning and system performance criteria and (2) make recommendations to other CoC Standing Committees and to the CoC's Board of Directors and Membership for action and decisions relevant to advancing racial equity within the CoC and its programs.

Recently, the Equity Committee has worked with the HMIS Lead to build upon existing race and ethnicity reporting enabling the Equity Committee to have a more nuanced understanding of racial disparities within the homeless response system. This allows the Equity Committee to make more informed recommendations to the CoC Board and other Standing Committees on what actions to take to advance racial equity within the CoC's system-level processes, policies, and procedures.

The Equity Committee was briefly paused in 2024 for the CoC to do some additional recruitment to increase participation. In that effort, a CoC Board member who is Vice President of Programs at Rhode Island's largest Victim Service Provider, volunteered to co-chair the committee with a direct service staff working with youth experiencing homelessness at that same agency. This leadership has significantly improved the efficacy of the committee.

Currently, the HMIS and System Performance Committee and the CES Implementation Committee are in the process of altering their governance structure and articulating more clearly the specific reports needed each month for them to be effective. Part of this process is working with the Equity Committee to more formally incorporate reporting and feedback from the Equity Committee during monthly review of system performance and CES data.

Additionally, in the upcoming year, starting with the November 2024 CoC Membership meeting, the CoC is working on reviewing and refreshing its strategic plan (Opening Doors Rhode Island), and creating an Action Plan for next steps. The Equity Committee will be an essential partner in both reviewing and refreshing, and in the implementation of revisions to system-level processes, policies, and procedures.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

The CoC analyzes evidence of racial disparities in the provision of outcomes of homeless assistance in two main ways:

First, the CoC looks at system-level data, evaluating the implementation of both CoC and ESG homeless assistance programs at major change points, including initial entry into CES, referral to resource, intake into program, and exit from program. This data, which is taken from HMIS, has been reviewed at a system level and at the CoC’s Equity Committee. This Committee, which includes participation from the HMIS and CES Lead, has worked to identify trends and has compared this data to Rhode Island census data to determine if racial disparities exist in the provision and/or outcome of services.

Second, the CoC analyzes evidence of racial disparities at the project level. In FY22, the Equity Committee included three equity-based outcome measures in the CoC’s performance scoring for the CoC Competition. That year the goals were: (1) identifying and reducing racial disparities in denied referrals (into housing programs) (2) identifying and reducing racial and ethnicity disparities in length of time from referral to move-in date (into housing programs) and (3) agency conducted an equity-focused assessment internally within agency inclusive of board and all levels of staff that incorporates policy and procedures, compensation equity review, and stakeholder input. Due to regular review of system-level data, during the FY23 and FY24 CoC Competitions (1) and (2) were not included in the performance metrics. Instead, the Equity Committee, HMIS and System Performance Committee, HMIS and CES Teams, and the CoC Planners access specific reports that are regularly pulled by the HMIS Lead that track and analyze race and ethnicity data across project types, entry into Coordinated Entry, and the provision/outcome of services. Disparities and trends are elevated to the relevant committees for next steps.

2.The Committees and Lead Staff analyze the data by utilizing reports generated by HMIS that capture race and ethnicity data that is both system-wide and project-specific. This data is compared to Rhode Island census data. Regular analysis demonstrates that racial disparities exist at the system level that align with national trends: BIPOC and Latinx households are disproportionately represented in the population of the homeless system as compared with RI’s general population.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	
	NOFO Section V.B.1.q.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.

(limit 2,500 characters)

The CoC's strategy to engage people with lived experience focuses on partnering with peer-led constituent advocacy groups. The two groups the CoC works with are the Youth Action Board (YAB) and the Constituent Advisory Council (CAC). The YAB is a group of leaders ages 13-24 with experience of homelessness and/or housing instability. Significant efforts have been made to ensure YAB members represent those disproportionately impacted by homelessness/housing instability. The YAB is currently funded by the CoC to include 10 members, who receive paid stipends equivalent to a fair wage, and 2 youth co-coordinators paid hourly, livable wages. The YAB is a CoC Standing Committee, and two YAB members have designated seats on the CoC Board. The YAB makes program, policy, and funding decisions for all activities to end youth homelessness. The CAC, which is supported by the CoC's CES and HMIS Lead, is a committee of persons with experience of homelessness and/or housing instability. The CAC is deeply involved in CoC work, as members participate in a number of its Standing Committees, including the CES Implementation Committee, the Governance Committee, and the HMIS and System Performance Committee. This creates opportunities for constituent voice to be included in policy decision making and system change work. In 2023, the CoC voted to make the CAC a Standing Committee. This formalized the CAC's role within the CoC and increased their ability to be involved in and affect decision making within the CoC. Similar to the YAB, the CoC reimburses CAC members for their time and expertise, the rate for CAC members is \$25/hour for all CoC planning work. Additionally, two members of the CAC currently serve on the CoC Board.

The CoC's communication about CoC Membership recruitment is emphasized using social media and marketing materials to engage households with lived expertise. The CoC also altered its Governance Structure to carve out leadership positions on the CoC Board for people with lived expertise, including 2 positions for YAB members and 3 positions for additional individuals with lived expertise. This has resulted in the CoC Board currently having 6 Directors with lived expertise (out of 17 total seats). Additionally, the CoC recognizes not everyone wants to engage in the same way, and hosts listening sessions, anonymous surveys, and focus groups to gather constituent feedback and input. The CoC compensates households with lived expertise for participating.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	14	0
2.	Participate on CoC committees, subcommittees, or workgroups.	14	0
3.	Included in the development or revision of your CoC's local competition rating factors.	7	0

4. Included in the development or revision of your CoC's coordinated entry process.	7	0
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1D-10b. Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
NOFO Section V.B.1.q.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC encourages organizations to provide professional development and employment opportunities to individuals with lived experience of homelessness in multiple ways. The CoC utilized its CoC Planning Grant in 2022 to engage an organizational development firm to provide agency assessments to CoC organizations. This organizational assessment focused on diversity, equity, and inclusion. As part of this assessment, there were specific questions to diagnose an agency's professional development related to individuals with lived experience into all levels of the organizational structure. During the CoC's Local Competition, and performance scoring process, in 2023, agencies were scored on whether they participated in the process, or if they conducted their own, equity-focused assessment internally.

Through this process, the CoC's Equity Committee has continued to build out performance scoring metrics that not only measure if an assessment was completed, but if that assessment has led to progress within the agency. For the FY24 CoC Competition two relevant measures were included in performance scoring. First, CoC agencies were scored on their pay scale for direct service staff, with agencies receiving a full ten points if their lowest paid direct service staff earned at least \$24 an hour, with decreasing point values by hourly wage. Many individuals with lived experience are employed at CoC-funded agencies as direct service staff, and this was an attempt to reward, and incentivize, CoC-funded agencies for paying direct service staff a living wage. Second, CoC agencies were scored on the demographics of the agency's Board, Leadership Team, Program Directors, and Case Management staff and how this relates to the population living in poverty in the community the agency serves. The questionnaire used to score this metric specifically asked about the percentage of those with lived experience of homelessness within each segment of the agency's structure. Additionally, the CoC Board voted in 2023 to formally designate the Constituent Advisory Committee (CAC) as a Standing Committee of the CoC and has seen CAC members significantly increase their participation in the decision-making structure of the CoC, leading to increased opportunities for professional development and employment opportunities for individuals with lived experience of homelessness.

1D-10c. Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
NOFO Section V.B.1.q.	

Describe in the field below:

1. how your CoC gathers feedback from people experiencing homelessness;	
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2.	how often your CoC gathers feedback from people experiencing homelessness;
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1. The CoC gathers feedback in its formal, public meetings, and through its committee structure. The CoC also recruits people with lived experience into all levels of decision-making. Specific strategies include opportunities for public comment in all public meetings; listening sessions for CES and CoC initiatives; and surveys disseminated by the CoC, its workgroups, and its CES and HMIS Lead. These strategies encompass both people with lived experience, and people currently experiencing homelessness.

2. CoC Committees and Workgroups meet monthly, and members with lived experience of homelessness regularly attend and participate. The Youth Action Board (YAB) and Constituent Advisory Committee (CAC) are CoC Standing Committees and are made up of those with lived experience of homelessness. Additionally, CoC Board meetings occur monthly, and there are 6 current CoC Board members who have lived experience of homelessness. Listening sessions for CES and CoC initiatives, surveys disseminated by the CoC, its workgroups, and its CES and HMIS Lead agencies to people experiencing homelessness happen regularly.

3. Feedback raised by people with lived experience of homelessness concerning CoC and ESG programs are of particular interest to the CoC. Challenges are addressed on an individualized basis depending on the challenge raised and the stakeholders involved. Challenges are often resolved informally, however, can be formally addressed through the CoC and ESG Grievance Process. Workgroups and CoC Standing Committees consistently reflect challenges and feedback to the CoC Board for action.

4. CoC Committees, Workgroups, and the CoC Board meet monthly, and members with lived experience of homelessness regularly attend and participate. Specifically, the YAB meets weekly, the CAC meets monthly, and the CoC Board meets monthly and currently has 6 Board members who have lived experience of homelessness.

5. The CoC engages in advocacy on its constituent's behalf based on the challenges and feedback raised. A continuing challenge raised at all levels of the CoC concerns the growing number of unsheltered households, and the barriers they face to accessing shelter and housing. This has resulted in action by the CoC and the ESG-funder. This action has included continuing to expand shelter resources as well as implementing changes to the CES implementation for shelter, to make the system more nimble and successful shelter placement more effective.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	

2. reducing regulatory barriers to housing development.

(limit 2,500 characters)

1. The CoC has partnered with each of the core cities in numerous ways, including consulting on funding dissemination to promote housing development and offering public comment on zoning and land use policies hindering development of ELI housing and reducing regulatory barriers. In the 2023 legislation session numerous bills (13) were passed by the general assembly proposing changes aimed at simplifying zoning and land use policy, as well as regulatory barriers, to spur the development of affordable housing. For instance, one of those bills provides municipal government subsidies and zoning incentives, including density bonuses, to allow for more dwelling units than would be otherwise allowed in each zone. In the 2024 legislative session a similar group of bills (14) were passed with the same goal in mind. One of those bills would provide homeowners statewide the right to develop a single accessory dwelling unit (ADU) on an owner-occupied property to accommodate a disabled family member, or within the existing footprint of their structures or on any lot larger than 20,000 square-feet, provided that the ADU's design satisfies building code, size limits and infrastructure requirements.

2. Rhode Island is a geographically small and densely populated state with one, statewide CoC. The state contains 5 core cities and 34 additional towns. The CoC, in collaboration with the Department of Housing (who is a CoC member, and has a seat on the CoC Board), has taken steps within the last 12 months to engage local town, city, and state governments to promote and incentivize affordable housing development for households experiencing homelessness and extremely low-income households (these populations have significant overlap, although they are not one and the same). Specifically, the CoC has partnered with State Leadership and the Department of Housing to inform a successful state budget passing in the general assembly that includes \$120M in housing investments, including \$80M for affordable housing. Additionally, during the FY24 budgeting process a proactive development entity was funded. This proactive development entity, which received 1.4M in funding for FY24, is housed at Rhode Island Housing, who also serves as the CoC's Collaborative Applicant, and is working with developers and communities to streamline the housing production process.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC’s Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	08/09/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	08/09/2024

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	No
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	120
2.	How many renewal projects did your CoC submit?	26
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section V.B.2.d.	
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Describe in the field below:	
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1.The CoC evaluates key metrics in its annual performance reports, which are used to determine project ranking during the CoC's Local Competition. Within the scoring tool used, there are multiple metrics that measure whether projects are successfully housing program participants in permanent housing. One of these metrics is "Percentage of all participants who remain in PH and/or exited to a PH destination." Each project is evaluated on its ability to support its participants in maintaining their housing or transitioning into another permanent housing resource. This data is available to all CoC programs, as the HMIS Lead has trained grantees to allow each agency to pull and monitor their own performance. This data is also regularly reviewed by the CoC for analysis, system refinement, and during the annual CoC Local Competition.

2.An additional metric used to determine project ranking and selection during the CoC's Local Competition is "Length of time from CE referral to program enrollment (for PSH); length of time from CE referral to Move-In date (for RRH)". This data is available to all CoC programs, as the HMIS Lead has trained grantees to allow each agency to pull and monitor their own performance. This data is also regularly reviewed by the CoC for analysis, system refinement, and during the annual CoC Local Competition.

3.The CoC's Standard Housing Assessment tool is used to assess needs and vulnerabilities. When scoring and ranking projects as part of the CoC's Local Competition, the CoC uses a metric measuring if a CES referral exists for all new admissions within the last program year. The CoC, and the CE System, require a completed Housing Assessment to inform housing placement, where the Housing Assessment scores measures the vulnerability of the household. The CES Lead uses assessment scores to prioritize households with the highest and most severe needs for referral to CoC projects.

4.As stated in (3), the CoC uses a metric measuring if a CES referral exists for all new admissions within the last program year as part of the Local Competition. The CoC and the CE System, require a completed Housing Assessment to inform placement, and the Housing Assessment considers the following severe barriers to determine vulnerability: history of victimization and/or abuse, low or no income, current and past substance use, criminal history, unsheltered homelessness, and length of time homeless and chronic homelessness, among others.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.	

(limit 2,500 characters)

1,2.The CoC recently completed the 2024 demographic survey of its Board, Membership, and Standing Committees (including the Funding Committee, CES Implementation Committee, and HMIS and SPM Committee, which collaborate on the rating factors). In 2023, this survey was used to compare the demographics of these groups to the demographics of the population the CoC serves. This resulted in recruitment efforts to diversify the CoC Board, Membership, and the CoC’s Standing Committees. The 2024 survey will be used in the same way. Additionally, the CoC Board approved a change to the Governance Charter in 2023 that recognized the Constituent Advisory Council (CAC) as a formal Standing Committee. While CAC members have always been solicited to provide feedback on the rating factors and ranking process, recognizing the CAC as a Standing Committee has led to increased representation by the CAC on all CoC Standing Committees. The CAC, as a Standing Committee, also reviewed and offered suggestions on the rating factors and the ranking process for the FY24 CoC Competition.

1,2.The Funding Committee, HMIS and SPM Committee, CES Implementation Committee, and the CAC, where rating factor and ranking process decisions are approved, are open to the public and advertised on the CoC’s website. During this process the ranking factors are shared with constituent advisory groups comprised of people of different races, particularly those overrepresented in the local homeless population. The review and ranking process is held transparently through public-facing reports on the HMIS Lead’s website and in public CoC meetings.

3.The CoC included two metrics this year within its project rating factors and ranking process that focused on reducing barriers to participation in the process. First, CoC agencies were scored on their pay scale for direct service staff, with agencies receiving a full ten points if their lowest paid direct service staff earned at least \$24 an hour, with decreasing point values by hourly wage. Second, CoC agencies were scored on the demographics of the agency’s staff and how this related to the population living in poverty in the community the agency serves. These metrics are important to incentivize CoC agencies, whose staff make up a significant part of the CoC, to recruit, retain, and elevate staff who are of different races, ethnicities, particularly those over-represented in the local homeless population.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC’s local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1. The CoC's Ranking and Reallocation policy states that 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. Projects that have underspent more than 10% of their award, may be reduced and those funds will go to reallocation for New Project(s). As part of the local solicitation for inclusion in the HUD CoC Collaborative Application, providers are asked whether they wish to voluntarily reallocate some or all of their funding. Such reallocated funds are pooled for reallocation to New Projects. Reallocation decisions are subject to appeal through the CoC Grievance process and, if unresolved, to HUD. After discussing and approving the process in a publicly noticed CoC Board meeting (March), the CoC circulated the approved Ranking and Reallocation policy and process through its stakeholder list and publicly posted the process and policy on the CoC's website.
2. b. This year the CoC identified one (1) project for full reallocation during the CoC's Local Competition. This project voluntarily reallocated the full grant amount. All reallocation, whether voluntary or involuntary, is approved by the RICO Board in a public meeting. The total amount of reallocation for the FY24 Collaborative Application is \$67,318. This voluntary reallocation was approved by the RICO Board at their August 22, 2024, meeting.
3. Yes, this year the CoC worked with the YWCA to reallocate a low performing project. The recipient, or the YWCA, was low performing mostly due to the inability of the project to fill its units due to the set-up of the project, and the limitations of the specific site. Through these struggles, the YWCA and the CoC identified that it would be better to voluntarily reallocate the full amount of this grant and use the reallocated funding toward a new PSH project.
4. N/A

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	09/17/2024

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/08/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/23/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	10/23/2024
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus Clarity Human Services
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	01/24/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
	1. describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
	2. state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

1. All Victim Service Providers (VSP) enter data into instances of comparable databases supported by the vendor Empower DB. The HMIS Lead meets one-on-one with each VSP regularly to review data collection and data quality. Additionally, Rhode Island Coalition to End Homelessness (RICEH), who is the CoC’s HMIS and CES Lead, provides regular trainings to all VSPs in the CoC to ensure they are setting up projects correctly, completing necessary data collection activities, and meeting data quality standards, including the FY24 HMIS Data Standards. The Rhode Island Coalition to End Homelessness coordinates with the Rhode Island Coalition Against Domestic Violence to conduct these trainings.

Additionally, RICEH was funded during the FY21 Collaborative Application to implement a new DV Bonus CES project whose goal is to increase coordination between the VSPs and the wider homeless services system. One strategy being implemented as part of this project, is to increase overall data collection and quality, while continuing to prioritize protecting survivors. The end goal of this project is to more effectively shelter and house survivors with available resources.

Currently, VSPs provide their aggregated system performance data to the CoC and HMIS Lead as part of the annual Local CoC Competition. All VSPs were advised of the FY24 HMIS Data Standards, and the HMIS Lead worked with each VSP to ensure they are collecting data in compliance with these data standards.

2. The Rhode Island CoC is in compliance with the 2024 HMIS Data Standards. This HMIS lead has worked diligently with each VSP to ensure they are setting up projects and collecting data as required in the HUD published data standards.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	1,581	92	1,603	95.82%
2. Safe Haven (SH) beds	0	0	0	100.00%
3. Transitional Housing (TH) beds	122	91	211	99.06%
4. Rapid Re-Housing (RRH) beds	450	159	609	100.00%
5. Permanent Supportive Housing (PSH) beds	1,298	57	1,355	100.00%
6. Other Permanent Housing (OPH) beds	912	9	921	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	
	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,500 characters)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/24/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1.The Rhode Island CoC’s Youth Action Board participated in the PIT and co- led the Youth PIT alongside youth serving organizations. This included monthly meetings with youth and adult allies. Youth helped identify hot spots, shift times, and supply needs. Youth-specific drop-in centers, libraries, and other youth serving organizations from throughout the state worked with the YHDP Lead and HMIS Team at the Rhode Island Coalition to End Homelessness (RICEH) to successfully implement the PIT. Youth with lived experience also co-created the Youth PIT survey to ensure it was youth centric and accessible.

2.The Youth on the YHDP/COC’s Youth Action Board (YAB) and youth serving organizations assisted in the planning process by helping to identify hot spots where unaccompanied youth are most likely to be visiting, brainstorming survey sites and incentives for PIT participation, and reviewing survey questions. Stakeholders participated in these activities for both the PIT and the more extensive Youth PIT. Data from the initial PIT was used to further identify hot spots and survey sites were set up at youth organizations near these hot spots during the Youth PIT. The Youth Action Board, the YHDP Lead, and youth serving organizations led the design, planning, and implementation of the Youth PIT.

3.The CoC did not include youth experiencing homelessness as counters during the CoC’s most recent unsheltered PIT count. Youth experiencing homelessness were counters during the statewide Youth PIT.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
3.	describe whether your CoC’s PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs’ geographic; and	
4.	describe how the changes affected your CoC’s PIT count results; or	
5.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2024.	

(limit 2,500 characters)

Not Applicable

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies 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 your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1. The CoC determined the risk factors to identify persons experiencing homelessness for the first time through collaboration between the CES Lead Agencies and the CES Implementation Committee. Crossroads Rhode Island (CRI) is the current lead for Housing Problem Solving, including Homeless Prevention, Diversion, and Rapid Exit activities throughout the CoC, while the Rhode Island Coalition to End Homelessness (RICEH) is the current Coordinated Entry Lead Agency. Data used to identify persons becoming homeless for the first time is tracked within the HPS Assessment, along with the Crisis and Housing Assessments, which are all part of the Coordinated Entry enrollment process. These assessments were determined through a collaborative process between the CES Leads and the CES Implementation Committee, which includes a diverse group of stakeholders, including folks with lived experience. The HPS Assessment, specifically, is designed to identify persons at risk of experiencing homelessness and those persons experiencing homelessness for the first time.
2. The CE System in Rhode Island consists of a Call Center that operates 7 days a week, 365 days a year. Agents at the Call Center are HMIS users and can assist callers in multiple languages. Additionally, there are approximately 150 front-line staff members located throughout the CoC, who are trained in the Coordinated Entry workflow. This enables them to enter clients into the CE Project and to conduct CE Assessments without having to utilize the Call Center. Households in the CoC experiencing homelessness for the first time are triaged and assessed upon initial contact with the CE System. This is the CoC’s strategy to address individuals and families who are experiencing homelessness for the first time or who are at risk of entering homelessness. In other words, the strategy is to utilize the CE process to best target the available resources to indicated populations based on their situations, risk factors, and vulnerabilities. The Housing Problem Solving team, in collaboration with CE Assessors, the Call Center, and Shelter Providers, can identify households entering homelessness for the first time and households at risk of experiencing homelessness, and begin working with them on homeless prevention, problem solving, or rapid exit strategies.
3. The CoC’s CES Implementation Committee and its CES Lead Agencies – RICEH and CRI – are responsible for overseeing this strategy.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC’s Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoC’s geographic area?	No

2C-2.	Reducing Length of Time Homeless—CoC’s Strategy.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
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2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1. The average LOT households remained homeless in ES, SH, and TH was 163.9 days (we do not have any SH in Rhode Island). This number is down from an average LOT of 168 at the time of last year's competition, and an average LOT of 185 at the time of the FY22 Competition. After the FY23 Competition, the CoC Board convened a time-limited workgroup of the CoC Board – the System Performance Board Workgroup – that has met regularly and is in the process of proposing recommendations focused on improving Rhode Island's Homeless Response System. Specifically, the workgroup is recommending changes to the HMIS and System Performance Committee, the CES Implementation Committee, and the Monthly Board Report. These changes will lead to better tracking and communication of system challenges, strategies, and goals, and improve progress toward implementation of system change recommendations. The workgroup is particularly interested in articulating more clearly what reports/data each CoC Committee should review each month. For instance, the workgroup would like the CES Implementation Committee to regularly review which shelter programs have a higher percentage of long-term stayers to ensure these households have Housing Assessments completed, are active on the housing queue, and system leads are problem solving to successfully house these households.

2. The CoC prioritizes those with a longer length of time homeless for housing through its CE prioritization. This strategy alone is not effective without shelter providers implementing housing-focused services. Consequently, the System Performance Board Workgroup is making recommendations to the CES Implementation Committee and the HMIS and System Performance Committee on what reports to regularly review, and specifically, how best to track and discuss average LOS at the provider level. The CoC has also increased provider knowledge of Housing Problem Solving (HPS), which is implemented as part of the CES process, and includes Homeless Prevention, Diversion, and Rapid Exit activities. This work is led by the HPS Lead, Crossroads Rhode Island (CRI), and funding has been significantly increased across the system for this work during 2023/2024. Additional strategies include routinely looking at the longest stayers at case conferencing meetings to identify barriers to housing.

3. The CoC's HMIS and CES Lead, the Rhode Island Coalition to End Homelessness, and the CoC Planners are responsible for implementing this strategy.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1. The strategy to increase the percentage of placements to PH destinations from ES, SH, TH, and PH-RRH, consists of: (1) continuously monitoring utilization among PSH providers to ensure these providers are deploying all of their existing PH opportunities quickly and effectively; (2) working with the Department of Housing to continue to improve exit destination data in SO and ES projects to ensure the CoC is capturing the true story of exits to PH destinations; (3) the work of the newest CoC Standing Committee, the Pipeline Committee, to bring in new non-CoC and ESG funding for permanent housing resources; (4) continued work with PSH providers to fully utilize Rhode Island’s Move-Up Program, to open up the maximum number of turnover PSH units; and (5) expanding the funding for Housing Problem Solving (HPS) throughout the homeless response system, and working to fully implement the HPS model within the CoC.

2. The retention rate in PH projects was 96.2% this year. The CoC’s strategy to continue to increase this percentage includes ongoing training on best practices, including Housing First and related strategies. Specifically, the Collaborative Applicant recently released an RFP to solicit proposals to significantly expand the technical assistance and training available to CoC providers, which will include robust materials on Housing First, Trauma Informed Care, Motivational Interviewing, and other best practices to ensure households residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations. The CoC continues to monitor PH projects for compliance, effectiveness, and fidelity to the Housing First model. The CoC also scores its PH renewal projects using each program’s housing retention rate. In addition to prioritizing strong service delivery within the homeless system to support housing retention, the CoC collaborates regularly with mainstream affordable housing providers (PHAs, CDCs, etc.) and subsidized housing initiatives (Rhode Island Housing’s Move-Up Program, the Mainstream Voucher Program, etc.) to ensure there are robust permanent housing options outside of the CoC.

3. The CoC’s HMIS and SPM Committee and the CoC Planner are responsible for overseeing this strategy.

2C-4.	Reducing Returns to Homelessness—CoC’s Strategy.	
	NOFO Section V.B.5.e.	

	In the field below:
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;
2.	describe your CoC’s strategy to reduce the rate that individuals and families return to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1. The strategy to identify households who return to homelessness is to run HMIS reports on all project types in the CoC, including SO, ES, TH, PH, and OPH. The CoC calls these reports recidivism reports. These reports are analyzed at the HMIS and System Performance Committee. The HMIS Lead pulls recidivism reports by project type to analyze if specific projects need additional training or support to curb recidivism rates. The CoC examines exits from programs regularly through the HMIS and System Performance Committee, and during the annual CoC Competition, which scores PH projects on this metric.

From FY21 to FY23 progress was made on the recidivism rate across different dimensions. The average recidivism rate across all project types in less than 6 months decreased from 11% to 8%; the average recidivism rate across all project types from 6 to 12 months decreased from 5% to 4.5%; the average recidivism rate across all project types from 13 to 24 months decreased from 7% to 6.6%; and the average recidivism rate across all project types from 2 years on decreased from 23% to 19.2%.

2. The CoC ensures households in TH and PH are offered robust supportive services to transition to and/or remain in PH via statewide Supportive Housing Case Management Standards. Additionally, the Collaborative Applicant recently released an RFP to solicit proposals to significantly expand the technical assistance and training available to CoC providers in 2025. These standards, and the additional training, provide a baseline for supportive services and best practices to be provided within CoC programs and are disseminated to the CoC community through Housing First and Case Management training. These trainings are free of charge, and help CoC providers develop staff capacity and the knowledge base to deliver flexible, trauma-informed, and person-centered services to stabilize households in PH. If households are experiencing housing instability, they are referred to the Housing Problem Solving (HPS) Lead at Crossroads Rhode Island.

3. The CES Directors at Crossroads Rhode Island (HPS Lead) the Rhode Island Coalition to End Homelessness (HMIS and CES Lead) are responsible for overseeing this strategy. The HIMS System Administrator employed by RICEH and RIHousing’s CoC Planners are responsible for obtaining, reporting, and scoring PH Renewals, which includes a metric that scores projects on their rate of returns to homelessness at 12 months after placement.

2C-5.	Increasing Employment Cash Income—CoC’s Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC’s strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.	

(limit 2,500 characters)

1.The CoC’s strategy to increase employment income includes working with CoC providers to offer job training, work readiness, and career planning opportunities and link participants with mainstream training and employment services.

2. For example, Community Care Alliance (CCA) one of the CoC’s recipients, utilizes its Harbour Youth Center to provide career exploration and job readiness training for youth who participate in its CoC-funded RRH project. Amos House, another homeless service provider heavily engaged in the CoC through its shelter, RRH, and Permanent Housing programs, has robust services, including their Job Training and Employment program, which includes culinary, carpentry/maintenance, and customer service/call center training programs. Similarly, one of the CoC’s largest RRH and PSH providers, Crossroads Rhode Island, operates an Employment Resource Center at their main location, which offers one-on-one help with resumes, job search, online job applications, and career exploration. Through these resources, households being served by the CoC are connected with mainstream employment to increase their cash income.

Additionally, the CoC, and its recipients, have utilized the Governor’s Workforce Board (GWB) in Rhode Island, the state’s primary policy-making body on workforce development matters. Linking people with lived experience of homelessness and little cash income with workforce training and employment opportunities increases future potential to earn. The GWB oversees and coordinates federal and state workforce development policy through the implementation of the Workforce Investment Opportunities Act and allocation of Rhode Island’s Job Development Fund. The CoC Planners are currently working with the GWB to recruit someone from the Board to join CoC Membership, to more formally link the Continuum of Care with the GWB.

3.The ED of the RI Coalition to End Homelessness and the CoC Planner at RIHousing oversee this strategy.

2C-5a.	Increasing Non-employment Cash Income–CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

1.The CoC positioned its statewide coordination of the SOAR program at the Rhode Island Coalition to End Homelessness (RICEH), who is also the CoC’s HMIS and CES Lead. Placing this system-level project at RICEH aligns with the CoC’s overall strategy of serving the most vulnerable households, who are the most in need of SOAR services. The SOAR program currently takes referrals based on vulnerability as measured by CES to ensure the program is serving those that need these services the most. In the last fiscal year, the statewide SOAR specialists at Sojourner House and the Rhode Island Coalition to End Homelessness have received and screened 89 referrals, have received 16 claims, and have achieved a 69% approval rate at initial application. A total of 44 claims were submitted, with a number (28) currently pending. Additionally, the CoC and the Department of Housing have worked with the Executive Office of Health and Human Services (EOHHS) to integrate SOAR into their rollout of Certified Community Behavioral Health Clinics (CCBHCs). Each CCBHC will have staff trained by RICEH to complete SOAR applications.

Additionally, COC provider agencies link participants with non-employment cash resources through their supportive services programs, which are built on the CoC’s Written Standards for Supportive Housing Case Management. The CoC’s standards require benefits/entitlement coordination and referral to obtain access to both public and private programs, including, but not limited to, General Public Assistance, SSI/SSDI, and other state and local supportive services that households may be eligible to receive. During the FY24 Local Competition performance metrics to rank PH Renewal Projects included a metric measuring increases in unearned income from program entry to reassessment/exit, and this helped determine how the CoC ranked projects in the CoC’s Collaborative Application to HUD.

These strategies combine to offer both system-level interventions (the SOAR program through RICEH), and provider-level interventions, or the expectation that CoC providers, given the CoC’s Written Standards, work to connect the households they serve to non-employment cash income and other public benefits.

2.The Rhode Island Coalition for the Homeless is responsible for implementing the SOAR component of this strategy, and the CoC Planner at RIHousing oversees the strategy on behalf of the CoC Board and CoC Provider agencies.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
RIHousing Rental ...	PH-PSH	27	Healthcare
Olneyville Housin...	PH-PSH	28	Housing

3A-3. List of Projects.

1. What is the name of the new project? RIHousing Rental Assistance Program FY24 Expansion
2. Enter the Unique Entity Identifier (UEI): NH58GU7STS24
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 27
5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Olneyville Housing Corporation CoC New Project FY2024
2. Enter the Unique Entity Identifier (UEI): K7WKMUDXKKW9
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 28
5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

N/A

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	--	----

3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?		Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	1,269
2.	Enter the number of survivors your CoC is currently serving:	560
3.	Unmet Need:	709

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	
	Describe in the field below:	
	1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
	2. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
	3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1. The CoC calculated the number of survivors needing housing or services by combining the total number of unduplicated contacts to CES self-reporting that they were fleeing-DV with the number of people currently served in shelter and housing programs for survivors as measured by the comparable database. The total contacting CES self-reporting that they were fleeing DV from the June 1, 2024, to August 31, 2024, was 709, and the total number of survivors served in shelter and housing programs for survivors from June 1, 2024, to August 31, 2024, was 560. So, the total number of survivors of domestic violence in Rhode Island’s geographic area that need housing or services, including survivors that projects are currently serving is, 1,269. The difference between this total (1,269) number and the number of survivors the CoC is currently serving (560), during the time period listed, is 709, which is the unmet need.
2. CES data and reports from CES Lead Agencies, the comparable database to HMIS (Empower DB), and the Housing Inventory Count for DV beds from the HMIS Lead.
3. N/A

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name
Sojourner House

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Sojourner House
2.	Rate of Housing Placement of DV Survivors–Percentage	95%
3.	Rate of Housing Retention of DV Survivors–Percentage	95%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. Sojourner House calculated the rate of housing placement by taking the number of eligible households who accepted the housing opportunity, and the number of households placed into housing to come up with the 95% placement rate during the previous funding cycle. Sojourner House calculated the rate of housing retention by taking the number of placed households and the number of households exiting to permanent destinations or remaining in the program to come up with the 95% retention rate during the previous funding cycle.
2. Yes, the rate of housing placement accounts for exits to safe housing destinations.
3. Sojourner House calculated the rate of housing retention by taking the number of placed households and the number of households exiting to permanent destinations or remaining in the program to come up with the 95% retention rate during the previous funding cycle.
4. Sojourner House utilizes a secure database, EmpowerDB, to track client demographics and services provided. The database can produce reports on the numbers of clients served in a specific program, the quantity and types of services provided, the number of housing bed nights provided, retention, and other important data points, enabling staff to track a client's progress throughout their journey at Sojourner House.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
3.	determined survivors' supportive services needs;	
4.	connected survivors to supportive services; and	
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1. Sojourner House (SH) has implemented a number of programmatic strategies to help survivors move quickly into housing. We have three (3) Housing Navigators who work with landlords, property managers, community development corporations, etc. to pair eligible survivors with an appropriate unit. We also have landlord recruitment materials, materials on unit search tips, and prepared phone scripts for survivors engaging in their own unit search to help them form relationships with landlords when possible.

2. SH works with the Coordinated Entry System (CES) to prioritize survivors' housing referrals.

3. SH is the services provider for survivors navigating CES, considering their placement(s), and locating a unit (if applicable.) In addition to housing navigation and CES support, SH provides trauma-informed supportive services, such as advocacy, clinical mental health counseling for adults and children, financial education, support groups, immigration legal assistance, law enforcement advocacy, HIV testing and sexual health advocacy, services tailored to LGBTQ+ individuals, and assistance with basic needs. SH also operates a drop-in advocacy and resource center; and is the only organization in RI providing a comprehensive range of services statewide, including housing, designed to meet the needs of victims of abuse.

4. In addition to in-house services, SH works with many govt. and community-based organizations to ensure access to various resources, such a child care, benefits, adult education opportunities, job training programs and more. Survivors are never penalized should they choose to not access particular supportive services but are always given comprehensive information and assistance with accessing them.

5. SH works with survivors upon entry to ensure that they are setting goals related to housing stabilization and working toward those goals to obtain sustainable housing after the program. Many survivors indicate the need for longer-term subsidized housing and we work with them one-on-one and at weekly housing clinics to apply for, mail and follow-up on applications. We provide information related to the denial and appeal processes they may experience and referrals for legal assistance if needed for the appeal process. If a survivor wants to stay in their unit and work towards financial independence, we work with them and, many times, community providers on employment and job training goals through our network of collaborating agencies.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping survivors' information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1. SH housing staff have personal offices for intake and can use meeting/conference room spaces when needed to ensure private conversations. When a survivor presents with another adult for intake, staff asks that the other adult stay out of the room.
2. Participants are referred from the CES, at which time an intake is completed. The individual is then able to go see the available unit and decide whether or not to accept the housing opportunity. If not, they are referred back to the CES. A survivor may not want to accept an available unit due to the location/geography, safety concerns, type of housing unit, or other reason. In these circumstances, the Case Manager may request from the CES that the person be referred to another future available unit.
3. The addresses of units are kept strictly confidential, including from non-housing SH staff members. Landlords sign confidentiality agreements and, aside from our drop-in center, addresses are never advertised, shared, or visited by non-residents or non-staff. Records, data and client information is stored confidentially and securely in our database.
4. SH provides a comprehensive new hire orientation for staff including education and safety-planning measures around domestic violence, sexual assault, and human trafficking. Staff members sit on a statewide training committee to provide Housing First and other core competency training to homeless service providers, including our own staff; and attend other trainings provided to DV providers such as risk assessment, trauma-informed care and safety planning to meet the needs of survivors.
5. In SH's emergency congregate settings and at our drop-in center, there are cameras and/or a security system installed to help keep survivors safe. Security measures for all units include safety planning with survivors, including familiarity of and practicing exits, reviewing safety information with children, technology safety, neighbor/community supports, etc. Safety plans are also conducted in consideration of the workplace/public as well as emotional safety post-trauma. If a survivor feels as though their abuser might find them in the community they are placed in, staff will safety plan with them around strategies such as varying travel routines, removing location settings from mobile devices, and not parking on main roads. In addition, participants are informed of their VAWA occupancy rights and can seek relocation and other remedies if they feel unsafe.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

SH regularly evaluates safety protocols to update safety trainings with staff to reflect the growth of programs and adjust to increase in-person interactions post pandemic. In congregate residential settings that are less crisis-oriented, staff work with survivors one-on-one to determine safety measures that feel appropriate to them. SH also maintains a confidentiality policy which prohibits staff from sharing the locations of survivors in any residential project without the appropriate releases of information.

To evaluate the success of these measures, SH conducts anonymous surveys of housing participants asking questions relating to safety. Clients are asked if they were given the resources and tools, they needed to feel safe along with other questions related to their satisfaction with safety. Surveys are offered to survivors when they meet with staff and are mailed to survivors' homes to make sure they have the opportunity to respond. SH surveys are regularly reviewed and updated to ensure comprehensive information is collected and program modifications are made when necessary.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below the project applicant's experience in:

- | | |
|----|--|
| 1. | prioritizing placement and stabilization of survivors; |
| 2. | placing survivors in permanent housing; |
| 3. | placing and stabilizing survivors consistent with their preferences; and |
| 4. | placing and stabilizing survivors consistent with their stated needs. |

(limit 2,500 characters)

1. Sojourner House (SH) currently partners with the RI CES system to facilitate assessments and referrals for survivors independently of the HMIS system. Survivors first complete the same housing and crisis assessments used across RI CES, they are then listed by an ID number without Personally Identifying Information, and finally receive referrals for projects across the RI COC corresponding to that ID number.

2. Sojourner House (SH) currently partners with the RI CES system to facilitate assessments and referrals for survivors independently of the HMIS system. Survivors first complete the same housing and crisis assessments used across RI CES, they are then listed by an ID number without Personally Identifying Information, and finally receive referrals for projects across the RI COC corresponding to that ID number.

3/4. SH surveys survivors on their housing wants and needs to better inform Housing Navigators and Advocates of preferences to help inform client choice. For example, many survivors indicate that living on the first floor may be a safety concern- the area of focus for the housing navigator in this example would then be limited to only 2nd floor and above units. Survivors are also educated and included in the housing search process when possible to help ensure they are choosing housing in the communities in which they feel safest. Many lower acuity households are able to find landlords through their own searching using SH materials/scripts, ensuring they move into housing they have chosen.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
	1. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
	2. providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
	3. emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
	4. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
	5. providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
	6. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

1. SH operates using progressive engagement, Housing First, and voluntary service models. This means that survivors are not mandated to receive or punished for not engaging in other services so long as they maintain a relationship with their housing advocate and not repeatedly violate lease or program agreements. Staff work to assure survivors that they are there to empower them to find solutions and are not passing judgement on them.
2. Survivors are offered one-on-one counseling and support groups focusing on their trauma. In all Sojourner House office locations, there are materials with education around domestic violence, sexual violence, and human trafficking. Staff are frequently trained in trauma-informed care practices as well as specified internal and external trainings such as; domestic violence relating to immigration, domestic violence in communities of color, lethality risk, etc.
3. Staff are trained in motivational interviewing and strengths-based case planning to develop their skills and abilities to assist survivors, identify strengths, and work toward goals. Goal planning frequently involves steps which a survivor feels they can reasonably set and attain while identifying areas they need support.
4. Staff are frequently offered training specific to diversity, equity and inclusion. The housing management team has attended diversity and inclusion leadership trainings to ensure cultural competence is built into the organizational culture and programs. SH has a designated committee working on external and internal goals to create more equitable opportunities. Housing staff also sit on committees relating to equity in the Continuum of Care.
5. SH offers a variety of support groups and group-setting housing clinics, including facilitating a number of support groups for survivors of domestic violence, sexual violence, and human trafficking. They include trauma support groups offered in both English and Spanish, peer recovery support groups, a support group for mothers, a male-identifying domestic violence support group, a male-identifying sexual assault support group, an LGBTQ+ trauma support group, and a trans/gender non-conforming support group.
6. SH has a child/youth clinician working with children in the housing program, as well as with parents, to address trauma while also working with parents to strengthen parenting skills. We have staff who specialize in working with parents who are engaged in the DCYF system and are completing their reunification case plans. We will soon be launching a program that specifically provides rapid rehousing and supportive services for homeless domestic violence victims who require stable and safe housing as their final step toward reunification. Many of the support groups and specialized services we provide are the result of partnerships with other community providers, such as parenting classes for survivors, or access to affordable childcare.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Sojourner House offers a continuum of housing and supportive services for victims of domestic violence, sexual assault and human trafficking, as well as their children, who oftentimes are witnesses to family violence. We operate from an empowerment and strengths-based perspective. We respect each client's right to pursue their own path toward healing, according to their needs, readiness and choices. Success may look different for each client, and we acknowledge that there is no cookie-cutter approach to helping them reach their goals. Our responsibility is to help clients minimize any negative impacts of their circumstances and behaviors, to avoid re-traumatizing them, and to support their journey toward self-empowerment and well-being.

Because of the unique barriers and experiences of domestic violence victims, we pair our housing programs with a continuum of supportive services available to adequately respond to the needs of survivors and provide a diverse array of services. Upon referral, survivors are provided a case manager and housing navigator before arriving for their intake appointment. They are then asked if they need support related to adult or child counseling, support groups, shelter services, safety planning, court advocacy, LBGTQ+ advocacy, immigration advocacy or law enforcement advocacy. We also offer support groups for survivors to assist them with identifying personal goals, strengths, and support systems, clinical services, and peer support recovery services. We incorporate financial literacy into our advocacy that uses a certified curriculum that teaches victims about paying bills, distributing income, saving money, and becoming financially stable and responsible.

Case managers help make appropriate referrals internally, when possible, for survivors, and then use community-based resources to meet any other identified needs. SH partners with organizations that provide employment access and job training programs, including Connecting for Children and Families in Woonsocket and various Community Action Program agencies in the state. Survivors are also encouraged to continue attending housing clinics to both offer connections to the community and to encourage work towards sustainable housing opportunities.

Some examples of survivors we have moved into permanent housing through SH's supportive services include the following:

- A survivor in our rapid rehousing program worked with multiple staff on child reunification and received assistance with court appointments and DCYF required education sessions for a successful reunification with her children. She then moved on to receive an HCVP voucher.
- A survivor in the rapid rehousing program worked with our LBGTQ+ services staff for support, worked with a clinician to receive counseling, attended support groups, and worked with her housing advocate to receive an HCVP voucher.

As previously noted, all households are provided with case management and housing navigation, including assistance with researching and applying for permanent supportive housing opportunities. SH has rapid rehousing units through this proposed project, and other PSH projects as well, that clients can access if they meet eligibility requirements. Staff also have long standing relationships with housing authorities and other permanent housing programs in the state, as well as relationships with many landlords in the state. We work with clients to increase their income with the goal of ultimately staying in their apartment unit and taking over the rent on their own. Staff works with each

client to develop individualized case plans that are client-centered in order to achieve personal goals including permanent housing. The plan is reviewed at regular meetings with clients to modify as appropriate.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below how the project(s) will:

1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

1. SH will continue to partner with the RI CES system to facilitate assessments and referrals for survivors independently of the HMIS system. Survivors first complete the same housing and crisis assessments used across RI CES, they are then listed by an ID number without Personally Identifying Information, and finally receive referrals for projects across the RI COC corresponding to that ID number. Our new project will prioritize survivors who are aged 50 years and older.
2. SH will continue to implement programmatic strategies that help later in life survivors move quickly into housing. We have three (3) Housing Navigators who work with landlords, property managers, and community development corporations to pair eligible survivors with an appropriate housing unit. We also have landlord recruitment materials, materials on unit search tips, and prepared phone scripts for survivors engaging in their own unit search to help them form relationships with landlords when possible. We recently started hosting Landlord Engagement events in an effort to educate landlords about our programs and the dynamics of leasing to our clients.
- 3,4. SH will continue to survey survivors to inform Housing Navigators and Advocates of preferences to help inform client choice. Survivors will continue to be educated and included in the housing search process when possible to help ensure they are choosing housing in the communities in which they feel safest. Housing navigators will work on landlord recruitment events and tenant education strategies to help broaden the available units to survivors.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:

1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;

4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. SH will continue to operate using progressive engagement, Housing First and voluntary service models. Survivors will not be mandated to receive or be denied housing for not engaging in other services so long as they maintain a relationship with their housing advocate and not repeatedly violate lease or program agreements. Staff will work to develop eviction prevention strategies to help maintain housing for clients despite challenges with landlords.
2. Survivors will continue to be offered one-on-one counseling and support groups focusing on domestic violence or sexual violence. Sojourner House will continue to make available materials with education around domestic violence, sexual violence, or trafficking. Staff will continue to be trained in trauma-informed care practices as well as specified internal and external trainings such as domestic violence relating to immigration, domestic violence in communities of color, and lethality risk.
3. Staff will continue to be offered trainings relating to motivational interviewing and case planning to assist in helping survivors identify strengths and work towards goals. Goal planning will involve steps which a survivor feels they can reasonably set and attain and areas they need support in.
4. Staff will continue to be offered training specific to diversity, equity and inclusion. The housing management team will maintain its commitment to attending diversity and inclusion leadership trainings to ensure building cultural competence into the organizational culture and programs. Sojourner House will continue to work on external and internal goals to create more equitable opportunities within the agency and its programs. Sojourner staff participate regularly in the COC's Equity committee informing system strategies to advance equity and ensure Sojourner is exceeding COC expectations with these performance measures (COC has equity benchmarks within its scored criteria for PH project performance-based renewals).
5. SH will continue to offer a variety of support groups for survivors of domestic violence, sexual violence and trafficking. This includes multiple English-speaking trauma support groups, Spanish-Speaking trauma support groups, peer recovery support groups, a support group for mothers, a male-identifying domestic violence support group, a male-identifying sexual assault support group, an LGBTQ+ trauma support group, and a trans/gender non-conforming support group. Other opportunities for peer-to-peer connection and mentoring include group-setting housing clinics located in cities and towns throughout RI. Staff are also working on developing an employment skills program focusing not only on common soft skills but also on managing trauma and dealing with domestic violence in the workplace.
6. SH will continue to provide a clinician to focus on the needs of children in the housing program as well as with parents to work on parenting skills. We will continue to have staff who specialize in working with parents who are engaged in the DCYF system and completing their reunification case plans. SH is currently partnering with another provider to both provide units to survivors, but also to provide on-site childcare and other family opportunities. Sojourner House will also work to provide parent-child/family centered group and individualized activities in a non-clinical setting.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

1,2. Listening to, believing, and learning from our clients are core principles at Sojourner House. We invite them to tell us about their challenges, strengths, and how we can best support them. This engagement takes place through daily client-staff interactions, through regular client surveys, and through the inclusion of survivors of abuse and formerly homeless individuals among our staff and board of directors. We will continue to engage survivors in this way, including survivors who have experienced abuse later in life.

SH is committed to involving later in life survivors in policy and program development. This is accomplished through formal and informal feedback that ensures our program is informed by those we serve. We also have current individuals employed within our housing team have lived experience of homelessness and as such have been involved in the program design and will be involved in the implementation of the program.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/10/2024
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/10/2024
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/10/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/23/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/14/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/14/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/26/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/08/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	09/26/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	09/26/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	10/19/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/19/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

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Competition Report

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

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. CoC Identification	09/11/2024
1B. Inclusive Structure	10/21/2024
1C. Coordination and Engagement	10/22/2024
1D. Coordination and Engagement Cont'd	10/22/2024
1E. Project Review/Ranking	10/23/2024
2A. HMIS Implementation	10/07/2024
2B. Point-in-Time (PIT) Count	10/07/2024
2C. System Performance	10/21/2024
3A. Coordination with Housing and Healthcare	10/17/2024
3B. Rehabilitation/New Construction Costs	09/11/2024
3C. Serving Homeless Under Other Federal Statutes	09/23/2024

4A. DV Bonus Project Applicants	10/21/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 1C-7
PHA Homeless Preference**



**ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM**

Approved by Board of Commissioners June 20, 2024
Submitted to HUD

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PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

PHA Policy

The PHA administers the following types of targeted funding:

Non Elderly Disabled Vouchers (275)

Foster Youth Initiative, Tenant Protection Vouchers (25)

Family Unification Program Vouchers (28)

Veterans Affairs Supportive Housing Vouchers (25)

Emergency Housing Vouchers (117)

Move Up Vouchers (20)

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

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. This definition also includes individuals and families transitioning out of specialized care facilities into the most integrated setting appropriate to their needs.

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 20 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. Referrals are accepted from May through September.

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 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:

Unstable Housing Situation (20 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.

Residency Preference (40 points)

For families who live and/or work in the jurisdiction of the PHA. Jurisdiction of the PHA will include the jurisdictions of PHAs that have entered into an agreement with the PHA to share jurisdiction; this agreement must be in effect at the time of the applicant’s selection from the waiting list. In order to verify this preference, 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.

Homeless Families and Individuals (10 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. The PHA may verify the homeless status of the individual or family with Rhode Island’s Homeless Management Information System (HMIS) and will request that the household 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.

Victims of Domestic Violence (20 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.

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.

Rhode Island Resident Preference (10 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 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.

PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 1C-7
PHA Moving On Preference**



**ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM**

Approved by Board of Commissioners June 20, 2024
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PART III: SELECTION FOR HCV ASSISTANCE

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Emergency Housing Vouchers (117)

Move Up Vouchers (20)

Regular HCV Funding

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4-III.C. SELECTION METHOD

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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 20 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. Referrals are accepted from May through September.

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 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:

Unstable Housing Situation (20 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.

Residency Preference (40 points)

For families who live and/or work in the jurisdiction of the PHA. Jurisdiction of the PHA will include the jurisdictions of PHAs that have entered into an agreement with the PHA to share jurisdiction; this agreement must be in effect at the time of the applicant’s selection from the waiting list. In order to verify this preference, 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.

Homeless Families and Individuals (10 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. The PHA may verify the homeless status of the individual or family with Rhode Island’s Homeless Management Information System (HMIS) and will request that the household 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.

Victims of Domestic Violence (20 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.

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.

Rhode Island Resident Preference (10 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 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.

PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 1D-10a
Lived Experience Support Letter**



Rhode Island Continuum of Care

Active Participation of Individuals with Lived Experience of Homelessness

Constituent Advisory Committee

We, as representatives of the Constituent Advisory Committee (CAC), certify the CAC, and its members, are active participants in Rhode Island’s Continuum of Care, and support the priorities of the CoC, which prioritizes serving individuals and families experiencing homelessness with severe service needs in the CoC’s geographic area.

Currently, the Constituent Advisory Committee, which is a group of folks with lived experience of homelessness, work with the CoC in several capacities, including participating in CoC committees or workgroups, in the development and revision of the CoC’s local competition rating factors, in the development and revision of the CoC’s Coordinated Entry process, and in the decision-making processes related to addressing homelessness. Additionally, the CAC has been a formal standing committee of the CoC since August of 2023.

Since August of 2023, when the CAC became a CoC Standing Committee, there are now two CAC members on the CoC Board of Directors, and CAC members have more regularly and consistently become part of all of the CoC Standing Committees. For example, multiple CAC members attend the CoC’s Coordinated Entry Implementation Committee and HMIS and System Performance Committee, which help develop the local competition rating factors.


Thanks,

Wendy Thomas, Jillian Wassmer, and Dionne Larson


Signed by:

503C388B5FF8467...

October 8, 2024

Signed by:

9A3938D6BB64445...

October 8, 2024

DocuSigned by:

72EC332B9A8643F...

October 8, 2024

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 1D-2a
Housing First Evaluation**

Rhode Island Continuum of Care

FY24 Collaborative Application

Attachment 1D-2a

Memo:

During last year's CoC Competition the CoC Planner wrote a memo outlining the process the CoC would be using during 2024 monitoring visits. For 2024 monitoring, the CoC has contracted with the Technical Assistance Collaborative (TAC) to monitor CoC recipients. This provider has extensive knowledge of CoC programs, 23 CFR Part 578, and the Housing First philosophy, having implemented and managed CoC programs in a previous role.

During monitoring, this provider uses their extensive knowledge of CoC programs and Housing First practice and policy to create a monitoring report outlining findings for each CoC recipient, including any findings that the CoC recipient is not implementing programs in accordance with Housing First practice and policy.

Currently, the contracted monitoring for 2024 is ongoing, and reports have not yet been issued. During this engagement, the CoC Planners have worked with the Technical Assistance Collaborative (TAC) to utilize a tool adopted from HUD's Housing First Standards Assessment Tool during the monitoring process, which will inform the final monitoring reports. This tool, which is currently being used in monitoring visits taking place in September, October, and November of 2024, is attached here. Additionally, I have attached a monitoring report from the 2023 process.

Two Attachments:

- (1) 2024 Housing First Tool being used in the ongoing monitoring process. Filled out by one of the reviewers for the first monitoring visit that was conducted.
- (2) An example of a 2023 Monitoring Report, which is similar to the reports that will be issued by TAC for 2024 monitoring.

Thanks,

Ben Darby, CoC Planner

Housing First/Low Barrier Practice Implementation Review

Description: Use this list as a guide to see how recipients and subrecipients codify their process and operationalize Housing First/Low Barrier projects. This list is not all inclusive and will evolve as interventions are refined.

Projects Monitored: RIHousing – Grant 31, RIHousing – Grant 26

Intake		
1. The program actively participates in the CoC-designated Coordinated Entry (CE) processes. Project has a process to request referrals and link participants to CE as needed.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> Review policy and procedure
2. All project openings are filled with referrals from CE.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> HMIS Report of new entries Specified referral source in client file Record of new program entries if not in HMIS
3. Referrals from CE are rarely rejected (i.e., if there is a history of violence, the participant does not want to be in the project, etc.) unless there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> Review referred but denied list Review CoC policy for referral denials
4. Project application requires minimum information for project acceptance. Project level information needed to move forward is captured after approval.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> Review Client Files
5. Admission is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, “housing readiness,” history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> Review referred but denied list and client files <ul style="list-style-type: none"> Intake paperwork Client Admission Interview Questions Program Denial Decision Letters Log of Participant Refusals to enter the program Participant housing or service plan (if applicable) Participant program agreement (if applicable)

Intake		
6. If minimum income requirement is in place, project has petitioned voucher funder for hardship exception or reasonable accommodation as applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<ul style="list-style-type: none"> • Staff interview and possibly project manual • <u>Reviewer Note:</u> No minimum income requirement in place.
7. Initial intake or assessment is focused on identifying participants' strengths, resources, and identifying barriers to housing that can inform the basis of a housing plan.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> • Intake paperwork • Client Admission Interview Questions

Services		
1. Services began at project acceptance based on participant priorities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> • Client files
2. The program's services emphasize engagement and problem solving over therapeutic goals (i.e., services are participant driven vs. prescribed).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> • Participant action/goals plan • Participant program agreement • Participant lease or occupancy agreement • Participant progress notes
3. The program's services emphasize the participants' strengths, support networks, and community resources to help find immediate, safe alternatives to sleeping outside or in shelter, permanent and/or temporary.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> • Intake paperwork • Client admission interview Questions • Referrals to temp housing resources while in housing search • Participant housing or service plan • Participant program agreement • Participant progress notes

Housing		
1. A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. (HUD Tool)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> • Review housing search policy and supports • Participant action/goals plan • Participant program agreement • Participant progress notes
2. Project has landlord engagement process to help secure units and relationships so participants can move quickly into units of their choice.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> • Goal of housed within 4 months of project start date • Review new admissions • APR

3. Project has a written policy for when participants lose their housing that facilitates new housing placements AND/OR continue to receive program services even if they lose housing due to eviction, institutional stays, etc. (HUD Tool and Pathways Housing First Fidelity Scale)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> Review housing policy and service provision model Policies and procedures
4. Services support a participant's ability to obtain and retain housing regardless of changes in behavior.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> Review participation agreement Review reasons in referred but denied list Review terminated files
5. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> Staff interview, training and onboarding and service policy
6. Participation in project is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> Review termination policy Participant program agreement

Termination		
1. For rental assistance or leasing projects, the agency's termination policy indicates that participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> Review policy
2. Program termination is always seen as a last resort; additionally, use of alcohol or drugs is not considered in itself to be a reason for program termination	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> Review policy

Staffing – Training and Support		
1. New staff are oriented to Housing First principles and practices	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<ul style="list-style-type: none"> • Supervisor and/or staff training/orientation manual (if applicable) • Training logs • Supervision Procotols • <u>Reviewer Note:</u> Orientation manual with clear guidelines on housing first principles, and system wide trainings are offered. Hard to tell from this monitoring around supervision protocols, as sub-recipients have not yet been directly monitored.
2. On-going and annual training is in place for staff. Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based, housing problem-solving).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<ul style="list-style-type: none"> • Supervisor and/or staff training/orientation manual (if applicable) • Training logs • <u>Reviewer Note:</u> Orientation manual with clear guidelines on housing first principles, and system wide trainings are offered on non-clinical strategies. Hard to tell from this monitoring on supervision protocols, as sub-recipients have not yet been directly monitored.
3. Supervision is provided to staff to support challenging situations and practice questions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<ul style="list-style-type: none"> • Supervision policy and schedule implemented (could include team meetings that are for case studies) • <u>Reviewer Note:</u> Orientation manual with clear guidelines on housing first principles, and system wide trainings are offered on non-clinical strategies. Hard to tell from this monitoring on supervision protocols, as sub-recipients have not yet been directly monitored.

Staffing – Training and Support		
4. Models of Harm Reduction, Motivational Interviewing and Trauma-Informed Care are fostered.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Discuss <ul style="list-style-type: none"> • Case notes • Supervisor and/or staff training/orientation manual (if applicable) • Client admission interview questions • Participant housing or service plan • <u>Reviewer Note</u>: Hard to tell from this monitoring on supervision protocols, as sub-recipients have not yet been directly monitored.
5. New staff are oriented to the local housing landscape and housing resources.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<ul style="list-style-type: none"> • Supervisor and/or staff training/orientation manual (if applicable) • Client admission interview questions • Participant housing or service plan • <u>Reviewer Note</u>: Orientation manual with clear guidelines on housing first principles, and system wide trainings are offered on non-clinical strategies. Hard to tell from this monitoring on supervision protocols, as sub-recipients have not yet been directly monitored.

Project Feedback		
1. Project has formal opportunities and a process for participants to offer input and feedback.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> • Policies and procedures • Program exit interview questions (if applicable) • <u>Reviewer Note</u>: This is in the recipient’s policies and procedures, but should be improved, and provide a more formal way to regularly receive feedback from participants.
2. Project has opportunities and a process for staff to offer input and feedback	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> • Staff orientation • Team meeting notes • Staff interview

FY2020 Continuum of Care Monitoring Report

**Crossroads: RI0028L1T002013, RI0075L1T002003,
RI0030L1T002013, RI0056L1T002004,
RI0065L1T002007, RI0040L1T002013,
RI0100L1T002001, RI0003L1T002013,
RI0027L1T002013, RI0041L1T002013,
RI0094D1T002002, RI0098D1T002001,**

Technical Assistance Collaborative & Rhode Island Coalition to End Homelessness



Technical Assistance Collaborative
15 Court Square, 11th Floor
Boston, MA 02108

July 31, 2023

Introduction

Crossroads is one of Rhode Island's largest social service and housing organizations and has been in existence for over 125 years. Its mission is to provide stable housing and services to people experiencing homelessness and those at risk of homelessness. Crossroads provides the following services:

- Housing
- Basic needs
- Emergency shelter
- Case management
- Referrals
- Education & employment services

Crossroads provides a range of specialized services including:

- Housing in more than 370 residences statewide
- 24-hour/7-day-a-week emergency services
- Education and employment services
- Comprehensive case management

Through the RI Continuum of Care (CoC) Risk Assessment, there were three CoC grants selected for intensive monitoring and one grant selected for desk monitoring. The Technical Assistance Collaborative (TAC) monitored the recipient's compliance with the [CoC Program interim rule](#) and Rhode Island Coalition to End Homelessness (RICEH) monitored HMIS compliance as RI CoC's HMIS Lead Agency. The results of this audit are described in this report.

Summary of Grants Monitored

DV RRH Individuals - RI0098D1T002001

This project provides rapid re-housing rental assistance and case management to at least 18 individuals with a history of domestic violence.

PH Beach Ave Apartments - RI0030L1T002013

This project provides 11 permanent supportive housing apartments consisting of 1, 2, and 3-bedroom residences for both individuals and families through operating and supportive services funding.

PH Harold Lewis House - RI0028L1T002013

This project provides permanent supportive SRO housing for men and women ages 50 and older through operating and supportive services funding.

PH Mike Terry - RI0075L1T002003

This project provides 11 fully-furnished, efficiency apartments for formerly-chronically homeless individuals with rental assistance and supportive service funding.

PH Tremont - RI0056L1T002004

This project provides permanent supportive housing for 7 households within 5 units through operating and supportive services funding.

RRH Families - RI0065L1T002007

This project provides rapid re-housing for at least 20 families through CoC Program and local RRH funding through rental assistance and supportive services funding.

Coordinated Entry - RI0100L1T002001

This project aims to support the CoC's Coordinated Entry System by providing specialized services for as an access point. This SSO project funds staff dedicated to diverting and assessing the subpopulation.

Family Housing - RI0003L1T002013

This project provides permanent supportive housing to 36 households through rental assistance, supportive services and operating. This grant is a consolidation of two former projects which that exist in separate buildings which is why there is rental assistance and operating in the same project.

PH 16 Units - RI0027L1T002013

This project provides permanent supportive housing to 16 households through operating and supportive services.

PH 754 Broad - RI0041L1T002013

This project provides permanent supportive housing to 5 households with children through operating and supportive services.

PH Tower - RI0040L1T002013

This project provides permanent supportive housing to 25 households through supportive services paired with non-CoC Program rental assistance.

DV Coordinated Entry Grant

This project aims to support the CoC's Coordinated Entry System by providing specialized services for survivors of domestic violence. This SSO project funds staff dedicated to diverting and assessing the subpopulation.

Description of project (i.e. RRH vs. PSH, scattered-site, population served, new or renewal).

Documents Reviewed

Below is a list of the documents requested for monitoring:

- Financial Statements
- Grant end summary of invoice to HUD
- Grant end general ledger
- Match documentation

Relevant Policies and Procedures
Housing Quality Standards Inspections
Rent Reasonableness/FMR certification
Lease or occupancy agreements
Eligibility documentation
Income verification
Rent Calculation
Case notes, service plans, and/or housing plans
Annual assessment of need
HMIS Documentation including:

- Staff List, Title and physical work address of HMIS workstation (if remote, indicate “remote”)
- Fully Executed HMIS Partnership Agreement
- Data Collection Privacy Notice (in both English and Spanish)
- Written Privacy Policy
- Client Release of Information (in both English and Spanish)
- Client Compliant and Grievance Procedure
- Client Release of Information Refusal Policy and Procedure

Monitoring Report

Overall Observations

TAC and RICEH conducted monitoring in-person on April 24 and 25th and virtually for the Crossroads projects.

In preparation for the monitoring, Crossroads was able to send the requested documentation on the monitoring day and attentive on their scheduled day to follow-up questions and staff interviews.

It was evident that Crossroads staff understand the regulations governing the CoC Program and effectively serve people experiencing homelessness through their various programs.

General Program Requirements

Crossroads has a strength in having many CoC Program projects funded by multiple state or federal sources. One resource in some projects with braided funds are project-based vouchers, some of which require a minimum rent. Crossroads received AAQ guidance in 2016 stating PHA authority over rent calculations and requirements are appropriate when the CoC Program is not supporting housing costs. Tenants are negatively impacted by this requirement when they do not have funds to meet minimum rent payments. Crossroads stated during conversation that they have put in place an internal triage process, where possible, to identify units with minimum rent and not match them with zero income households. Coordinated Entry and other admission referral requirements makes this sometimes challenging to navigate.

Recommendations

Minimum Rents

TAC recommends staff in projects with braided funding that includes Housing Choice Vouchers review applicable PHA administrative plan as part of grant operations. This will allow supportive service staff to understand and assist households with no income to request remedies available to them under PHA operation, such as hardship exemption and/or reasonable accommodation request as applicable when housing units become available.

Financial Management

TAC reviewed the financial statements, grant end summary of invoice to HUD and match, two monthly invoices with back-up documentation, and interviewed staff on financial procedures. The projects' match is sourced through a variety of resources including but not limited to program income from tenant rents, staff time, and other subsidies.

Crossroads provided all back-up documentation for the monthly invoices and all expenditures were for eligible costs. Their time and activity reporting includes tracking time spent on the grant and the activities on which the time was spent. Crossroads demonstrated excellent fiscal procedures.

The Program Income Report within invoice packet provides detailed information on the receipt of monthly tenant rent portions. In some sample invoice packets this information reflects current and past tenants.

Recommendations

TAC recommends to continue the work already started in April 2023 to review and revise tenant names and addresses for all Program Income Reports to reflect current tenant.

Participant Files

TAC randomly selected the following files from each grant for monitoring.

- RI0098D1T002001 (DV RRH): 219 and 172
- RI0094D1T002002 (DV CES): 230 and 652
- RI0030L1T002013 (Beach): 60146F765 and D4D4C9634
- RI0028L1T002013 (Harold Lewis): E4EB4A197 and AA77B2A16
- RI0075L1T002003 (Mike Terry): 424F3982B and A26075FEE
- RI0056L1T002004 (Tremont): SF466300E and CC584E287
- RI0065L1T002007 (RRH Family): 6373F401 and AAEE61CC9
- RI0100L1T002001 (CES): 0A49BA348, 344354864, 52B8DDB06, 44B326965, 9B579F304, 2EB927D86
- RI0003L1T002013 (Family Housing): 4EED7F468, EC1344171, 189BE6A48, 706E7B7C5
- RI0027L1T002013 (PH 16 Units): ODDFCD51D and 37066B500
- RI0041L1T002013 (PH 754 Broad): 4EED7F468 and 6A789F21A
- RI0040L1T002013 (PH Tower): 9494E3F45, 5C71B160B, 330BCC7C4

Staff were attentive and responsive to all requests leading up to and throughout the monitoring days.

All files contained documentation of homelessness and disability status, where appropriate. Projects where clients transferred from PSH to PSH were harder to follow but documentation was present.

Leases were present in all files. Leases for RRH projects did not have VAWA addendum. RRH staff expressed concerns about if including addendum would identify participant as a survivor. TAC and Crossroads reviewed the requirement is for all people not just survivors so tenants know their protections if they are a victim of domestic violence, dating violence, sexual assault, or stalking.

Crossroads used a COVID-19 waiver to cover HQS/habitability inspections in 2022.

Appropriate documentation of income and rent calculations were present in all files.

Recommendations

TAC recommends that Crossroads insert a letter or statement into the file documenting when a COVID-19 waiver was used. This will ensure anyone reviewing the file will be aware the omitted documents do not indicate noncompliance.

VAWA

TAC recommends that Crossroads include VAWA addendum for all leases for CoC Program participants. Sample forms can be obtained from internal property management department team who includes these for projects with operations funding or sample is available on RI Housing website.

Review HUD Notice CPD-17-11 about utility allowances and reimbursements to determine mechanism to support RRH zero income households in attaining units without utilities includes if that is the participants choice.

HMIS

Operations: Policies and Procedures

Discussion

Agency had the Partnership Agreement on file/available. Agency identified both the HMIS Agency Manager and Security Officer. The HMIS end-user training requirement was met for all active users. The privacy & security training requirement was met for the Security Officer during the last HMIS license year.

Concerns

Agency currently has an outstanding invoice for HMIS licenses due to being on a payment plan.

Recommendations

The RI HMIS team also recommends that the Agency pays any outstanding invoices before the end of the current license year (June 30, 2023). Agency was in compliance with all other policies and procedures for this section of the audit.

Privacy

Discussion

Agency confirmed that they have the Data Collection Privacy Notice posted in English and Spanish at each workstation and in the conference room. Agency had the Data Privacy Notice and the most recent Release of Information (ROI) in English and Spanish printed and available for all clients and the documents are part of the intake packet. Agency has the Data Privacy Notice posted on their website. Agency confirmed that they store all physical client data in a locked office. Agency confirmed they had the following policies: Paper Record Storage Policy, Data Disposal Policy, and Written Client Complaint Grievance Procedure.

Recommendations

Agency was in compliance with all policies and procedures for this section of the audit.

Security

Discussion

Agency confirmed that the current list of users accurately reflects users that are still active in HMIS. We deactivated one user that is currently on leave. One user's account was locked and we resolved that issue during the monitoring. Agency had one new user go live who has not signed into HMIS yet. Agency confirmed to contact the HMIS team to deactivate users within 24 hours of termination. All staff with HMIS access have logged in and used HMIS within the last 60 days. All active users completed the Annual Security Compliance Checklist with no findings. Agency has a procedure for refusal to sign ROI. Agency has an encryption service for their email. Agency is required to change workstation passwords every 90 days. Agency does not have access to install unauthorized software onto their workstations.

Recommendations

The RI HMIS team recommends that the new user signs into HMIS. Agency was in compliance with all policies and procedures for this section of the audit.

Data Quality

Discussion

RI0028L1T002013:

- For the grant period 11/1/21-10/31/22, the project's utilization was at 96.90%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs during the grant period. 1 client exited the project and they exited to a positive housing destination.

RI0075L1T002003:

- For the grant period 1/1/22-12/31/22, the project's utilization was at 102%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs during the grant period. No clients were exited from the program during this grant period.

RI0030L1T002013:

- For the grant period 4/1/21-12/31/22, the project's utilization was at 82.70%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs

during the grant period. 2 clients exited the project and both clients exited to positive housing destinations.

RI0056L1T002004:

- For the grant period 1/1/22-12/31/22, the project's utilization was at 88.30%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs during the grant period. 4 clients exited the project and 3 clients exited to positive housing destinations.

RI0065L1T002007:

- For the grant period 8/1/21-11/30/22, the project's utilization was at 15.1%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs during the grant period. 42 clients exited the project and 16 clients exited to positive housing destinations.

RI0040L1T002013:

- For the grant period 10/1/21-9/30/22, the project's utilization was at 93.60%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs during the grant period. 3 clients exited the project and 1 client exited to a positive housing destination.

RI0003L1T002013:

- For the grant period 11/1/21-11/30/22, the project's utilization was at 105.90%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs during the grant period. 10 clients exited the project and 9 clients exited to positive housing destinations.

RI0027L1T002013:

- For the grant period 3/1/21-2/28/22, the project's utilization was at 104.40%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs during the grant period. 3 clients exited the project and 1 client exited to a positive housing destination. 2 clients were excluded from the calculation.

RI0041L1T002013:

- For the grant period 1/1/22-12/31/22, the project's utilization was at 80.40%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs during the grant period. 2 clients exited the project and 1 client exited to a positive housing destination. 1 client was excluded from the calculation.

RI0026L1T002013:

- For the grant period 12/1/21-12/31/22, the project's utilization was at 92.60%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs during the grant period. 3 clients exited the project and 2 clients exited to positive housing destinations. 1 client was excluded from the calculation.

RI0031L1T002013:

- For the grant period 12/1/21-12/31/22, the project's utilization was at 93%. The project has a 0% error rate for Universal Data Elements (UDEs) and 0% error rate for Chronic Homeless UDEs during the grant period. 7 clients exited the project and 5 clients exited to positive housing destinations. 2 clients were excluded from the calculation destinations.

DV-N/A

- RI0094D1T002002
- RI0098D1T002001

CES-N/A

- RI0100L1T002001

Concerns

RI0028L1T002013:

- 95% of clients did not have at least one service transaction during the 11/1/22-10/31/22 grant period.
- No services recorded during the grant period

RI0075L1T002003:

- 95% of clients did not have at least one service transaction during the 1/1/22-12/31/22 grant period.
- No services recorded during the grant period

RI0030L1T002013:

- 95% of clients did not have at least one service transaction during the 4/1/21-12/31/22 grant period.
- 1 client had services recorded for a total of 17 services during the grant period
- Utilization less than 89% for the project

RI0056L1T002004:

- 95% of clients did not have at least one service transaction during the 1/1/22-12/31/22 grant period.
- 2 clients had services recorded for a total of 7 services during the grant period
- Utilization less than 89% for the project

RI0065L1T002007:

- 95% of clients did not have at least one service transaction during the 8/1/21-11/30/22 grant period.
- 10 clients had services recorded for a total of 50 services during the grant period
- Utilization less than 85% for the project
- 42 clients exited the project and only 16 clients exited to positive housing destinations.

RI0040L1T002013:

- 95% of clients did not have at least one service transaction during the 10/1/21-9/30/22 grant period.
- 10 clients had services recorded for a total of 120 services during the grant period
- 3 clients exited the project and only 1 client exited to a positive housing destination.

RI0003L1T002013:

- 95% of clients did not have at least one service transaction during the 10/1/21-9/30/22 grant period.
- 1 client had services recorded for a total of 1 service during the grant period

RI0027L1T002013:

- 95% of clients did not have at least one service transaction during the 3/1/21-2/28/23 grant period.
- 7 clients had services recorded for a total of 268 services during the grant period
- 3 clients exited the project and only 1 client exited to a positive housing destination. 2 clients were not included in the calculation.

RI0041L1T002013:

- 95% of clients did not have at least one service transaction during the 1/1/22-12/31/22 grant period.
- No services recorded during the grant period

- Utilization less than 89% for the project
- 2 clients exited the project and only 1 client exited to a positive housing destination. 1 client was not included in the calculation.

RI0026L1T002013:

- 95% of clients did not have at least one service transaction during the 12/1/21-12/31/22 grant period.
- 11 clients had services recorded for a total of 114 total services during the grant period

RI0031L1T002013:

- 95% of clients did not have at least one service transaction during the 12/1/21-12/31/22 grant period.
- 13 clients had services recorded for a total of 86 total services during the grant period

Recommendations

The RICOC Policies and Procedures require that all persons served have at least one service recorded per grant year. We recommend that you explore revising the data entry workflow so that service transactions are being recorded in HMIS.

RI0003L1T002013

RI0026L1T002013

RI0030L1T002013

RI0027L1T002013

RI0028L1T002013

RI0031L1T002013

RI0040L1T002013

RI0041L1T002013

RI0056L1T002004

RI0065L1T002007

RI0075L1T002003

The RI COC Standard for Project Utilization for this project year was 90%. In the coming year, the standard is increasing to 95%. Occupancy should be close to full capacity. Please explore causes for lowered utilization and work to improve utilization; communicate any bed and unit inventory updates to the HMIS team.

RI0030L1T002013

RI0041L1T002013

RI0056L1T002004

RI0065L1T002007

The RI COC Standard for Exits to non-positive destinations is less than 5%. We believe that exploring changes to the current data collection workflow will result in improvements to Exits to positive destinations. Please reach out to the HMIS System Administrator to discuss updating data collection relative to project 65.

RI0065L1T002007

The RI COC Standard for Exits to non-positive destinations is less than 5%. Please explore causes for increased exits to non-positive destinations and consider implementing changes to the program to improve retention and or transfers using the Housing First approach.

RI0040L1T002013

Client Chart Review

Discussion

RI0028L1T002013:

- **Client #1:** Entered the project on 3/2/11 and exited from the project on 12/1/22. The client had a signed ROI in the physical chart. The ROI was signed on 2/1/22. The client did not have an ROI reflected in HMIS during the grant period.
- **Client #2:** Entered the project on 1/22/21 and is currently still active in the project. The client had a signed ROI in the physical chart. The ROI was signed on 2/1/22. The client also had an electronic signature uploaded to HMIS from 2/1/22-2/1/23. The client currently does not have an active ROI in HMIS.

RI0075L1T002003:

- **Client #1:** Entered the project on 8/24/20 and exited from the project on 1/17/23. The client had a signed ROI in the physical chart. The ROI was signed on 9/23/21. The client also has a signed and uploaded ROI in HMIS from 12/1/22-11/30/23.
- **Client #2:** Entered the project on 10/1/22 and is currently still active in the project. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 12/1/22.

RI0030L1T002013:

- **Client #1:** Entered the project on 1/13/2013 and is currently still active in the project. The client had a signed paper document ROI (not uploaded) recorded from 1/13/17-1/31/22. The client had a signed ROI in the physical chart. The ROI was signed on 3/1/22. The client currently has a verbal consent ROI entered by Crossroads from 1/4/23-1/4/24.
- **Client #2:** Entered the project on 12/1/21 and is currently still active in the project. The client had a signed ROI in the physical chart. The ROI was signed on 11/22/21. The client had a verbal consent ROI entered by Crossroads from 12/1/21-12/1/22. The client currently does not have an active ROI in HMIS.

RI0056L1T002004:

- **Client #1:** Entered the project on 5/19/22 and is currently still active in the project. The client had a signed ROI in the physical chart. The ROI was signed on 5/19/22. The client had a signed and uploaded ROI in HMIS from 6/17/21-6/17/22. The client currently does not have an active ROI.
- **Client #2:** Entered the project on 12/11/18 and exited the project on 2/1/22. The client had a signed ROI in the physical chart. The ROI was signed on 10/31/18. The client does not have an ROI reflected in HMIS during the grant period being monitored.

RI0065L1T002007:

- **Client #1:** Entered the project on 11/4/21 and is currently still active in the project. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 9/14/21.
- **Client #2:** Entered the project on 7/28/22 and exited the project on 1/10/23. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 7/28/22.

RI0040L1T002013:

- **Client #1:** Entered the project on 4/8/22 and is currently still active in the project. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 7/1/22.
- **Client #2:** Entered the project on 7/30/21 and exited the project on 1/26/23. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 7/1/22.
- **Client #3:** Entered the project on 4/1/19 and is currently still active in the project. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 7/1/22.
- **Client #4:** Entered the project on 2/1/17 and exited the project on 12/31/21. The client did not have an ROI entered into HMIS for the grant period being monitored.

RI0003L1T002013:

- **Client #1:** Entered the project on 5/1/22 and is currently still active in the project. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 4/1/22.
- **Client #2:** Entered the project on 1/27/21 and exited the project on 7/13/22. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 6/23/21.
- **Client #3:** Entered the project on 3/17/16 and is currently still active in the project. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 1/1/22.
- **Client #4:** Entered the project on 6/1/11 and exited the project on 12/1/21. The client had a Household ROI entered by Crossroads from 6/1/21-5/31/22.

RI0027L1T002013:

- **Client #1:** Entered the project on 2/23/22 and is currently still active in the project. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 3/12/21 and 10/1/22.
- **Client #2:** Entered the project on 3/2/12 and exited the project on 5/15/22. The client had a signed paper document (no upload) ROI from 8/20/15-8/20/25. There are no other ROIs entered during the grant period.
- **Client #3:** Entered the project on 8/1/14 and exited the project on 3/18/23. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 10/1/22. The client also had verbal consent entered by Crossroads from 2/11/21-2/11/22.
- **Client #4:** Entered the project on 3/1/14 and exited the project on 1/1/23. The ROI was signed on 7/1/22. The client also had verbal consent entered by Crossroads from 1/3/20-6/30/22.

RI0041L1T002013:

- **Client #1:** Entered the project on 3/2/20 and is currently still active in the project. The client had a verbal consent ROI entered by Crossroads from 3/6/21-3/5/22.
- **Client #2:** Entered the project on 3/2/20 and exited the project on 8/26/22. The client had a verbal consent ROI entered by Crossroads from 3/6/21-3/6/22 and currently has a verbal consent entered by Crossroads from 8/17/22-8/17/23.
- **Client #3:** Entered the project on 11/8/16 and is currently still active in the project. The client did not have an ROI entered into HMIS for the grant period being monitored.
- **Client #4:** Entered the project on 1/17/2007 and exited the project on 4/30/22. The client had a verbal consent ROI entered by Crossroads from 1/17/21-1/16/22

RI0026L1T002013:

- **Client #1:** Entered the project on 2/20/20 and is currently still active in the project. The client does not have a signed ROI uploaded to HMIS. The client had a verbal consent ROI entered by Crossroads from 8/17/20-8/17/21.

- **Client #2:** Entered the project on 7/1/19 and exited the project on 2/15/23. The client had a signed paper document (no upload) from 7/17/19-7/17/24. There is no other ROI recorded during this grant period.

RI0031L1T002013:

- **Client #1:** Entered the project on 7/1/21 and is currently still active in the project. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 3/22/21.
- **Client #2:** Entered the project on 1/1/22 and is currently still active in the project. The client had a signed ROI in the physical chart and uploaded to HMIS. The ROI was signed on 12/17/21.

DV-N/A

- RI0094D1T002002
- RI0098D1T002001

CES-N/A

- RI0100L1T002001

Concerns

RI0028L1T002013:

- **Client #1:** The client did not have an ROI reflected in HMIS during the grant period.
- **Client #2:** The client also had an electronic signature uploaded to HMIS from 2/1/22-2/1/23. However, the client currently does not have an active ROI in HMIS.

RI0030L1T002013:

- **Client #1:** The client had a verbal consent ROI entered by Crossroads from 12/1/21-12/1/22. However, the client currently does not have an active ROI in HMIS.

RI0056L1T002004:

- **Client #1:** The client had a signed and uploaded ROI in HMIS from 6/17/21-6/17/22. However, the client currently does not have an active ROI.
- **Client #2:** The client does not have an ROI reflected in HMIS during the grant period being monitored.

RI0040L1T002013:

- **Client #1:** The client did not have an ROI entered into HMIS for the grant period being monitored.

RI0027L1T002013:

- **Client #1:** The client had a signed paper document (no upload) ROI from 8/20/15-8/20/25. There are no other ROIs entered during the grant period.

RI0041L1T002013:

- **Client #1:** The client did not have an ROI entered into HMIS for the grant period being monitored.

RI0026L1T002013:

- **Client #1:** The client had a signed paper document (no upload) from 7/17/19-7/17/24. There is no other ROI recorded during this grant period.

Recommendations

In discussion with program staff about the workflow related to ROI's, we recommend that you get the staff members who conduct Initial Certifications and Recertifications HMIS's licenses and signature pads so that they can collect the ROI's directly into HMIS. The RI HMIS team also recommends that all physical ROIs should be scanned and uploaded into HMIS.

Workstation Audit

Discussion

RI0028L1T002013:

- Tristal Velez
- Workstation is kept in secure locations where only authorized staff have access. If the workstation is not in use, the workstation is stored in a locked location. The device is plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The device had an updated operating system. Workstation used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on the workstation is set up to delete after closing. Agency had a secure ethernet connection. Workstation had an up-to-date antivirus that was set up to have regular virus scans. Workstation did not have any current threats. Workstations had the consumer notice posted in English and Spanish. Workstations are in compliance with lock screen and password policies. The workstation screen lockout time is set to 10 minutes. Passwords are required to change every 90 days.

RI0075L1T002003:

- Thomas Foster
- Workstation is kept in secure locations where only authorized staff have access. If the workstation is not in use, the workstation is stored in a locked location. The device is plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The device had an updated operating system. Workstation used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on the workstation is set up to delete after closing. Agency had secure wireless network access with an ethernet connection. Workstation had an up-to-date antivirus that was set up to have regular virus scans. Workstation did not have any current threats. Workstations had the consumer notice posted in English and Spanish. Workstations are in compliance with lock screen and password policies. The workstation screen lockout time is set to 10 minutes. Passwords are required to change every 90 days.

RI0030L1T002013:

- Griffin Fraser
- Workstation is kept in secure locations where only authorized staff have access. If the workstation is not in use, the workstation is stored in a locked location. The device is plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The device had an updated operating system. Workstation used for HMIS had an updated browser version with 128 cipher/encryption strength. Agency had secure wireless network access with an ethernet connection. Workstation had an up-to-date antivirus that was set up to have regular virus scans. Workstation did not have any current threats. Workstations had the consumer notice posted in English and Spanish. Workstations are in compliance with lock screen and password policies. The workstation screen lockout time is set to 10 minutes. Passwords are required to change every 90 days.

RI0056L1T002004:

- Lynne Porreca
- Workstation is kept in secure locations where only authorized staff have access. If the workstation is not in use, the workstation is stored in a locked location. The device is plugged

into a surge protector. The printer is also in a secure location that only authorized staff can access. The device had an updated operating system. Workstation used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on the workstation is set up to delete after closing. Agency had secure wireless network access with an ethernet connection. Workstation had an up-to-date antivirus that was set up to have regular virus scans. Workstation did not have any current threats. Workstations had the consumer notice posted in English and Spanish. Workstations are in compliance with lock screen and password policies. The workstation screen lockout time is set to 10 minutes. Passwords are required to change every 90 days.

RI0065L1T002007:

- Jenna Nutting and Melissa Jones
- Workstations are kept in secure locations where only authorized staff have access. If the workstations are not in use, the workstations are stored in a locked location. The devices are plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The devices had an updated operating system. Workstations used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on both workstations is set up to delete after closing. Agency had secure wireless network access with an ethernet connection. Workstations had an up-to-date antivirus that was set up to have regular virus scans. Workstations did not have any current threats. Workstations had the consumer notice posted in English and Spanish. Workstations are in compliance with lock screen and password policies. Both workstations screen lockout time is set to 10 minutes. Passwords are required to change every 90 days. Workstations did not have any unencrypted client information stored.

RI0040L1T002013:

- Monica Spicer
- Workstation is kept in secure locations where only authorized staff have access. If the workstation is not in use, the workstation is stored in a locked location. The device is plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The device had an updated operating system. Workstation used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on the workstation is set up to delete after closing. Agency had secure wireless network access with an ethernet connection. Workstation had an up-to-date antivirus that was set up to have regular virus scans. Workstation did not have any current threats. User does not work with clients in the office. Workstations are in compliance with lock screen and password policies. The workstation screen lockout time is set to 10 minutes. Passwords are required to change every 90 days. Workstations did not have any unencrypted client information stored.

RI0003L1T002013:

- Ben Feinberg
- Workstation is kept in secure locations where only authorized staff have access. If the workstation is not in use, the workstation is stored in a locked location. The device is plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The device had an updated operating system. Workstation used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on the workstation is set up to delete after closing. Agency had secure wireless network access with an ethernet connection. Workstation had an up-to-date antivirus. Workstation did not have any current threats. Workstations had the consumer notice posted in English and Spanish.

Workstations are in compliance with lock screen and password policies. The workstation screen lockout time is set to 10 minutes. Passwords are required to change every 90 days. Workstations did not have any unencrypted client information stored.

RI0027L1T002013:

- Monica Spicer
- Workstation is kept in secure locations where only authorized staff have access. If the workstation is not in use, the workstation is stored in a locked location. The device is plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The device had an updated operating system. Workstation used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on the workstation is set up to delete after closing. Agency had secure wireless network access with an ethernet connection. Workstation had an up-to-date antivirus that was set up to have regular virus scans. Workstation did not have any current threats. User does not work with clients in the office. Workstations are in compliance with lock screen and password policies. The workstation screen lockout time is set to 10 minutes. Passwords are required to change every 90 days. Workstations did not have any unencrypted client information stored.

RI0041L1T002013:

- Connie Nance
- Workstations are kept in secure locations where only authorized staff have access. If the workstations are not in use, the workstations are stored in a locked location. The devices are plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The devices had an updated operating system. Workstations used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on both workstations is set up to delete after closing. Agency had secure wireless network access with an ethernet connection. Workstations had an up-to-date antivirus that was set up to have regular virus scans. Workstations did not have any current threats. Workstations had the consumer notice posted in English and Spanish. Workstations are in compliance with lock screen and password policies. Both workstations screen lockout time is set to 10 minutes. Passwords are required to change every 90 days. Workstations did not have any unencrypted client information stored.

RI0094D1T002002:

- Amy Tomasi
- Workstations are kept in secure locations where only authorized staff have access. If the workstations are not in use, the workstations are stored in a locked location. The devices are plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The devices had an updated operating system. Workstations used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on both workstations is set up to delete after closing. Agency had secure wireless network access with an ethernet connection. Workstations had an up-to-date antivirus that was set up to have regular virus scans. Workstations did not have any current threats. Workstations are in compliance with lock screen and password policies. Both workstations screen lockout time is set to 10 minutes. Passwords are required to change every 90 days. Workstations did not have any unencrypted client information stored.

RI0098D1T002001:

- Chary Goris

- Workstations are kept in secure locations where only authorized staff have access. If the workstations are not in use, the workstations are stored in a locked location. The devices are plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The devices had an updated operating system. Workstations used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on both workstations is set up to delete after closing. Agency had secure wireless network access with an ethernet connection. Workstations had an up-to-date antivirus that was set up to have regular virus scans. Workstations did not have any current threats. Workstations had the consumer notice posted in English and Spanish. Workstations are in compliance with lock screen and password policies. Both workstations screen lockout time is set to 10 minutes. Passwords are required to change every 90 days. Workstations did not have any unencrypted client information stored.

RI0100L1T002001:

- Ben Haynie
- Workstation is kept in secure locations where only authorized staff have access. If the workstation is not in use, the workstation is stored in a locked location. The device is plugged into a surge protector. The printer is also in a secure location that only authorized staff can access. The device had an updated operating system. Workstation used for HMIS had an updated browser version with 128 cipher/encryption strength. The browser cache setting on the workstation is set up to delete after closing. Agency had secure wireless network access with an ethernet connection. Workstation had an up-to-date antivirus that was set up to have regular virus scans. Workstation did not have any current threats. User does not work with clients in the office. Workstations are in compliance with lock screen and password policies. The workstation screen lockout time is set to 10 minutes. Passwords are required to change every 90 days. Workstations did not have any unencrypted client information stored.

Concerns

RI0028L1T002013:

- Tristal Velez
- Unencrypted client information stored on the workstation.

RI0075L1T002003:

- Thomas Foster
- Unencrypted client information stored on the workstation.

RI0030L1T002013:

- Griffin Fraser
- Unencrypted client information stored on the workstation.

RI0056L1T002004:

- Lynne Porreca
- Unencrypted client information stored on the workstation.

RI0003L1T002013:

- Ben Feinberg
- Workstation not set up to have periodic virus scans.

Recommendations

RI0028L1T002013:

- Tristal Velez

- The RI HMIS team recommends that all unencrypted PII gets removed from the Trisal Velez's workstation (downloads, desktop, documents) and removed from the recycling bin. Provide training to ensure that PII is always transmitted and stored securely.

RI0075L1T002003:

- Thomas Foster
- The RI HMIS team recommends that all unencrypted PII gets removed from the Thomas Foster's workstation (downloads, desktop, documents) and removed from the recycling bin. Provide training to ensure that PII is always transmitted and stored securely.

RI0030L1T002013:

- Griffin Fraser
- The RI HMIS team recommends that all unencrypted PII gets removed from the Griffin Fraser's workstation (downloads, desktop, documents) and removed from the recycling bin. Provide training to ensure that PII is always transmitted and stored securely.
- We also recommend that Griffin Fraser's browser cache setting on the workstation is set up to delete after closing.

RI0056L1T002004:

- Lynne Porreca
- The RI HMIS team recommends that all unencrypted PII gets removed from the Lynne Porreca's workstation (downloads, desktop, documents) and removed from the recycling bin. Provide training to ensure that PII is always transmitted and stored securely.

RI0003L1T002013:

- Ben Feinberg

The RI HMIS team recommends that the workstation turns on regular virus scans.

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 1E-2
Local Competition Scoring Tool**

Performance Evaluation Standards & Scoring Criteria for CoC Renewal Projects FY2024						
Renewal Performance Evaluation Criteria FY2024 COC Competition	Universe	Source	Proposed Benchmark/ Standard		2024 Max Points	
PERFORMANCE			PSH	RRH	65	
1. Occupancy/Utilization	Average annual utilization rate (based on bed utilization)	HMIS Report	90% or higher* = 10		10	Objective
2. 100% of admissions in program year were referred from Coordinated Entry	New entries during last program year	HMIS Report	100% = 5		5	Address specific severe barriers
3. Percentage of new admissions during last program year who have multiple disabling conditions: Physical, Developmental, Chronic Health, HIV/AIDS, Mental Health, Substance Use, Survivor of Domestic Violence	New entries during last program year	CES Report	Greater than or equal to 50% = 5	N/A	5	Address specific severe barriers
4. Percentage of new admissions during last program year who have one disabling condition: Physical, Developmental, Chronic Health, HIV/AIDS, Mental Health, Substance Use, Survivor of Domestic Violence	New entries during last program year	CES Report	N/A	Greater than or equal to 50% = 5	5	Address specific severe barriers
5. Percentage of all participant leavers who exited to shelter, streets or unknown (including don't know/refused/no exit interview) during last program year	Participants - Leavers	CoC APR Q23b and Q23a	Less than or equal to 5%** = 5		10	System performance
6. Percentage of all participants who remain in PH and/or exited to PH destination	All Participants	APR 5a.8 and 23a	95% or above** = 10	90% or above** = 10	10	System Performance
7. Percentage of participants with earned income	All Participants	APR	5% or more*** = 5	20% or more*** = 5	5	System Performance
8. Increased non-employment cash income of at least 10% between program entry to reassessment/exit	All Participants	APR	10% or more*** = 5	20% or more*** = 5	5	System Performance
9. Length of time from CE referral to program enrollment in PSH; length of time from CE referral to move-in date for RRH	New entries during last program year	CES Report	Scattered Site: 60 days or less = max points; 61 - 90 days = half points. Project-Based: 15 days or less = max points; 30 days or less = half points		10	System Performance
10. Returns to Homelessness after PH Placement - 12 months	Participants - Leavers	SPM Report	Below 5% = 5**		5	System Performance
HMIS					20	
11. HMIS Data Quality	All Participants	CoC APR 6b	Data quality score of at least 95%		5	System Performance
12. HMIS Data Quality - Chronic Homelessness Questions	All participants	CoC APR 6d	Data quality score of at least 95%		5	System Performance
13. Attendance at Agency Manager Meetings	Agency HMIS Managers	Training Attendance Log (HMIS Lead)	Participation in 80%+ of meetings held since 7/1/2023 - present = 5		5	Objective
14. Security Compliance Checklist (All Users)	HMIS Participating Agencies	HMIS Lead Report	Security Checklist submitted to HMIS on or before March 12, 2024 deadline		5	Objective
Cost Effectiveness					10	
15. 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	\$10,000 or less = 10	10	Objective
Enhancing Equity					11	
16. Agency's lowest paid employee providing direct service in agency's CoC program	CoC Agency's Staff	CoC Agency Contact	\$19 an hour = 5 \$20 an hour = 6 \$21 an hour = 7 \$22 an hour = 8 \$23 an hour = 9 \$24 an hour = 10		10	Objective
17. Demographics of agency's Board, Leadership Team, Program Directors, and Case Management staff and how this relates to the population living in poverty in the community the agency serves	CoC Agency's Staff	CoC Agency Contact	Functionally not scored in the first year, agencies will receive 1 point for completion.		1	Objective
Extending Resources					10	

18. Agency (or a partner the agency has an MOU with), has been reimbursed by Medicaid for the provision of Home Stabilization and/or Peer Recovery Services. Partial points (5) may be awarded if the agency is certified to bill, has not yet been reimbursed, and submits a plan to the CoC Planner outlining a plan to begin billing by the end of the current grant term.	Medicaid eligible program participants	EOHHS Report	Yes = 10 Certified and Submits Plan = 5 Hasn't reimbursed, not certified, no plan = 0	10	Objective
Grand Total				116	
*If the program does not meet the threshold for this measure due to the outcome of a single client, it may submit an appeal describing the challenges the program faced meeting the occupancy/utilization threshold for consideration of partial or full points.					
**If the program does not meet the threshold for this measure due to the outcome of a single client, it may submit an appeal describing the reasons for this client's outcomes and how it tried to address their needs for consideration of partial or full points.					
***If a program serves a sub-population that faces particularly high barriers to obtaining, maintaining, or reporting income, it may submit an appeal for consideration of partial or full points.					

Maximum Points Available Total	116
Max Points for Objective Criteria	51
Max Points for System Performance	55
Max Points for Addressing Sever Barriers	10

Scoring Sheet

Proposals for New/Expanded CoC Projects FY2024

Instructions: Please complete one scoring sheet for each proposal you are reviewing. Please save an electronic version of the scoring sheet for each proposal reviewed, so it can be submitted after the scoring session is complete. Thank you!

Proposal:

Agency:

Project Type (Permanent Supportive Housing or Rapid Rehousing):

Scoring criteria:	Description	Total Points Available:	Score:
(a)	Applicant understands the Housing First Philosophy and its low barrier approach; describes a solid plan to implement this philosophy and approach within the project.	10	
(b)	Experience with proposed project type and homeless population or other relevant/related supportive service expertise, especially with housing insecure or homeless households	10	
(c)	Demonstrate the capacity to appropriately manage state/federal funds and to leverage other funding	5	
(d)	Demonstrate that applicant has the organizational infrastructure and administrative/financial capacity to deliver the project as proposed	5	
(e)	Describe collaboration with other community partners to expand resources available to clients within the program.	10	
(f)	Program design includes provision of appropriate housing, and the type, scale, and location of the housing are adequate to meet the needs of the program participants described to be served. Includes meaningful evaluation, mention of whether or not housing units are already secured, and cultural/linguistic competency. Program design is fully described, accessible, and appropriate to the project proposed and fits the needs of the target population. Core outcomes are discussed (examples: stable housing, education, employment and social-emotional wellbeing/community connections). (10 points + an additional 5 bonus points for Supportive Housing projects if the units are demonstrated within this section to already be secured)	15	
(g)	Describe how the project will incorporate lived experience of homelessness in organizational governance, as well as in program design, implementation (including staffing) and evaluation/improvement. Includes discussion of compensation for expertise if that is applicable within the program.	10	
(h)	There is a reasonable timeframe to plan and implement the project and a quality staffing plan sufficient to implement proposed activities; includes justification of caseload range for each direct services position and description of strategies to ensure staff have lived experience of homelessness and/or reflect the identities of prioritized populations	10	
(i)	Proposed Supportive Services are adequate to support the target population; the strategies to and level of focus on priority subpopulations is described	10	
(j)	Costs are reasonable, competitive and activities listed are eligible. NOTE: the Recipient Approval and Evaluation Committee may tentatively approve a project with suggested budget changes	10	
(k)	Letters of support from at least one collaborating agency is submitted at the time of proposal submission (these letters are excluded from page count requirements and should be attachments separate from the proposal).	10	
(l)	Healthcare/housing leverage bonus points. (a) Housing leverage – the applicant demonstrates that it has leveraged housing assistance from sources other than CoC or ESG to include at least 25% of the units included in the project for PSH or at least 25% of the projected participants for RRH and/or (b) Healthcare Leverage – the applicant is able to demonstrate that it has a commitment from a substance use treatment provider to provide access to care for all program participants who qualify and choose those services or a healthcare organization will commit to funding at least 25% of the funds requested through mainstream healthcare resources. (10 points for housing leverage and 10 points for healthcare leverage).	20	
		TOTAL	125

System Performance

Address specific severe barriers

Objective

Objective

Objective

System Performance

System Performance

Objective

Address specific severe barriers

Objective

System Performance

Objective

Maximum Points Total	125
Max Points for Objective Criteria	60
Max Points for System Performance Criteria	45
Max Points for Addressing Severe Barriers	20

Scoring Sheet

Proposals for New/Expanded CoC Projects FY2024

Instructions: Please complete one scoring sheet for each proposal you are reviewing. Please save an electronic version of the scoring sheet for each proposal reviewed, so it can be submitted after the scoring session is complete. Thank you!

Proposal:

Agency:

Project Type : Supportive Services Only - Coordinated Entry

Scoring criteria:	Description	Total Points Available:	Score:
(a)	Experience and Effectiveness	up to 60	
	i. Experience in operating coordinated entry, ability to promptly make referrals to available housing interventions	20	System Performance
	ii. CE: will the proposed project result in increased efficiency and speed in the CE process	20	System Performance
	iii. CE: does the proposed project increase access to the CE system through the RICOc?	10	Addressing specific severe barriers
	Bonus: CE: does the proposed project align with the priority recommendation in the CE Eval Workgroup Next Steps, or “Thoughtful Regionalization of CES”	10	Addressing specific severe barriers
(b)	Financial	up to 20	
	i. Audit – no issues or findings with most recent audit	5	Objective
	ii. Match – source of match is documented and realistic	5	Objective
	iii. Costs requested are reasonable allocable, and allowable	10	Objective
(c)	Timeliness	up to 10	
	i. Project plan demonstrates that project and/or expansion can be rapidly implemented	10	System Performance
(d)	Meeting Federal Requirements	up to 20	
	i. At least 95% of prior grant funds expended	10	Objective
	ii. No unresolved monitoring findings from HUD or the RICOc	10	Objective
		TOTAL	110

Maximum Points Total	110
Max Points for Objective Criteria	40
Max Points for System Performance Criteria	50
Max Points for Addressing Severe Barriers	20

Scoring Sheet

Proposals for New/Expanded CoC Projects FY2024

Instructions: Please complete one scoring sheet for each proposal you are reviewing. Please save an electronic version of the scoring sheet for each proposal reviewed, so it can be submitted after the scoring session is complete. Thank you!

Proposal:

Agency:

Project Type : HMIS Expansion

Scoring criteria:	Description	Total Points Available:	Score:
(a)	Experience and Effectiveness	up to 60	
	i. Experience in operating HMIS, ability to meet HUD deadlines	20	System Performance
	ii. HMIS Universal Data quality in HMIS (systemwide UDEs null/unknown error rate of less than 10% (systemwide UDEs null/unknown error rate of less than 10% = 10 points; less than 15% = 5 points)	10	System Performance
	iii. Chronic Homelessness data quality in HMIS (systemwide error rate of less than 10% = 10 points; less than 15% = 5 points)	10	System Performance
	iv. HMIS score on HMIS related factors in 2023 CoC Application (85%-100% of possible HMIS points = 10 points, 60-84% = 5 points, less than 60% = 0 points)	10	System Performance
	Bonus: Does the proposed project build HMIS reporting capacity across the system-wide agencies involved in the RICOc, specifically the HMIS Lead, the Department of Housing, and the Collaborative Applicant, in alignment with the CE Eval Workgroup system change recommendations	10	Addressing specific severe barriers
(b)	Financial	up to 20	
	i. Audit – no issues or findings with most recent audit	5	Objective
	ii. Match – source of match is documented and realistic	5	Objective
	iii. Costs requested are reasonable allocable, and allowable	10	Objective
(c)	Timeliness	up to 10	
	i. Project plan demonstrates that project and/or expansion can be rapidly implemented	10	System Performance
(d)	Meeting Federal Requirements	up to 20	
	i. At least 95% of prior grant funds expended	10	Objective
	ii. No unresolved monitoring findings from HUD or the RICOc	10	Objective
		TOTAL	110

Maximum Points Total	110
Max Points for Objective Criteria	40
Max Points for System Performance Criteria	60
Max Points for Addressing Severe Barriers	10

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 1E-2a
Scored Forms for One Project**

Agency Name:	Rhode island Housing				Project 1		
Performance Evaluation Standards & Scoring Criteria for CoC Renewal Projects FY2024						RIHousing - TBRA Consolidation	
						Grant 26	
						Date Range	1/1/2023-12/31/2023
Renewal Performance Evaluation Criteria FY2024 COC Competition	Universe	Source	Proposed Benchmark/ Standard		2024 Max Points	PSH	Rhode Island Housing
			PSH	RRH		Scattered Site	
PERFORMANCE							
1. Occupancy/Utilization	Average annual utilization rate (based on bed utilization)	HMIS Report	90% or higher* = 10		10	99.7%	10
2. 100% of admissions in program year were referred from Coordinated Entry	New entries during last program year	HMIS Report	100% = 5		5	100.0%	5
3. Percentage of new admissions during last program year who have multiple disabling conditions: Physical, Developmental, Chronic Health, HIV/AIDS, Mental Health, Substance Use, Survivor of Domestic Violence	New entries during last program year	CES Report	Greater than or equal to 50% = 5	N/A	5	100.0%	5
4. Percentage of new admissions during last program year who have one disabling condition: Physical, Developmental, Chronic Health, HIV/AIDS, Mental Health, Substance Use, Survivor of Domestic Violence	New entries during last program year	CES Report	N/A	Greater than or equal to 50% = 5	5	N/A	0
5. Percentage of all participant leavers who exited to shelter, streets or unknown (including don't know/refused/no exit interview) during last program year	Participants - Leavers	CoC APR Q23b and Q23a	Less than or equal to 5%** = 5		10	0.0%	10
6. Percentage of all participants who remain in PH and/or exited to PH destination	All Participants	APR 5a.8 and 23a	95% or above** = 10	90% or above** = 10	10	98.0%	10
7. Percentage of participants with earned income	All Participants	APR	5% or more*** = 5	20% or more*** = 5	5	7.0%	5
8. Increased non-employment cash income of at least 10% between program entry to reassessment/exit	All Participants	APR	10% or more*** = 5	20% or more*** = 5	5	41.0%	5
9. Length of time from CE referral to program enrollment in PSH; length of time from CE referral to move-in date for RRH	New entries during last program year	CES Report	Scattered Site: 60 days or less = max points; 61 - 90 days = half points. Project-Based: 15 days or less = max points; 30 days or less = half points		10	0	10
10. Returns to Homelessness after PH Placement - 12 months	Participants - Leavers	SPM Report	Below 5% = 5**		5	36.0%	0
HMIS							
11. HMIS Data Quality	All Participants	CoC APR 6b	Data quality score of at least 95%		5	100.0%	5
12. HMIS Data Quality - Chronic Homelessness Questions	All participants	CoC APR 6d	Data quality score of at least 95%		5	98.9%	5
13. Attendance at Agency Manager Meetings	Agency HMIS Managers	Training Attendance Log (HMIS Lead)	Participation in 80%+ of meetings held since 7/1/2023 - present = 5		5	88.9%	5

Agency Name:	Rhode island Housing				Project 1		
Performance Evaluation Standards & Scoring Criteria for CoC Renewal Projects FY2024					RIHousing - TBRA Consolidation		
					Grant 26		
					Date Range	1/1/2023-12/31/2023	
Renewal Performance Evaluation Criteria FY2024 CoC Competition	Universe	Source	Proposed Benchmark/ Standard		2024 Max Points	PSH	Rhode Island Housing
			PSH	RRH		Scattered Site	
14. Security Compliance Checklist (All Users)	HMIS Participating Agencies	HMIS Lead Report	Security Checklist submitted to HMIS on or before March 12, 2024 deadline		5	YES	5
Cost Effectiveness					10		
15. 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 \$10,000 or less = 10		10	\$11,547.72	10
Enhancing Equity					11		
16. Agency's lowest paid employee providing direct service in agency's CoC program	CoC Agency's Staff	CoC Agency Contact	\$19 an hour = 5 \$20 an hour = 6 \$21 an hour = 7 \$22 an hour = 8 \$23 an hour = 9 \$24 an hour = 10		10	\$24	10
17. Demographics of agency's Board, Leadership Team, Program Directors, and Case Management staff and how this relates to the population living in poverty in the community the agency serves	CoC Agency's Staff	CoC Agency Contact	Functionally not scored in the first year, agencies will receive 1 point for completion.		1	Complete	1
Extending Resources					10		
18. Agency (or a partner the agency has an MOU with), has been reimbursed by Medicaid for the provision of Home Stabilization and/or Peer Recovery Services	Medicaid eligible program participants	EOHHS Report	Yes = 10 or No = 0		10	YES	10
Grand Total					116		111
*If the program does not meet the threshold for this measure due to the outcome of a single client, it may submit an appeal describing the challenges the program faced meeting the occupancy/utilization threshold for consideration of partial or full points.							
**If the program does not meet the threshold for this measure due to the outcome of a single client, it may submit an appeal describing the reasons for this client's outcomes and how it tried to address their needs for consideration of partial or full points.							
***If a program serves a sub-population that faces particularly high barriers to obtaining, maintaining, or reporting income, it may submit an appeal for consideration of partial or full points.							

**Rhode Island Continuum of Care
FY24 Collaborative Application**

Attachment 1E-5

**Notification of Projects Rejected-
Reduced**

From: [Ben Darby](#)
To: [Deborah Perry](#)
Cc: [Rosa Felix-Pichardo](#)
Subject: Voluntary Reallocation Formal Notification
Date: Tuesday, September 17, 2024 11:45:15 AM
Attachments: [image366576.png](#)
[image429596.png](#)
[image859427.png](#)
[Reallocation Notification YWCA 09.17.24.pdf](#)

Hi Deb,

Attached is the letter providing formal notification of your decision to voluntarily reallocate Grant 36. The CoC Board voted at their August 22nd meeting to allow the CoC Planners the authority to move forward with either of the following options:

Option 1: If YWCA decides to move forward with the voluntary reallocation of their grant, their request will be granted. The Planners will keep the ranking spreadsheet unchanged, and the grant will be reallocated.

Option 2: If YWCA decides NOT to move forward with reallocating their grant, the Planners will make the necessary adjustments to the Ranking spreadsheet. The grant will not be reallocated, and YWCA will be ranked by their performance score, in accordance with the RICoC's Ranking and Reallocation Policy.

After our discussion last week, YWCA decided to voluntarily reallocate (**Option 1**) their FY24 CoC Grant, as part of the FY24 CoC Competition.

If you wish to appeal this decision (the decision YWCA made to voluntarily reallocate), please submit that appeal electronically to me, Ben Darby, by 12pm on Friday, September 27th.

Thanks, and let me know if you have any questions.

Ben

Ben Darby | *RI Continuum of Care Coordinator*



Rhode Island Continuum of Care

Pronouns: he/him/his - [What are pronouns?](#)

p: 401-450-1303

bdarby@rihousing.com

RIHousing.com



RHODE ISLAND CONTINUUM OF CARE

September 17, 2024

Dear YWCA,

Please be advised that at their August 22, 2024, RICOc Board of Directors meeting, the board voted to reallocate the following CoC project during the FY24 Continuum of Care Competition.

Recipient	COC PIN #	Amount being Reallocated
YWCA	RI0036L1T002316	-\$67,318

This action is planned as a result of YWCA’s interest in voluntarily reallocating this project, expressed by Executive Director Deborah Perry. The CoC Planner brought this request to the RICOc Board of Directors at their August 22, 2024 meeting.

If the recipient would like to appeal this voluntary reallocation, it may appeal the decision. An appeal must be submitted electronically to bdarby@rihousing.com by 12pm on Friday, September 27, 2024, to be considered.

Sincerely,

Ben Darby
RICOc Planner

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 1E-5a
Notification of Projects Accepted**

From: [Ben Darby](#)
To: [Ben Darby](#)
Cc: [Rosa Felix-Pichardo](#); [Freedman, Emily](#)
Bcc: [blessing@communitycareri.org](#); [rgandhi@communitycareri.org](#); [mtaylor](#); [Arayburn@communitycareri.org](#); [tmartineau@communitycareri.org](#); [Michelle Wilcox](#); [Monica Spicer](#); [jwatkins@crossroadsri.org](#); [jnutting@crossroadsri.org](#); [jmacdonald@crossroadsri.org](#); [mjones@crossroadsri.org](#); [Joyce Honeycutt](#); [jsbolwell@crossroadsri.org](#); [crossleyr@ebcap.org](#); [adowning@ebcap.org](#); [abaltazar@ebcap.org](#); [jdealy@ebcap.org](#); [ksatterley@ebcap.org](#); [rfeysitan@ebcap.org](#); [Jerry Ray](#); [victoria.ferrara](#); [scott.marcil@fosterforward.net](#); [lisa.guillette@fosterforward.net](#); [dan.quinn@fosterforward.net](#); [caitlin.divver@fosterforward.net](#); [Laura@thehouseofhopecdc.org](#); [Bill Stein](#); [Breah Anderson](#); [emilym@thehouseofhopecdc.org](#); [bishophe](#); [johndrowca](#); [dgladstein@newportmh.org](#); [jlehane@newportmh.org](#); [dboscia@newportmh.org](#); [mgunning@newportmh.org](#); [zuniga@onenb.org](#); [pmcfarland@pawthousing.org](#); [kgervais](#); [omcgowan@pawthousing.org](#); [kim@rihomeless.org](#); [jennifer](#); [mvargas](#); [jenna@rihomeless.org](#); [Elizabeth Bioteau](#); [Liz Naser](#); [vvolz@sojournerri.org](#); [khenry@sojournerri.org](#); [aberno@sojournerri.org](#); [tcorreia@sojournerri.org](#); [kdavis](#); [dkubasmeyer@thrivebhri.org](#); [rpartridge@warmshelter.org](#); [croberts@warmshelter.org](#); [jwassmer](#); [ktavares](#); [mbakerhinds@adoptionri.org](#); [aderita](#); [lisa.guillette@fosterforward.net](#); [victoria.ferrara](#); [dyhrbergca](#); [taftre](#); [weinerbe@familyserviceri.org](#); [Gem](#); [julio](#); [andy](#); [rush](#); [Kyle McKendall](#); [Grace Evans](#)
Subject: CoC Project Applications - Accepted and Ranked Notification
Date: Tuesday, October 8, 2024 10:00:57 AM
Attachments: [image476570.png](#)
[image176102.png](#)
[image317299.png](#)
[Local Competition Selection Results.pdf](#)

Hi RICOc Recipient and Subrecipient Agencies,

It is my pleasure to inform you that the attached list of CoC Renewal and New Project applications have been accepted by the RICOc to submit to the US Department of Housing and Urban Development (HUD) within the Rhode Island Statewide Continuum of Care's Collaborative Application for FY24 CoC funding. In accordance with the RICOc's ranking and reallocation policy and HUD's FY24 NOFO for the CoC program, all eligible and accepted projects have been ranked for funding. **The attached document summarizes the ranking of the accepted project applications.** The list of accepted and ranked projects is also available on the [RICOc website](#).

Thank you for your participation in the Rhode Island Local Continuum of Care Competition this year. Please review the attached carefully and contact me directly with any questions.

Congrats!

Ben

Ben Darby | *RI Continuum of Care Coordinator*



Rhode Island Continuum of Care

Pronouns: he/him/his - [What are pronouns?](#)

p: 401-450-1303

bdarby@rihousing.com

RIHousing.com



Rank	Applicant Name	Project Name	Project Component	Renewing Grant	Performance Score	CoC Funding	Tier	Reallocated Funds	Accepted	County
1	Rhode Island Housing	RHousing Rental Assistance Program FY23	PH - PSH	RI003111T002316	106	\$4,520,108.00	Tier 1	\$0.00	Accepted	Statewide
2	Lucy's Hearth	Lucy's Hearth Renewal PSH Program FY2023	PH - PSH	RI009111T002306	92	\$718,096.00	Tier 1	\$0.00	Accepted	Newport
3	Sojourner House	Burnside Avenue Permanent Supportive Housing Renewal FY23	PH - RRRH	RI004911T002309	90	\$120,175.00	Tier 1	\$0.00	Accepted	Providence
4	Westerly Area Rest Meals Inc.	Greater Westerly Supportive Housing Project Renewal FY2023	PH - PSH	RI008811T002306	88	\$73,780.00	Tier 1	\$0.00	Accepted	Washington
5	Crossroads Rhode Island	CRI - PH 16 Units - Renewal FY2023	PH - PSH	RI008711T002316	87	\$1,041,639.00	Tier 1	\$0.00	Accepted	Providence
6	East Bay Community Action Program	East Bay Coalition for the Homeless PH	PH - PSH	RI008611T002306	85	\$40,037.00	Tier 1	\$0.00	Accepted	Bristol/Newport
7	Sojourner House	Sojourner House Rapid Re-Housing Renewal FY23	PH - PSH	RI008111T002307	85	\$1,184,974.00	Tier 1	\$0.00	Accepted	Statewide
8	Foster Forward	RRH for Former Foster Youth Renewal FY2023	PH - RRRH	RI008711T002306	81	\$228,458.00	Tier 1	\$0.00	Accepted	Statewide
9	House of Hope	Warwick PSH - Renewal FY23	PH - PSH	RI001811T002316	81	\$149,792.00	Tier 1	\$0.00	Accepted	Kent
10	House of Hope	Access to Home - Renewal FY23	PH - PSH	RI006411T002310	81	\$393,529.00	Tier 1	\$0.00	Accepted	Providence
11	The Housing Authority of the City of Pawtucket RI	PAW HA RRH Renewal FY2023	PH - RRRH	RI004011T002306	81	\$136,291.00	Tier 1	\$0.00	Accepted	Providence
12	Crossroads Rhode Island	Crossroads - PH Tower - Renewal FY2023	PH - PSH	RI004011T002316	78	\$269,451.00	Tier 1	\$0.00	Accepted	Providence
13	Crossroads Rhode Island	Crossroads - RRH Families - Renewal FY2023	PH - RRRH	RI006511T002310	75.5	\$434,493.00	Tier 1	\$0.00	Accepted	Providence
14	Sojourner House	Constitution Hill Supportive Housing Renewal FY23	PH - RRRH	RI006611T002316	65	\$485,720.00	Tier 1	\$0.00	Accepted	Providence
15	Community Care Alliance	CCA RHH Youth 2023	PH - RRRH	RI008911T002306	61	\$45,397.00	Tier 1	\$0.00	Accepted	Providence
16	Community Care Alliance	CCA RHH Adult 2023	PH - RRRH	RI008911T002306	61	\$45,397.00	Tier 1	\$0.00	Accepted	Providence
17	Westerly Area Rest Meals Inc.	Beckwith Mill - Renewal FY23	PH - PSH	RI007811T002308	46	\$124,850.00	Tier 1	\$0.00	Accepted	Providence
18	House of Hope	Dean Street Studios - Renewal FY23	PH - PSH	RI012111T002302	Not Ranked	\$174,382.00	Tier 1	\$0.00	Accepted	Washington
19	Crossroads Rhode Island	Crossroads - Coronerated Entry - Renewal FY 2023	SSO	RI012111T002304	Not Ranked	\$129,466.00	Tier 1	\$0.00	Accepted	Providence
20	Rhode Island Coalition to End Homelessness	HMIS Renewal FY2023	HMIS	RI010111T002301	Not Ranked	\$129,110.00	Tier 1	\$0.00	Accepted	Statewide
21	Rhode Island Coalition to End Homelessness	Coordinated Entry DV Renewal FY2023	SSO	RI009111T002316	Not Ranked	\$152,064.00	Tier 1	\$0.00	Accepted	Statewide
22	Rhode Island Coalition to End Homelessness	Coordinated Entry DV Renewal FY2023	SSO	RI009111T002305	Not Ranked	\$141,714.00	Tier 1	\$0.00	Accepted	Statewide
23	Sojourner House	Young Adult Domestic Violence Crisis/Rapid Rehousing Renewal FY23	Joint TH & PH-RRH	RI010011T002302	Not Ranked	\$748,482.00	Tier 1	\$0.00	Accepted	Statewide
24	Sojourner House	Sojourner House DCF Rapid Rehousing Renewal FY23	PH - RRRH	RI010011T002302	Not Ranked	\$350,685.00	Tier 1	\$0.00	Accepted	Statewide
25	Sojourner House	Sojourner House DCYF Rapid Rehousing Renewal FY23	PH - RRRH	RI0130011T002301	Not Ranked	\$370,534.00	Tier 1/2	\$0.00	Accepted	Statewide
26	Sojourner House	Sojourner House Bridge Rapid Rehousing Renewal FY23	PH - RRRH	RI0129011T002301	Not Ranked	\$453,992.00	Tier 2	\$0.00	Accepted	Statewide
27	RHousing	RHousing Rental Assistance Program (Grant 33) Expansion	PH-PSH	RI0129011T002301	Not Ranked	\$548,385.00	Tier 2	\$0.00	Accepted	Statewide
28	One Neighborhood Builders	One Neighborhood Builders PSH New Project Application	PH-PSH	New Expansion	104.8	\$1,047,014.00	Tier 2	\$67,318.00	Accepted	Statewide
29	Sojourner House	Sojourner House Rapid Re-Housing (Grant 81) Expansion	PH-RRH	New Project	102.5	\$830,933.00	Tier 2	\$0.00	Accepted	Providence
30	Sojourner House	Sojourner House Rapid Re-Housing (Grant 81) Expansion	PH-RRH	New Project	96	\$453,076.00	Tier 2	\$0.00	Accepted	Statewide
N/A*	Adoption Rhode Island	Adoption Rhode Island YHDP Renewal FY2023	SSO	RI011911T002301	N/A*	\$524,745.00	N/A	\$0.00	Accepted	Statewide
N/A*	Family Service of Rhode Island	FSRI YHDP Basic Center Renewal FY2023	SSO	RI012411T002301	N/A*	\$123,073.00	N/A	\$0.00	Accepted	Statewide
N/A*	Foster Forward	YHDP - YWH Drop-In Center	SSO	RI011311T002301	N/A*	\$111,857.00	N/A	\$0.00	Accepted	Statewide
N/A*	Foster Forward	Foster Forward - YHDP - YWH TH-RRH	SSO	RI011411T002301	N/A*	\$71,733.00	N/A	\$0.00	Accepted	Providence
N/A*	House of Hope	330 Cranston Street, Providence RI - Renewal	Joint TH & PH-RRH	RI012211T002301	N/A*	\$167,603.00	N/A	\$0.00	Accepted	Statewide
N/A*	House of Hope	HYPE Youth Outreach - YHDP Renewal FY23	SSO	RI011511T002301	N/A*	\$400,000.00	N/A	\$0.00	Accepted	Providence
N/A*	Rhode Island Coalition to End Homelessness	YHDP HMIS Renewal FY2023	SSO	RI011211T002301	N/A*	\$76,956.00	N/A	\$0.00	Accepted	Statewide
N/A*	Rhode Island Coalition to End Homelessness	YHDP SOARI Renewal FY2023	SSO	RI011811T002301	N/A*	\$83,553.00	N/A	\$0.00	Accepted	Statewide
N/A*	Sojourner House	Sojourner House YHDP Navigation and Diversion Project for YWAs Renewal	SSO	RI011811T002301	N/A*	\$29,740.00	N/A	\$0.00	Accepted	Statewide
N/A*	Sojourner House	Sojourner House YHDP Navigation and Diversion Project for YWAs Renewal	SSO	RI011711T002301	N/A*	\$101,067.00	N/A	\$0.00	Accepted	Statewide
N/A*	Youth Pride Inc.	Sojourner House YHDP TH-RRH Project for YWAs Renewal FY23	PH - RRRH	RI012011T002301	N/A*	\$338,562.00	N/A	\$0.00	Accepted	Statewide
N/A**	RHousing	RI-500 CoC Planning Project	Planning	New Project	NA**	\$167,274.00	N/A	\$0.00	Accepted	Statewide

*YHDP projects that are Round 2 or later are not ranked during the FY24 CoC Competition, this applies to the RI CoC's YHDP Projects
 **This Planning Project is not ranked in accordance with the FY2024 CoC NQFO

Total Request \$18,631,454.00
 Non-Competitive YHDP Amount \$1,671,417.00
 Total Renewal Request \$15,021,257.00
 Total New Project Request \$3,610,197.00

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 1E-5b
Local Competition Selection Results**

Rank	Applicant Name	Project Name	Project Component	Renewing Grant	Performance Score	CoC Funding	Tier	Reallocated Funds	Accepted	County
1	Rhode Island Housing	RIHousing Rental Assistance Program FY23	PH - PSH	RI0031L1T002316	106	\$4,520,108.00	Tier 1	\$0.00	Accepted	Statewide
2	Lucy's Hearth	Lucy's Hearth Renewal PSH Program FY2023	PH - PSH	RI0091L1T002306	92	\$718,096.00	Tier 1	\$0.00	Accepted	Newport
3	Sojourner House	Burnside Avenue Permanent Supportive Housing Renewal FY23	PH - RRH	RI0049L1T002309	90	\$120,175.00	Tier 1	\$0.00	Accepted	Providence
4	Westerly Area Rest Meals Inc.	Greater Westerly Supportive Housing Project Renewal FY2023	PH - PSH	RI0088L1T002306	88	\$73,780.00	Tier 1	\$0.00	Accepted	Washington
5	Crossroads Rhode Island	CRI - PH 16 Units - Renewal FY2023	PH - PSH	RI0027L1T002316	87	\$1,041,639.00	Tier 1	\$0.00	Accepted	Providence
6	East Bay Community Action Program	East Bay Coalition for the Homeless PH	PH - PSH	RI0086L1T002306	85	\$40,037.00	Tier 1	\$0.00	Accepted	Bristol/Newport
7	Sojourner House	Sojourner House Rapid Re-Housing Renewal FY23	PH - PSH	RI0081L1T002307	85	\$1,184,974.00	Tier 1	\$0.00	Accepted	Statewide
8	Foster Forward	RRH for Former Foster Youth Renewal FY2023	PH - RRH	RI0087L1T002306	81	\$228,458.00	Tier 1	\$0.00	Accepted	Statewide
9	House of Hope	Warwick PSH - Renewal FY23	PH - PSH	RI0089L1T002316	81	\$149,792.00	Tier 1	\$0.00	Accepted	Kent
10	House of Hope	Access to Home - Renewal FY23	PH - PSH	RI0064L1T002310	81	\$393,529.00	Tier 1	\$0.00	Accepted	Kent
11	The Housing Authority of the City of Pawtucket RI	PAW HA RRH Renewal FY2023	PH - RRH	RI0090L1T002306	81	\$136,291.00	Tier 1	\$0.00	Accepted	Providence
12	Crossroads Rhode Island	Crossroads - PH Tower - Renewal FY2023	PH - PSH	RI0040L1T002316	78	\$269,451.00	Tier 1	\$0.00	Accepted	Providence
13	Crossroads Rhode Island	Crossroads - RRH Families - Renewal FY2023	PH - RRH	RI0065L1T002310	75.5	\$434,493.00	Tier 1	\$0.00	Accepted	Providence
14	Sojourner House	Constitution Hill Supportive Housing Renewal FY23	PH - RRH	RI0066L1T002316	55	\$485,730.00	Tier 1	\$0.00	Accepted	Providence
15	Community Care Alliance	CCA RRH Youth 2023	PH - RRH	RI0089L1T002306	51	\$45,397.00	Tier 1	\$0.00	Accepted	Providence
16	Community Care Alliance	CCA RRH Adult 2023	PH - RRH	RI0078L1T002308	46	\$184,050.00	Tier 1	\$0.00	Accepted	Providence
17	Westerly Area Rest Meals Inc.	Rockville Mill - Renewal FY23	PH - PSH	RI0107L1T002302	Grantee Change - Not Performance Scored		Tier 1	\$0.00	Accepted	Washington
18	House of Hope	Dean Street Studios - Renewal FY23	PH - PSH	RI0128L1T002301	Not Ranked First-Time Renewal		Tier 1	\$0.00	Accepted	Providence
19	Crossroads Rhode Island	Crossroads - Coordinated Entry - Renewal FY 2023	SSO	RI0100L1T002304	Not Ranked Essential Project		Tier 1	\$0.00	Accepted	Statewide
20	Rhode Island Coalition to End Homelessness	HMIS Renewal FY2023	HMIS	RI0029L1T002316	Not Ranked Essential Project		Tier 1	\$0.00	Accepted	Statewide
21	Rhode Island Coalition to End Homelessness	Coordinated Entry Renewal FY2023	SSO	RI0096L1T002305	Not Ranked Essential Project		Tier 1	\$0.00	Accepted	Statewide
22	Rhode Island Coalition to End Homelessness	Coordinated Entry DV Renewal FY2023	SSO	RI0108D1T002302	Not Ranked Essential Project		Tier 1	\$0.00	Accepted	Statewide
23	Sojourner House	Young Adult Domestic Violence Crisis/Rapid Rehousing Renewal FY23	Joint TH & PH-RRH	RI0109D1T002302	Not Ranked First-Time Renewal		Tier 1	\$0.00	Accepted	Statewide
24	Sojourner House	Rapid Rehousing for Undocumented Victims Renewal 2023	PH - RRH	RI0110D1T002302	Not Ranked First-Time Renewal		Tier1/2	\$0.00	Accepted	Statewide
25	Sojourner House	Sojourner House DCYF Rapid Rehousing Renewal FY23	PH - RRH	RI0130D1T002301	Not Ranked First-Time Renewal		Tier 2	\$0.00	Accepted	Statewide
26	Sojourner House	Sojourner House Bridge Rapid Rehousing Renewal FY23	PH - RRH	RI0129D1T002301	Not Ranked First-Time Renewal		Tier 2	\$0.00	Accepted	Statewide
27	RIHousing	RIHousing Rental Assistance Program (Grant 31) Expansion	PH-PSH	New Expansion	104.8	\$1,047,014.00	Tier 2	\$67,318.00	Accepted	Statewide
28	One Neighborhood Builders	One Neighborhood Builders PSH New Project Application	PH-PSH	New Project	102.5	\$830,933.00	Tier 2	\$0.00	Accepted	Providence
29	Sojourner House	Sojourner House Rapid Re-Housing (Grant 81) Expansion	PH-RRH	New Expansion	97.6	\$453,076.00	Tier 2	\$0.00	Accepted	Statewide
30	Sojourner House	Sojourner House Rapid Re-Housing Victims Later in Life	PH-RRH	New Project	96	\$524,745.00	Tier 2	\$0.00	Accepted	Statewide
N/A*	Adoption Rhode Island	Adoption Rhode Island YHDP Renewal FY2023	SSO	RI0119Y1T002301	N/A*	\$123,073.00	N/A	\$0.00	Accepted	Statewide
N/A*	Family Service of Rhode Island	FSRI YHDP BasicCenter Renewal FY2023	SSO	RI0124Y1T002301	N/A*	\$111,857.00	N/A	\$0.00	Accepted	Statewide
N/A*	Foster Forward	YHDP - YWH Drop-In Center	SSO	RI0113Y1T002301	N/A*	\$71,732.00	N/A	\$0.00	Accepted	Providence
N/A*	Foster Forward	Foster Forward - YHDP - YWH TH-RRH	Joint TH & PH-RRH	RI0114Y1T002301	N/A*	\$167,603.00	N/A	\$0.00	Accepted	Statewide
N/A*	Haus of Codec	330 Cranston Street, Providence RI - Renewal	Joint TH & PH-RRH	RI0122Y1T002301	N/A*	\$400,000.00	N/A	\$0.00	Accepted	Providence
N/A*	House of Hope	HYPE Youth Outreach - YHDP Renewal FY23	SSO	RI0115Y1T002301	N/A*	\$76,956.00	N/A	\$0.00	Accepted	Statewide
N/A*	Rhode Island Coalition to End Homelessness	YHDP HMIS Renewal FY2023	HMIS	RI0112Y1T002301	N/A*	\$83,553.00	N/A	\$0.00	Accepted	Statewide
N/A*	Rhode Island Coalition to End Homelessness	YHDP SOARI Renewal FY2023	SSO	RI0118Y1T002301	N/A*	\$29,740.00	N/A	\$0.00	Accepted	Statewide
N/A*	Sojourner House	Sojourner House YHDP Navigation and Diversion Project for YYAs Renewal	SSO	RI0116Y1T002301	N/A*	\$101,067.00	N/A	\$0.00	Accepted	Statewide
N/A*	Sojourner House	Sojourner House YHDP TH-RRH Project for YYAs Renewal FY23	Joint TH & PH-RRH	RI0117Y1T002301	N/A*	\$338,562.00	N/A	\$0.00	Accepted	Statewide
N/A*	Youth Pride	Youth Pride Inc.	PH - RRH	RI0120Y1T002301	N/A*	\$167,274.00	N/A	\$0.00	Accepted	Statewide
N/A**	Rhode Island Housing	RI-500 CoC Planning Project	Planning	New Project	NA**	\$754,429.00	N/A	\$0.00	Accepted	Statewide

*YHDP projects that are Round 2 or later are not ranked during the FY24 CoC Competition, this applies to the RICoC's YHDP Projects

**This Planning Project is not ranked in accordance with the FY2024 CoC NOFO

Total Request	\$18,631,454.00
Non-Competitive YHDP Amount	\$1,671,417.00
Total Renewal Request	\$15,021,257.00
Total New Project Request	\$3,610,197.00

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 2A-6
HUD's Homeless Data Exchange
(HDX) Competition Report**

2024 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into HDX 1.0 and HDX 2.0 for your use as part of the 2024 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may change depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden. Formulas may include references to hidden rows and columns or data tables. For ease of use, these referenced sources have been hidden but can be unhidden by any user at any time. Raw data sources contained in this workbook are named according to the module and fiscal year from which they originate - e.g. "HIC_2024" is the Housing Inventory Count raw data from Fiscal Year 2024.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2024 HDX Competition Report

2024 Competition Report - Summary

RI-500 - Rhode Island Statewide CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX 2.0
2023 LSA	Yes	Government FY 2023 (10/1/22 - 9/30/23).	November 2023 to January of 2024
2023 SPM	Yes	Government FY 2023 (10/1/22 - 9/30/23).**	February 2024 to March 2024
2024 HIC	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024
2024 PIT	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024

1) FY = Fiscal Year

2) *This considers all extensions where they were provided.

2) **"Met Deadline" in this context refers to FY23 SPM submissions. Resubmissions from FY 2022 (10/1/21 - 9/30/22) were also accepted during the data collection period, but these previous year's submissions are voluntarily and are not required.

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

LSA Usability Status 2023

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC	PSH CO
Fully Usable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Partially Usable									
Not Usable							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

EST

Category	2021	2022	2023
Total Sheltered Count	2,251	2,738	3,292
AO	1,522	1,880	2,374
AC	740	870	933
CO	2	2	2

RRH

Category	2021	2022	2023
Total Sheltered Count	905	978	1,008
AO	480	516	490
AC	426	463	518
CO	0	0	0

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

PSH

Category	2021	2022	2023
Total Sheltered Count	1,062	1,017	1,066
AO	543	533	551
AC	518	484	516
CO	1	0	0

1) Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing;

PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons

in Households with at least one Adult and one Child; CO=Persons in Households with only Children

2) Because people have multiple stays in shelter over the course of a year and stay in different household configurations, a single person can be counted in more than one household type.

Therefore, the sum of the number of people by household type may be greater than the unique count of people.

3) Total Sheltered count only includes those served in HMIS participating projects reported by your CoC.

4) For CoCs that experienced mergers during any of these reporting periods, historical data will include only the original CoCs.

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

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 the look back stop date or client's date of birth, whichever is later.

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.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	3,168	150.5	95.5
1.2 Persons in ES-EE, ES-NbN, SH, and TH	3,340	163.9	101.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

b. This measure is based on data element 3.917

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.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	3,456	533.0	272.5
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	3,629	532.1	273.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

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.

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Count	Count	% of Returns	Count	% of Returns ⁴	Count	% of Returns ⁶	Count	% of Returns ⁸
Exit was from SO	134	28	20.9%	8	6.0%	10	7.5%	46	34.3%
Exit was from ES	574	51	8.9%	36	6.3%	37	6.5%	124	21.6%
Exit was from TH	101	13	12.9%	2	2.0%	3	3.0%	18	17.8%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	605	23	3.8%	18	3.0%	43	7.1%	84	13.9%
TOTAL Returns to Homelessness	1,414	115	8.1%	64	4.5%	93	6.6%	272	19.2%

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	3,373
Emergency Shelter Total	3,199
Safe Haven Total	0
Transitional Housing Total	182

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	452
Number of adults with increased earned income	25
Percentage of adults who increased earned income	5.5%

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	452
Number of adults with increased non-employment cash income	211
Percentage of adults who increased non-employment cash income	46.7%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	452
Number of adults with increased total income	228
Percentage of adults who increased total income	50.4%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	119
Number of adults who exited with increased earned income	7
Percentage of adults who increased earned income	5.9%

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	119
Number of adults who exited with increased non-employment cash income	46
Percentage of adults who increased non-employment cash income	38.7%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	119
Number of adults who exited with increased total income	52
Percentage of adults who increased total income	43.7%

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	2,752
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	753
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1,999

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3,418
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.	1,054
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.)	2,364

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	1,493
Of persons above, those who exited to temporary & some institutional destinations	317
Of the persons above, those who exited to permanent housing destinations	121
% Successful exits	29.3%

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2,225
Of the persons above, those who exited to permanent housing destinations	895
% Successful exits	40.2%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	1,946
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1,871
% Successful exits/retention	96.2%

2024 HDX Competition Report

2024 Competition Report - SPM Data

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	3,199	182	2,003	1,012	1,858
Total Leavers (HMIS)	2,059	78	260	679	1,414
Destination of Don't Know, Refused, or Missing (HMIS)	165	10	11	14	642
Destination Error Rate (Calculated)	8.0%	12.8%	4.2%	2.1%	45.4%

2024 HDX Competition Report

2024 Competition Report - SPM Notes

RI-500 - Rhode Island Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Notes For Each SPM Measure

Note: Cells may need to be resized to accomodate notes with lots of text.

Measure	Notes
Measure 1	No notes.
Measure 2	No notes.
Measure 3	No notes.
Measure 4	No notes.
Measure 5	No notes.
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.
Measure 7	No notes.
Data Quality	No notes.

2024 HDX Competition Report

2024 Competition Report - HIC Summary

RI-500 - Rhode Island Statewide CoC

For HIC conducted in January/February of 2024

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted Total Year-Round, Current, Non-VSP Beds	Adjusted HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	1,673	1,522	1,581	0	1,581	96.3%
SH	0	0	0	0	0	NA
TH	213	120	122	0	122	98.4%
RRH	609	450	450	0	450	100.0%
PSH	1,355	1,298	1,298	0	1,298	100.0%
OPH	921	912	912	0	912	100.0%
Total	4,771	4,302	4,363	0	4,363	98.6%

2024 HDX Competition Report

2024 Competition Report

RI-500 - Rhode Island Statewid

For HIC conducted in January/I

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	1,673	81	92	0	92	88.04%
SH	0	0	0	0	0	NA
TH	213	91	91	0	91	100.00%
RRH	609	159	159	0	159	100.00%
PSH	1,355	57	57	0	57	100.00%
OPH	921	9	9	0	9	100.00%
Total	4,771	397	408	0	408	97.30%

2024 HDX Competition Report

2024 Competition Report

RI-500 - Rhode Island Statewid

For HIC conducted in January/1

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	1,673	1,603	1,673	95.82%
SH	0	0	0	NA
TH	213	211	213	99.06%
RRH	609	609	609	100.00%
PSH	1,355	1,355	1,355	100.00%
OPH	921	921	921	100.00%
Total	4,771	4,699	4,771	98.49%

2024 HDX Competition Report

2024 Competition Report - HIC Summary

RI-500 - Rhode Island Statewide CoC

For HIC conducted in January/February of 2024

Rapid Re-housing Beds Dedicated to All Persons

Metric	2020	2021	2022	2023	2024
RRH beds available to serve all pops. on the HIC	394	445	432	407	609

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) Data included in these tables reflect what was entered into HDX 2.0.

5) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

6) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

7) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2024 HDX Competition Report

2024 Competition Report - PIT Summary

RI-500 - Rhode Island Statewide CoC

For PIT conducted in January/February of 2024

Submission Information

Date of PIT Count	Received HUD Waiver
1/24/2024	Not Applicable

Total Population PIT Count Data

Category	2019	2020	2021	2022	2023	2024
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and partial unsheltered count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	743	742	869	1,152	1,289	1,738
Safe Haven Total	0	0	0	0	0	0
Transitional Housing Total	241	254	217	177	187	170
Total Sheltered Count	984	996	1,086	1,329	1,476	1,908
Total Unsheltered Count	71	108	181	248	334	534
Total Sheltered and Unsheltered Count*	1,055	1,104	1,267	1,577	1,810	2,442

1) *Data included in this table reflect what was entered into HDX 1.0 and 2.0. This may differ from what was included in federal reports if the PIT count type was either sheltered only or partial unsheltered count.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

3) In 2021, for CoCs that conducted a "Sheltered and partial unsheltered count", only aggregate and not demographic data were

2024 HDX Competition Report

2024 Competition Report - PIT Summary

RI-500 - Rhode Island Statewide CoC

For PIT conducted in January/February of 2024

collected.

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 3A-1a
Housing Leveraging Commitments**



October 17, 2024

Ben Darby
RI Continuum of Care Coordinator
RI Housing
44 Washington Street
Providence, RI 02903

Re: Housing Leverage Commitment

Project Name: Olneyville Housing Corporation CoC New Project FY2024

Mr. Darby,

In an effort to address Rhode Island's critical shortage of affordable housing and high levels of homelessness, One Neighborhood Builders is constructing a transformative affordable housing development in East Providence that will create 144 affordable apartments, including at least 44 permanent supportive housing (PSH) units for families and individuals with the highest needs, long experiences with homelessness, and those residing in a household headed by an individual with a disability. Upon completion, Center City Apartments will be one of the largest affordable housing complexes with significant PSH in the state.

Of the 44 units of PSH, 35 subsidies are being requested through our FY24 CoC New Project application. Additionally, One Neighborhood Builders commits 9 units, and the subsidy that supports these units through the HPF-ELI operating subsidy awarded by Rhode Island Housing, to the project. This meets the minimum subsidy requirement of 25% of units, as stated in the FY24 CoC Program NOFO.

These units are projected to be available for occupancy to program participants in September 2026.

Sincerely,

A handwritten signature in black ink that reads "Tom Callahan".

Tom Callahan
Interim President & CEO

**Rhode Island Continuum of Care
FY24 Collaborative Application
Attachment 3A-2a
Healthcare Formal Agreements**



2756 Post Rd, Suite 104 | Warwick, RI 02886
Tel: (401) 691-6000 | Fax: (401) 738-7718
RI Relay for the Hearing Impaired (800) 745-5555
thrivebhri.org

October 17, 2024

Elizabeth Bioteau
Director of Strategic Initiatives
RIHousing
44 Washington Street
Providence, RI 02908

Attn: Healthcare Leverage for RIHousing's Continuum of Care Expansion Proposal

Ms. Bioteau,

Thrive Behavioral Health is pleased to offer this letter of support to RIHousing's new Permanent Supportive Housing (PSH) expansion project application: "RIHousing Rental Assistance Program FY24 Expansion". If the project is selected for funding by the US Department of Housing and Urban Development (HUD), it is our intention to partner with RIHousing at Women's Development Corporation's 183 Washington housing development located in West Warwick to offer health care resources, substance use treatment and/or recovery services to program clients who are eligible for and interested in receiving these services, beginning in January 2026. We understand the eligibility for the permanent supportive housing will be based on CoC program and fair housing requirements and will not be restricted by us as the health care provider.

On behalf of Thrive Behavioral Health, this letter of commitment is being executed to offer the following services to all residents of the above referenced project. The services to be offered are:

- Thrive will offer to all residents community and office-based mental health treatment, trauma treatment and substance use treatment.
- Thrive will offer to all residents case management services to address issues regarding health care access, insurance, food procurement, benefit procurement and transportation procurement.

- Thrive will offer all residents Individual Placement and Support in conjunction with other services to assist individuals in obtaining gainful employment
- Thrive will offer all residents home stabilization services to assist residents in maintaining their housing and overcoming previous barriers to successful tenancy.

Thrive has been providing services for 48 years with a mission to improve the quality of life for those served. We are the Certified Community Behavioral Health Clinic for Kent County and a statewide provider of residential and homeless services for persons with behavioral health issues. Thrive offers a comprehensive range of evidence based, personalized services to children, families and adults who have been impacted by mental illness, addiction or trauma. Our services are recovery focused and we provide clients with support, skills and tools to make positive and lasting change in their lives for healthy, happy and productive futures.

RIHousing estimates the value of the services to be provided based on the state of Rhode Island's approved rates for each program; current rates are listed below:

- Housing Stabilization Services is \$331.84 per qualified individual/month.
- High Acuity Client Services (including but not limited to Assertive Community Treatment services) averages \$1,500 per qualified individual/month.

If RIHousing's expansion application is selected for funding by HUD, our agency can support up to 10 households on this expansion program who qualify for and choose the above-mentioned services. Therefore, RIHousing approximates the value of this services leverage annually to be \$219,821.

If this project is selected for funding, we look forward to collaborating with RIHousing to develop a Memorandum of Understanding outlining our partnership on the this supportive housing opportunity and further the Continuum of Care's goal to End Homelessness in Rhode Island.

Sincerely,



Tami Ringeling
Vice President
Adult Services and Homeless Initiatives



Elizabeth Bioteau
Director of Strategic Initiatives
RIHousing
44 Washington Street
Providence, RI 02908

Attn: Healthcare Leverage for RIHousing’s Continuum of Care Expansion Proposal

Ms. Bioteau,

The Providence Center is pleased to offer this letter of support to RIHousing’s new Permanent Supportive Housing (PSH) expansion project application: “RIHousing Rental Assistance Program FY24 Expansion”. If the project is selected for funding by the US Department of Housing and Urban Development (HUD), it is our intention to partner with RIHousing at ONE Neighborhood Builder’s Avenue housing development located on Atwells Ave in Federal Hill to offer health care resources, substance use treatment and/or recovery services to program clients who are eligible for and interested in receiving these services, beginning in January 2026. We understand the eligibility for the permanent supportive housing will be based on CoC program and fair housing requirements and will not be restricted by us as the health care provider.

The Providence Center’s mission helps adults, adolescents, and children affected by psychiatric illnesses, emotional problems, and addictions by providing treatment and supportive services within a community setting. As both a Certified Community Behavioral Health Clinic (CCBHC) and a Certified Housing Stabilization provider, our services are geared to ensure access to all coordinated comprehensive behavioral health care services. Our ability to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age, including developmentally appropriate care for children and youth has allowed us to formulate working relationships with designated care organizations for positive health outcomes. The CCBHC model ensures The Providence Center provides the most up to date, evidence-based practices in our programs, aligning our strategic goal to improve access and equitable population health for our community.

RIHousing estimates the value of the services to be provided based on the state of Rhode Island’s approved rates for each program; current rates are listed below:

- Housing Stabilization Services is \$331.84 per qualified individual/month.
- High Acuity Client Services (including but not limited to Assertive Community Treatment services) averages \$1,600 per qualified individual/month.



(401) 276-4020



530 North Main Street
Providence, RI 02904



www.providencecenter.org



If RIHousing's expansion application is selected for funding by HUD, our agency can support up to 10 households on this expansion program who qualify for and choose the above-mentioned services. Therefore, RIHousing approximates the value of this services leverage annually to be \$231,820.

If this project is selected for funding, we look forward to collaborating with RIHousing to develop a Memorandum of Understanding outlining our partnership on this supportive housing opportunity and further the Continuum of Care's goal to End Homelessness in Rhode Island.

Sincerely,

Kelsey Grabert, LMHC
Director of Residential Services and Housing Stabilization
The Providence Center
Certified Community Behavioral Health Clinic
A Member of Care New England



(401) 276-4020



530 North Main Street
Providence, RI 02904



www.providencecenter.org