Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

 For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Rhode Island Housing and Mortgage Finance Corporation

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

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

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area.   Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
 (limit 1000 characters)

The RI CoC solicits organizations and individuals for new members from July through November with e-mail listservs, recommendations from current members, and public postings on the State website looking for persons with networks not yet included in the CoC. The Chair (Michelle Brophy) represents the behavioral health community/CH on the State level and pulls into CoC committees those persons- who implement homeless programs (through funding and policy making), -who can promote systems change (move to medicaid billing for homeless service providers) and -who can create the linkages between State Departments and the partner agencies (reinstituting the ICH), to move ODRI forward. With positions at Kids Count (a data driven family advocacy org.) and the United Way Stephanie Geller and Amanda Clark bring new faces to the youth and family committee, conducted a day-long workshop at the United Way to set a workplan to end family homelessness and to improve the CE system for families.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Foster Forward	No	Yes	Yes
Crossroads Rhode Island	No	Yes	Yes
Blackstone Vally CAP	Yes	No	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Coaltion Against Domestic Violence	Yes	Yes
Sojourner House	Yes	No
Blackstone Valley Advocacy Center	No	No
Elizabeth Buffum Chace Center	No	No
Women's Center of RI	No	No
Crossroads Rhode Island	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)

The Rhode Island Continuum of Care established three placement committees to meet the goals of Opening Doors RI. The Board of the CoC reached out to key stakeholders to co-chair the committees – a rep. from the VA hospital and Operation StandDown for the veterans group, the Coalition for the Homeless and Crossroads for chronic homeless and reps from Foster Forward and Kids Count for Youth and Families. The co-chairs in turn asked those they saw as necessary to be on the committee (Housing providers, service providers, reps. from CoC funded projects) and opened up membership to all interested persons. A mix of policy and those providing the work was the goal. The committees meet bi-weekly to case conference and place those at the top of the priority lists. Each committee includes a board member who reports quarterly on the progress of their committee based on meeting attendance and HMIS reports.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015.
(limit 1000 characters)**

Throughout the year the CoC Board discusses changes in area agency leadership, new funding opportunities and how those activities can/do impact Opening Doors Rhode Island. Members are encouraged to have relevant agencies not currently engaged, call the CoC planner to see how they can leverage their activities with CoC activities and if appropriate have them apply for funds in the next competition. Agencies are encouraged to attend relevant sub-committee and board meetings. Prior to the start of the application process, a call for letters of intent is sent to a large email list, encouraging recipients to forward to agencies that would be interested.   New projects are selected based on how the project will meet the current needs to meet the goals of Opening Doors RI, potential to address the needs of underserved populations and the capacity and experience of the agency.

**1B-5. How often does the CoC invite new members
to join the CoC through a publicly available invitation?**   Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	7	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	7	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	7	100.00%
How many of the Con Plan jurisdictions are also ESG recipients?	4	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	4	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	4	100.00 %

1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

Providence, Pawtucket and Woonsocket : Provided list of CoC projects in the jurisdiction for the con-plan, PIT jurisdiction numbers and meetings to discuss new ESG projects –6 times annually 2 hrs/meeting.
East Providence, Cranston and Warwick: Provide PIT numbers for the jurisdiction and CoC projects in the jurisdiction by e-mail/phone - annually (3 hours)
Rhode Island: Rhode Island Housing writes the con- plan for the State of Rhode Island with input from the staff representing the Collaborative Applicant and draws information from the HMIS, PIT counts and Eric Hirsch as well as other housing programs which serve homeless families and individuals. Input is given by phone, email and meetings 4 times per year (approx 2 hours/meeting)

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)

Rhode Island instituted the Consolidated Homeless Fund which combines all ESG monies from all cities, State funding and Title XX. A committee representing those jurisdictions, state agencies, the chair of the Housing Resources Commission(HRC), Rhode Island Housing and other relevant policy makers in homelessness set parameters for the funding and make awards. This committee merged with the CoC Recipient Approval and Evaluation Committee which oversees the development of performance standards and monitors outcomes for both CoC and ESG projects. The committee relies on information provided by the CoC including: PIT numbers, HMIS performance reports, and subrecipient capacity .The CoC aids in the development of performance standards and is a participant in the actual evaluation of outcomes through its participation in the Consolidated Homeless Fund.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld.
(limit 1000 characters)

The general protocol for households fleeing from DV and present to any service provider is to ensure the household is referred to the statewide Helpline for Victims of DV, where preliminary safety planning is made and a referral to a shelter. Due to cuts in funding, the ability to provide 24/7 assistance has been reduced and relationships have been developed between homeless outreach workers and D/V staff throughout the state. When a household presents to a homeless service provider, a discussion for diversion and safety planning occurs. If shelter is needed, the homeless provider will assist the family in getting to a DV shelter, and/or ensures that staying in the local homeless shelter secures safety. Throughout the State, family shelters and DV shelters have been coordinating resources – Crossroads Rhode Island and the Women's Center (Pvd metro); Sojourner House and Woonsocket Family Shelter(Northern RI; and Welcome House and South County Resource Center (Southern RI).

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Providence	27.00%	No
Woonsocket Housing Authority	9.00%	No
Housing Authority of the City of Pawtucket	11.00%	Yes-Both
Rhode Island Housing	12.00%	Yes-HCV
The Housing Authority of the City of Newport	5.00%	No

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

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

There are four additional funding sources to increase housing opportunities for RI homeless: Neighborhood Opportunities Program which is capital and operating assistance for PSH projects 329 units, RoadHome service enriched housing in which all units are to house CH on turnover (323 units, 148 CH), the State Rental Assistance dollars for Rapid Re-Housing (funded through a real estate transfer tax-186 units)and a 811 RAC for 150 units, 50 of which are dedicated to the homeless who are high users of Medicaid, 50 for those in institutions ready for discharge with no housing in which to move and 50 for those who cannot sustain their current housing. This program will house vulnerable homeless and prevent homelessness of vulnerable populations. The QAP for tax credit developments gives up to 5 points if 21%+ of the units in the development are for those with median income less than 30% and homeless.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
Homeless Bill of Rights	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities	X
None:	

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

The system of outreach workers (volunteer and paid)in RI reaches all parts of the State. Workers are out nightly to engage homeless people found in the City, along bike paths and cemeteries to name a few. These workers have access to the VI SPDAT which is the assessment that begins the process for housing assistance. When 211 receives calls from those experiencing homelessness, they refer them to agencies that can perform the VI SPDAT. While housed in HMIS for individuals, a hard copy is filled out for families and those fleeing DV. The outreach workers and 211 are the best advertising. Other homeless refer newly homeless to the outreach workers. CAP agencies and service agencies also are aware of the assessment process The case mgrs. of those assessed for PSH attend a placement committee (Veterans, CH or families/youth) A case conference results in referrals to relevant housing programs. Reps. Of CoC , RI Hsg and State funded projects attend when their project has vacancies.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable."   If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	X	X			X	
CDBG/HOME/Entitlement Jurisdiction	X					
Law Enforcement	X					
Local Jail(s)	X					
Hospital(s)	X					
EMT/Crisis Response Team(s)	X					
Mental Health Service Organizations	X	X	X	X	X	
Substance Abuse Service Organizations	X	X	X	X	X	
Affordable Housing Developer(s)	X	X	X	X	X	
Public Housing Authorities	X		X			
Non-CoC Funded Youth Homeless Organizations	X					
School Administrators/Homeless Liaisons	X					
Non-CoC Funded Victim Service Organizations	X					
Street Outreach Team(s)	X	X		X	X	
Homeless or Formerly Homeless Persons	X	X		X	X	

	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	37

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	31

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	93.94%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X
percent mainstream services	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	

Need for specialized population services	
Youth	X
Victims of Domestic Violence	
Families with Children	
Persons Experiencing Chronic Homelessness	X
Veterans	X

None	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The Rhode Island CoC is focused on ending vets and CH homelessness and has prioritized projects who serve those that have long stays in homelessness due to substance use, criminal activity, and untreated mental health issues while preserving Transitional Housing projects that will be either funded with other funds or reallocated to PSH in the next application process. All programs that were low barrier, housing first, and served CH were ranked higher to ensure the most vulnerable continue to be housed. Projects serving at risk populations such as LGBTQ, sex workers, and those on the street were also ranked higher. Outreach workers describe increasing youth entering into prostitution to sustain their housin. Linkages between the RHY grantee, CoC committees and current youth housing will be facilitated.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)

On June 4, 2015 the CoC board approved the ranking process and criteria, call for new projects and reallocation process and sent to the Housing Resources Commission for approval. Approval was made on June 12, 2015. The information was sent to the e-mail list serv updated throughout the year as well as encouraging recipients to forward to interested parties. Included were CoC members, sub-recipients, CAP agencies, DV agencies, affordable housing developers. On September 24, 2015 the NOFA competition was posted with the ranking process and criteria, reallocation posting and new and renewal project application process as well as an updated timeline.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)   11/17/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)   Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)   10/30/2015

1F-6. Is the Annual Renewal Demand (ARD) in   Yes
the CoC's FY 2015 CoC Priority Listing equal
to or less than the ARD on the final HUD-
approved FY 2015 GIW?

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

Monitoring of RI CoC projects underwent a comprehensive change. The CA has thoroughly reviewed all detailed budgets and with the sub-recipients re-budgeted those projects that were over resourced. A guide for project administration was created and presented to sub-recipients and will be adopted into the policies and procedures at the next CoC membership meeting. Going forward the CoC board will be requesting updates from the CA on sub-recipient financial capacity, utilization of funds and housing, and audit findings. APRs will be reviewed by the Recipient Approval and Evaluations Committee as submitted, with outcomes services provided and populations served tracked. Prior to admitting any participant all eligibility requirements must be met and the placement approved by the CA: HQS, environmental review, literally homeless, disabled, CH and CE certification. All are presented to the program coordinator who accepts the participant into the project.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?   Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. pages of HMIS P&P 6,7,8

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software). Service Point

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems). Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$97,064
ESG	$113,000
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$210,064

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$0
State	$70,000
State and Local - Total Amount	$70,000

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$10,000
Private - Total Amount	$10,000

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$55,000
Other - Total Amount	$55,000

2B-2.6 Total Budget for Operating Year	$345,064

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 06/26/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	889	88	675	84.27%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	460	69	375	95.91%
Rapid Re-Housing (RRH) beds	373	0	373	100.00%
Permanent Supportive Housing (PSH) beds	1,540	8	1,411	92.10%
Other Permanent Housing (OPH) beds	118	0	118	100.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

Bed coverage is 84.27% for emergency shelter. This is mostly a result of a faith based shelter and winter shelter beds. – The Rescue Mission which continues to procrastinate in its implementation of HMIS. Verbal agreement has been given, but no implementation. The CoC will continue to work with the leadership to participate and provide any financial resources and/or technical assistance. Winter Shelters are being provided licenses to enter people into the system this year.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	X
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	X
Youth focused projects:	X
HOPWA projects:	
Not Applicable:	

2C-4. How often does the CoC review or assess its HMIS bed coverage? Monthly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	2%
3.3 Date of birth	2%	0%
3.4 Race	3%	1%
3.5 Ethnicity	2%	1%
3.6 Gender	2%	0%
3.7 Veteran status	2%	0%
3.8 Disabling condition	3%	1%
3.9 Residence prior to project entry	3%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	15%	9%
3.15 Relationship to Head of Household	9%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	8%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

	☐
None	☐

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Bi-Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
	☐
None:	☐

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.
(limit 750 characters)

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?   Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):   02/25/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?   Yes

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):   05/15/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	
HMIS plus extrapolation:	X
Interview of sheltered persons:	
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

With more than 80% participation, but less than 100%c coverage, the RIHMIS falls short of the 100%c coverage to just use HMIS for the PIT count. To achieve a complete census count we use 100% HMIS data and send surveys to non-participating shelters. All shelters are aware of the importance of this count to track success in meeting the goals of Opening Doors Rhode Island and willing to complete the surveys, at a minimum giving a count. Some provide an ID for the persons which is created through protocols developed by the HMIS Steering Committee.

The State of Rhode Island is small enough to ensure that all shelters (including faith based shelters) participate and fill out the surveys as adequately as possible.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

Extrapolation was added because even though surveys were distributed, they were not fully completed with the required information at some of the shelters. We added extrapolation because we are confident that the populations served in these places are not significantly different than those in HMIS participating agencies.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?   No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Rhode Island conducted a Registry Week in October which included over 200 volunteers, trained in the VI-SPDAT. Students from 3 Universities, board members of homemless service and housing agencies, State Department Directors and politicians, all participated in the Registry Week. The successful recruitment provided a good list to recruit volunteers for the PIT. In January, 50 signed up to participate in the PIT count. The volunteers were trained to utilize a new PIT App on their cell phones which included the VI-SPDAT resulting in improvement of the information collected. The APP also had a GPS component which identifies the location of the interview. All volunteers were retrained in outreach techniques. The GPS component will help to identify known locations in the future.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?   Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):   02/25/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?   Yes

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):   05/15/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	
HMIS:	

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology.
(limit 1000 characters)

Rhode Island has vast network of outreach workers reaching all parts of the State validating the methodology of visiting known locations. The count is conducted with IDs which can de-duplicate those who might go to a shelter after the interview is conducted. All teams go out at the same time to lessen the opportunity for duplicate counts for those who remain unsheltered. In the past the count has occurred the next day at meal sites, food pantries and community rooms, but the consensus of workers was that those homeless the night before did not visit these locations – or the information collected was not reliable.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count).
(limit 1000 characters)

This year the use of the mobile PIT APP was utilized. This APP included the VI-SPDAT the common assessment tool adopted by the Rhode Island Continuum of Care. The use of the APP increased the amount of data collected for each person counted and provided the location of the interview.

2I-4. Does your CoC plan on conducting   Yes
an unsheltered PIT count in 2016?

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	X
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method).
 (limit 1000 characters)

This year, with the use of the mobile APP and its GPS capability, and the knowledge of outreach workers, visiting the locations could validate where the interview took place and ensure all questions are answered Changes this year include:1- Completion of VI-SPDAT through the PIT mobile APPs and if the person refused the assessment, a count of the person. 2- Training was more comprehensive, -in October, a registry week was held with over 200 trained in protocols to complete the VI-SPDAT.   In January, 50 volunteers were trained on the mobile APP and tips for locating the homeless enhanced the ability to count and gather information on the unsheltered homeless. Teams were paired with outreach workers who facilitated in locating homeless individuals and families.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		1,190	1,111	-79
Emergency Shelter Total		803	743	-60
Safe Haven Total		22	0	-22
Transitional Housing Total		345	332	-13
Total Sheltered Count		1,170	1,075	-95
Total Unsheltered Count		20	36	16

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		3,682
Emergency Shelter Total		2,963
Safe Haven Total		26
Transitional Housing Total		693

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)

Discussions with 211, CAP agencies, emergency housing counselors, DHS representatives, reports from the three placement committees and the assessments from the CE, inform the CoC of risk factors to homelessness. When persons reach out to the various points for housing assistance, they are referred to agencies that can complete a diversion interview. The CoC has identified two major factors in first time homelessness -criminal backgrounds for individuals and arrearages in utility payments for families. The state legislature passed a law prohibiting employers from asking about criminal history in the initial job application and advocates are pushing for more hearings at subsidized housing for those who have not re-offended. The CoC is in talks with the utility companies and the legislature to accommodate those with arrearages. A focus to provide more prevention resources for diversion is on the agenda for 2016 (utility payments, sec. deposits, etc.)

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

Placement ctes are provided a list of HMIS numbers of families and individuals ranked by longest to shortest length of stay. The ctes use this as a prioritization factor for housing. The LOS in shelters housing is currently 29 days for individuals down from 41 in 2014 and 85 for families down from 93 in 2014. Guided by Opening Doors RI the following steps were taken – RI increased state funding for RRH which has been identified as the best way to reduce length of time in shelters. 373 new beds of rapid re-housing were recorded in the 2015 HIC. The CoC urges projects with high entrance barriers to adopt a housing first model. TH projects are put on notice that they will not be renewed in the next application if income, substance use and criminal backgrounds remain barriers to entry. Rhode Island has one grant specifically geared to those in the system the longest. The 811 RAC is partially targeting those in the system the longest and are high users of the Medicaid system.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		211
Of the persons in the Universe above, how many of those exited to permanent destinations?		169
% Successful Exits		80.09%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		838
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		766
% Successful Retentions/Exits		91.41%

3A-5. Performance Measure: Returns to Homelessness:

**Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness.   Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)**

System wide tracking is done on a quarterly basis. The HMIS team runs the Permanent Housing and Retention - 0550(exit destinations) and the summary is presented to the Systems Performance and Planning committee to assist reducing this number. This remains a high % of missing/null values and training will be conducted to improve the reporting.
Current strategies to lessen the returns to homeless include: Identifying agencies that have a high percentage participants returning to homelessness, determining the causes, and seeing if it is the acuity of the participants or a factor of the program requirements (sobriety, income, etc.) If the model is the issue, a change is recommended. -Building a network of projects that will accept a person in need of new service provider or different housing type to prevent a return to homelessness. –Linking households with mainstream housing subsidies.
Returns to homelessness from permanent supportive housing is less than 10%.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

Strategies to increase income include: For those with severe and persistent disabilities – SOAR (House of Hope = SOAR agency) CoC projects have either had a employee trained or have partnered with a trained SOAR worker or have lawyers on retainer to assist their clients. Veterans programs ensure clients receive all benefits available. Case managers at the projects and at CE ensure all mainstream benefits are accessed. For all populations employment and training programs exist within homeless agencies including CNA training Crossroads Rhode Island, carpentry Amos House, and retail training House of Hope. Projects also assist their participants in accessing training and job openings through Network Rhode Island – through the Department of Labor and Training. The Department of Human Services also received a no wrong door grant to assist individuals in identifying the various all of the mainstream programs for which they are eligible when applying for ACA-implementation in 2016

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

The Governor's Workforce Board Workforce Innovation Grants is the primary mainstream employment agency that works with the CoC. Amos House – culinary arts program – with 9 employment partners; Crossroads Rhode Island – CNA training – with employment placements provided by Nursing Placement, Inc and The Providence Center- training for those in recovery to become recovery coaches and later progress to become independent clinicians with the Licensed Chemical Dependency Professional certification. Foster Forward an active CoC member receives funds for retail training with 8 employment partners and provides services to eligible youth in CoC projects. 10% of CoC projects are impacted by these programs.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

Methods to identify and track unsheltered persons include face-to-face interactions between the outreach workers (paid and volunteer) and the unsheltered in known locations. Known locations cover the entire geographic area of the CoC including: cemeteries, bike paths, campgrounds, parks/open space, abandoned lots and condemned/foreclosed properties within the Cities. Newly homeless are identified at bus depots and train stations by outreach workers, police referral or other homeless persons. These interactions are logged in HMIS and when possible a VI-SPDAT is performed.
Outreach workers use techniques learned through trainings, to continue engagement until the person is diverted to other shelter (ie: friends family) or accepts shelter – either PSH, RRH or ES. Outreach workers assess the person with whom they are working and bring the HMIS ID to the appropriate case conferencing committee to identify the most sustainable housing.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?   No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		204	110	-94
Sheltered Count of chronically homeless persons		198	100	-98
Unsheltered Count of chronically homeless persons		6	10	4

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)

The sheltered count of chronically homeless was down 53% because of a concentrated effort to -fill PSH vacancies with CH individuals -have persons in PSH ready to move on, obtain HCVP vouchers to transition in place (Rhode Island Housing opened its waitlist prioritizing homeless and those ready to move on), - make sure CH is accurately recorded in HMIS. Unsheltered increased slightly due to warmer weather and the use of the PIT APP which more accurately identified the Chronically Homeless

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(read only)

RI commits to ending CH by the end of 2015 by: 1-Ensuing dedicated beds go to the longest CH in the system as identified in HMIS. On Oct.1, 2013, all vacancies in the CoC, State and RIHsg programs are filled by persons on the Universal wait list which prioritizes CH. Case mgmt training on correct ID of CH and accessing the list continues. 2-Obtaining new funds for new CH units. RI general assembly has given and renewed $750,000 to house people from shelter; RI Hsg continues $2,325,000 in rental asst for CH, and new CoC apps. target 95 additional CH units. 3-Opening new beds on turnover through move on strategies. Discussions with PHAs for set aside units will restart for those able to move on. We have 243 CH persons reported on 2013 PIT and will monitor CH labeling in HMIS to ensure an accurate count. CH will end by 2015 through prioritization of the 128 beds opening on turnover, 106 new beds through CoC apps, and 129 new households through the state rental assistance funds.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished?
(limit 1000 characters)

The use of Coordinated Entry and enhanced protocols for filling vacant beds ensured the longest CH got served (1); the change in workflow in HMIS has improved correct designation of CH(2); state funding prioritized CH for rental assistance(3); RoadHome (RIHsg funded program) continues to require CH fill vacant beds, new grants were awarded in past CoC competitions and are leasing up(3) and the opening of the RIHsg HCVP list to those in PSH ready to move-on provide additional vacancies for those in shelter or on the streets and have made a huge impact on housing the CH homeless. All these strategies have RI on target for ending CH in 2016.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	480	640	160

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)

The HIC has increasingly become more accurate in tracking the sub-populations that projects are targeting and prioritizing. The Coordinated Entry has been essential in ensuring that CH are prioritized for the beds and dedicated until CH is at functional zero. All new programs have dedicated beds for the CH. Project based VASH vouchers also added to this increase.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

Yes

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.

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3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.		155

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	33

Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	33

This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?

Yes

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

Rhode Island will continue to fill all vacancies in projects that serve individuals with the CH. The HCVP list has currently housed 63 homeless persons and has 137 vouchers left to utilize. As particpants in Zero:2016 we are keeping monthly stats on the numbers housed and left to house.
WE've reallocated money from TH and other CoC programs to create new projects for the CH. State funds with a CH priority are looking to be increased in 2016. We've placed 176 chronically homeless persons in permanent housing from January 2015 to September 2015. That leaves 231 people remaining to be housed between now and December 2016. That means we need to place 15 per month to reach our goal. We've been averaging 20 per month so we should end chronic homelessness by the end of 2016

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

On Sept. 21, 2015 the Youth and Family placement committee hosted a workshop to create a plan to end family homelessness. Tasks related to lowering length of homeless include: Enhancing the Coordinated Entry by ensuring DV, immigrant and youth populations are included; prioritizing the list by acuity and length of stay in the homeless system and reducing barriers to participation in programs. Fund and better define diversion in Rhode Island. Create monthly reports on numbers of homeless families, and track length of stay. Provide training for case mgrs on the process for housing or diverting at risk homeless families. Ensure victims of DV feel safe and assured that personal information will not be divulged. Increase the amount of funding for both RRH for families and diversion (utililty assistance; first months rent, security, etc.) The CoC is committed to maximize funding for CoC and ESG RRH through reallocations. The State has already prioritized RRH in its housing resources.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	322	322

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	
ESG regs prohibit family separation	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: **Total PIT Count of sheltered** **and unsheltered homeless** **households with children:**	411	405	-6
Sheltered Count of homeless **households with children:**	409	402	-7
Unsheltered Count of homeless **households with children:**	2	3	1

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The number of homeless households with children decreased slightly (down by 6) the change was not greater because the shelters tend to be 100% occupied with vacancies filling immediately. Unsheltered went up by 1 indicating that in both years, 1 family was found not to be sheltered. Rhode Island does not allow known families to remain unsheltered so if found by police they are brought to a shelter. A lack of housing resources is the reason the Rhode Island CoC continues to fund new RRH projects for families. Utility arrearages is often the reason families can't move on and finding landlords that include utilities is a priority. Enhancing the Coordinated Entry for families will assist in prioritizing those in shelter for either PSH or RRH. Since there are so few unsheltered families, no change of methodology was utilized which would have affected this count.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, **and the use of Risk and Protective Factors in** **assessing youth housing and service needs?**	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	☐
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	☐
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	☐
Community awareness training concerning youth trafficking:	X
	☐
N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	☐
	☐
	☐
N/A:	☐

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	1	4	3

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
(limit 1000 characters)

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$229,000.00	$229,000.00	$0.00
CoC Program funding for youth homelessness dedicated projects:	$42,000.00	$42,000.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$187,000.00	$187,000.00	$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	15
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	0
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	2

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(limit 1000 characters)

The State Coordinator for M/V local education liaisons is an active member of the CoC membership(quarterly meetings), board (monthly meetings) and recipient acceptance and evaluation committee(monthly meetings). She provides insights and opinions of what projects –including ESG, Title XX and CoC are funded that will ensure the appropriate educational opportunities for the children. She is also aware of where there are needs for family housing and provides geographic insight when choosing new projects. She ensures that all local education liaisons have an active relationship with local family shelters and are aware of new students who might be homeless are aware of their rights under M/V. Local liaisons and shelters are in contact with one another when a homeless family is identified. In the next year a process will be established to have the family directed to the Coordinated Entry for diversion and/or housing assistance.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Local educational liaisons work closely with the ESG and CoC projects to ensure that children and parents reporting to the school system that they are homeless are provided with diversion assistance or homeless resources such as shelter, TH, RRH or PSH that are required. This requires that the family participate in a VI-SPDAT in which the homeless projects are trained. As part of their program rules, Shelters and Transitional Housing projects funded through ESG or CoC are required to assess eligibility for and access to educational services for their project . Implementation begins with an assessment of the adults in the household to understand the most appropriate referrals (ie: ESL, GED, Special Education) Children in shelter or transitional housing must attend school either locally or where they were enrolled prior to entering shelter. School liaisons are notified to ensure the transition is smooth. Foster Forward – the agency which assists youth transitioning out of State care, assesses and coordinates high school educational choices or training opportunities for their youth. As an active member of the CoC, Foster Forward is able to utilize all eligible CoC and ESG resources.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	118	107	-11
Sheltered count of homeless veterans:	108	103	-5
Unsheltered count of homeless veterans:	10	4	-6

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.
(limit 1000 characters)

The number of homeless veterans decreased by 11 between 2014 and 2015. The reasons the decrease was so slight are: Identification of Veterans in the PIT has improved and this has led to relatively little change in numbers. There are many GPD beds in the system and are counted as part of the sheltered count – because the providers are successful in keeping these beds full, it makes the homes number appear higher, and the expanded efforts of the State and the CoC to target homeless Veterans were not fully implemented at the time of the PIT and their impact will be seen in next year's PIT. The CoC and the Rhode Island General Assembly have committed to ending Veterans homelessness by 2015 and the increase of resources made available for housing was just starting at the PIT time. The creation of the Veterans placement committee which is chaired by a rep from the Veterans Hospital which has a homeless clinic is increasing identification of veterans and housing them more efficient.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)

Outreach, shelter workers, and housing case managers are trained to ask questions appropriately to identify veterans and understand the forms necessary to determine those eligible for VA resources. The also use the VI-SPDAT to prioritize the level of services. If the person needs immediate services they are referred to the Veteran's Homeless Clinic. If assessed for RRH, the SSVF providers in the State are contacted. For those needing long term services they are referred to the veterans placement committee. The cte (chaired by a VA Hospital rep) meets bi-monthly and representatives from the CoC projects, shelters and veterans' funded programs convene to case conference those referred and ensure all eligible VA resources are utilized including HUD VASH (voucher and project based) and CoC funded PSH projects are utilized for veterans not eligible for VA services.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)

At the placement committee, the referral for those not eligible VA benefits will be referred to CoC or state funded projects. Chronic Homeless and veterans are prioritized in the CoC . There currently are 2 CoC funded PSH projects dedicated to the homeless veterans and 1 which prioritizes disabled CH veterans on turnover. Through the Veterans Placement Committee success has been tracked. Our numbers indicate that only 38 veterans remain on the streets or in shelter. Twenty vouchers for CH veterans will be available in the coming month through a new CoC FY 14 project and state funding for 30 vouchers will be approved in November, providing all the necessary resources to end veterans homelessness by the end of the year

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	87	107	22.99%
Unsheltered count of homeless veterans:	4	4	0.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.

Yes

This question will not be scored.

3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015?
(limit 1000 characters)

The veteran's placement committee which brings together workers in the VA, CoC projects and State funded projects has been quickly referring veterans to the appropriate resources. This and keeping a real time by name count of veterans, prioritizing based on a common assessment and focusing resources has provided the mix of cooperation and resources needed to end Veteran's homelessness.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**4A-1. Does the CoC systematically provide information
to provider staff about mainstream benefits, including
up-to-date resources on eligibility and mainstream
program changes that can affect homeless clients?**   Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications,
what percentage of projects have demonstrated that the project is
assisting project participants to obtain mainstream benefits, which
includes all of the following within each project: transportation assistance,
use of a single application, annual follow-ups with participants, and SOAR-
trained staff technical assistance to obtain SSI/SSDI?**

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	45
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	45
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the healthcare organizations you are collaborating with to
facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act
options) for program participants. For each healthcare partner, detail the
specific outcomes resulting from the partnership in the establishment of
benefits for program participants.
(limit 1000 characters)**

Rhode Island is a Medicaid expansion state. United Health and Blue Cross &Neighborhood Health Plan of Rhode Island are the two managed care organizations of Healthsource Rhode Island. Both participated in launching the RI Housing First Initiative. That community partnership was the source for three of our agencies to be awarded subcontracts to act as health navigators (Amos House, the Mental Health Association and the Providence Center). These navigators did an outstanding job engaging individuals in our shelters, on the streets and individuals living in permanent supportive housing. This strong relationship the CoC has built with the Managed Care Organizations has resulted developing a housing stabilization package to be submitted to the CMS in 2016. Once accepted homeless service providers will be able to be reimbursed through Medicaid for Housing Stabilization Services. In the meantime participants continue to be enrolled into Medicaid with benefits available through the partners

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	X
In-Person Trainings:	
Transportation to medical appointments:	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	42
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	38
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	90%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	42
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	35
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	83%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	
Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		0	373	373

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?   No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?   No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.   Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	X
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	X
Not applicable:	

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS Governance and Policies and Procedures	05/05/2015	5
Recipient Technical Assistance	10/28/2015	5
Project Admin Policies & Procdures	10/28/2015	5

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes		
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	Rating and Review...	11/12/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rating and Review...	11/12/2015
05. CoCs Process for Reallocating	Yes	Reallocation Process	11/12/2015
06. CoC's Governance Charter	Yes	RI CoC Governance...	11/12/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	11/12/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Applicable Ad...	11/13/2015
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No	RI CoC Policies a...	11/16/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Rating and Review Proces

Attachment Details

Document Description: Rating and Review Posting

Attachment Details

Document Description: Reallocation Process

Attachment Details

Document Description: RI CoC Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Applicable Admin Sections for Homeless
Preference

Attachment Details

Document Description:

Attachment Details

Document Description: RI CoC Policies and Procedures - Written
Standards

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/13/2015
1C. Coordination	11/17/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/13/2015
1F. Project Review	11/17/2015
1G. Addressing Project Capacity	11/17/2015
2A. HMIS Implementation	11/17/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/17/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/17/2015
2H. Unsheltered PIT	11/13/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/17/2015
3B. Objective 1	11/17/2015
3B. Objective 2	11/13/2015
3B. Objective 3	11/13/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/13/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required

State of Rhode Island: Division of Planning

Office of Homelessness & Consolidated Homeless Fund

Staff Contact
Michael Tondra
Phone: (401) 222-6490

Requests for Letters of Intrest for 2015 Continuum of Care New Projects

RI Continuum of Care (COC) Completed Application Materials: Posted 9-24-2015

- 2015 Continuum of Care NOFA
- 2015 Continuum of Care – Program NOFA
- Continuum of Care Application Timeline
- Final Call for New Project Letters of Intent
- Ranking Procedure for Continuum of Care Projects
- Reallocation Policy
- Renewal Application Procedures
- Scoring Criteria

2015-2016 Winter Emergency Shelter Application Proposal

Overview

One of the offices of the Housing Resources Commission is the Office of Homelessness Services and Emergency Assistance . This office is responsible for administration of the State's Consolidated Homeless Fund (CHF) as well as planning related to the crisis of homelessness.

Consolidated Homeless Fund

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

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

Eligible Activities include* -

- Operation and Services associated with Emergency Shelters, Winter Shelters, Housing First Programs, Program Shelters (i.e. Operation First Step) or Transitional Shelters for the Homeless Persons and/or Families
- Renovations/Improvements of Shelter, Transitional Housing, etc.
- Rental Assistance Programs (Intensive Housing Stabilization Programs (HPRP 2)
- Social Service Only Programs (must be exclusively for persons in emergency shelter or living on the street), may include mental health services, street outreach, transportation, medical care, job training, etc.

* MAY BE NEW OR EXISTING PROJECTS/PROGRAMS

This Consolidated Homeless Fund Partnership has assured more coordinated, thoughtful distribution of the resources available. It has also assured Statewide consistency in policies and procedures.

Innovative Projects

Operation First Step - An initiative of the OHCD, which provides smaller, scattered apartment style (emergency) housing to those experiencing homelessness. Provider agencies meet regularly to improve program operations. This effort is an example of the movement away from the congregate-style shelters of the past to a more housing-based model.

Housing First - A pilot program based upon the "Housing First" concept has been implemented over the past several years by Riverwood Mental Health Services. "Housing First" provides rapid access to permanent housing and voluntary access to a variety of services. Unlike traditional programs, sobriety or participation in treatment is not a condition of receiving housing. The housing itself becomes an ongoing incentive to change and often leads to increased access to treatment. Support from the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, as well as continued support from OHCD, has allowed for the continuation and/or expansion of the program.

Accomplishments

More than 4,000 persons annually find themselves in a homeless shelter or a place not meant for human habitation. This population is almost exclusively served by programs supported by the Consolidated Homeless Fund.

Statistics on this population can be found HERE.

The Homelessness Prevention and Rapid Re-Housing Program expired in 2012, after operating for 3 years and serving approximately 3,500 persons who would have been homeless but for this assistance. ESG funding will, in part, continue these successful efforts.

Housing First - At the end of 2011, the program housed 190 families. Participants in this program were homeless an average of 335 days the year prior to entering the program and were off and on homeless for an average of 7.6 years. Housing proved to be stable, with 80% of placements still housed after 12 months.

Rhode Island Continuum of Care
Reallocation Policy

In 2012 HUD allowed Continuums of Care to reallocate funds from renewal projects to provide funding for new projects. A project's funds might be reallocated for a number of reasons:

- The project has alternate funds to pay for activities and the sub-recipient is requesting a lower budget amount in the application.
- The project no longer meets the needs of Rhode Island's homeless.
- The sub-recipient is no longer able to administer the project and a new sub-recipient cannot be identified.
- Multiple years of recaptures show the project to be over resourced.
- The sub-recipient does not meet the minimum thresholds of project eligibility and/or project quality.
- The project is underperforming in meeting outcome goals.
- The project has monitoring finds that have not been resolved.

The Sub-Recipient Approval and Evaluation Committee will review the applications of each project and determine if a reallocation is recommended. If this decision is made, the agency will be informed within 3 days of the committee's decision. Within three days from receiving the decision, the agency may request in writing a meeting to appeal the decision. The letter should be sent to:

Laura Archambault
Supportive Services Manager
Rhode Island Housing
44 Washington Street
Providence, RI 02903

Or: larchambault@rhodeislandhousing.org

Approved by CoC Board June 4, 2015

Rhode Island Continuum of Care Policies and Procedures

CoC Overview

In accordance with HUD regulations (24 CFR Part 578), representatives from relevant organizations that serve homeless and formerly homeless individuals and other interested, relevant organizations within the State of Rhode Island have established a Continuum of Care to carry out the duties assigned in the aforementioned regulations.

That Continuum of Care is named the State of Rhode Island Continuum of Care (RICoC) and has established a Board of Directors in accordance with the process described in the Governance Charter for the RICoC attached hereto.

The RICoC is a united coalition of community and state systems that assist homeless and near homeless residents in the State of Rhode Island to obtain housing, economic stability, and an enhanced quality of life through comprehensive services.   RICoC addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding.

The Board of Directors has adopted the policies contained herein to ensure compliance with HUD regulations and to support efforts to assist homeless and near homeless residents in the BOS region to obtain housing, economic stability and enhanced quality of life.

The policies were adopted in full by the Board of Directors on _____ and may be amended by a majority vote at any meeting of the Board of Directors.

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1. CoC Planning

a. CoC Housing and Services System

i. Outreach, Engagement and Assessment

Policy: The RICoC will coordinate the implementation of a comprehensive housing and services system to locate, identify and engage homeless persons and families living without shelter and those living in emergency shelter, to rapidly place them in appropriate long term housing, and to ensure that adequate support and assistance is provided to ensure that housing stability is maintained.

Procedures:

1. The RICoC will seek to coordinate outreach services including those funded by CoC, ESG and other funding sources to ensure that: outreach fully covers the State of Rhode Island including urban and non-urban areas. The CoC will seek to prevent overlap and duplication of outreach services and assure that outreach covers all areas of the State that are likely locations where homeless people will find shelter or will seek or remain or congregate without formal shelter services or support. Outreach teams will coordinate with local shelters, drop-in centers, and other programs serving homeless people, law enforcement and emergency medical personnel.

2. Outreach teams will seek to engage homeless people through non-confrontational, repeated contact, offering immediate and longer term assistance. Contacts between outreach teams and homeless people will be documented in the RICOC HMIS system.

3. Assessment of persons contacted through outreach will be accomplished using the VI-SPDAT assessment and the results of the assessment will be reported in the HMIS system.

ii. Shelter, Housing and Supportive Services

Policy: In order to assure that homeless people are able to access safe emergency shelter and to be rapidly returned to housing, the CoC will work to assure that there is adequate emergency shelter, that homeless people are quickly moved from shelter to housing, and that adequate housing options exist, and to assure that supportive services necessary to maintain housing are available and accessible to homeless people placed in housing.

Procedures:

1. The RICoC will monitor use of shelter resources through HMIS reporting and through the annual point in time count. The RICOC will collaborate with recipients of ESG funding and the RI Consolidated Homeless Fund (CHF) to increase access to and availability of safe and sanitary emergency shelter. The primary strategy to ensure access to shelter will be by freeing up shelter resources through the rapid placement in housing and targeting of permanent supportive housing toward those with the greatest service needs and lengths of time homeless. Where appropriate, the CoC will consult with ESG and the CHF to develop strategies to increase access and availability of shelter.

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2. The RICoC will encourage the use of evidence based practices including permanent supportive housing for the chronic and long term homeless and rapid rehousing to resolve family homelessness. The CoC will establish incentives for providers to reallocate or otherwise redirect funding from less effective to evidence based strategies. The RICoC will annually review the performance of all funded grantees and take action against poor performers to improve performance to redirect the funding to more effective strategies and providers.

3. The CoC will encourage the use of mainstream resources and services for supportive services and will seek to ensure that CoC funded supportive services are: not duplicative of services available from mainstream sources and are necessary and essential to housing placement and retention. As part of the annual performance review of CoC funded programs, the CoC will examine the use of CoC funds for supportive services, determine per-client supportive services costs, and evaluate outcomes. Providers not meeting CoC defined outcomes, use of CoC funds for services available from mainstream resources, or with disproportionately high supportive services costs will be assessed for possible reallocation of some or all of the CoC funding.

iii.   Prevention

Policy: The RICoC will seek to minimize the numbers of individuals and families who become homeless for the first time by working with ESG funded providers to target the use of prevention resources toward those about to enter shelter or homelessness.

Procedures:

1. In consulting with ESG recipients and the Consolidated Homeless Fund, the CoC will advise the use of prevention resources to divert individuals and families from entering shelter or homelessness.

2. The RICoC will track those households receiving prevention assistance to determine the rate at which households receiving prevention assistance subsequently become homeless.

3. The RICoC will report to ESG recipients and the Consolidated Homeless Fund on prevention outcomes and will encourage funding for those providers who have demonstrated success and identify successful practices that can be employed to more effectively target prevention resources and provide support in effectively targeting prevention resources.

b. Annual Point in Time Count

Policy: on an annual basis the RICoC will conduct a Point-in-Time (PIT) Count based on actual counts and/or statistically reliable data. The CoC will annually count all sheltered and unsheltered homeless persons in Rhode Island during a specified 24 hour period.

Procedures:

Rhode Island Continuum of Care Policies and Procedures

1. The PIT count and reporting of resources in the Housing Inventory Chart (HIC) shall be consistent with HUD standards and will be consistent with HUD's Point in Time Methodology Guide.

2. There will be a single statewide count to be held on an evening that meets HUD's requirements and that is convenient for all participants in the RICoC. The CoC Board will select the date for the count.

3. The count of persons in shelter and transitional housing shall be conducted by the providers of those services. The count of unsheltered persons shall be conducted by volunteers organized, trained and coordinated by the RICoC.

4. A standard survey instrument shall be used. The survey instrument shall be consistent with best practices identified by HUD for the count.

5. Data for the HIC shall be collected on the same night as the PIT count. HMIS will be used as the starting point for the HIC count, supplemented by additional information that may be required by HUD.

6. As a condition of receiving funding from the RICoC, all organizations receiving CoC and ESG funding must participate in the PIT and HIC process.

7. PIT and HIC data shall be submitted to HUD in the required format, in the designated data system, and according to the schedule developed by HUD.

C. Annual Gaps Analysis for Homeless Needs and Services

Policy: on an annual basis, the RICoC will analyze the inventory of resources included in the Housing Inventory Chart compared to the results of the PIT count and identify the gaps in needs for emergency shelter, transitional housing and permanent housing including rapid rehousing and permanent supportive housing.

Procedures:

1. Upon completion of the PIT and HIC submissions, the RICoC will perform a gaps analysis to determine the unmet need for housing and services in the CoC.

2. The CoC will initially use the methodology developed by HUD to perform the initial gaps analysis.

3. The CoC Board will solicit input from providers of homeless assistance, advocates and public agencies regarding the unmet need projection derived from the HUD methodology.

4. Comment will be obtained on the appropriateness and adequacy of the gaps analysis and based on comment received, the gaps analysis will be adjusted.

5. The final gaps analysis will be submitted to HUD in the designated data system in the format and schedule established by HUD.

Rhode Island Continuum of Care Policies and Procedures

d. Process for collecting and providing information to jurisdictional Consolidated Plans

Policy: on an annual basis, the RICoC will supply information to jurisdictions within the CoC that submit Consolidated Plans to HUD on the annual Point in Time and Housing Inventory Counts as well as the annual Gaps Analysis submitted. Information provided will also include updates on progress in achieving the goals of Opening Doors Rhode Island, the strategic plan for the CoC.

Procedures

1. Upon completion and submission of data to HUD on the PIT, HIC, and gaps analysis, the RICoC will distribute that information to jurisdictions in the State preparing and submitting Consolidated Plans including: the State of Rhode Island, City of Providence and City of Warwick.

2. On at least an annual basis, the RICoC Board will review the goals established in Opening Doors Rhode Island, compare to accomplishments during the most recent year, and identify accomplishments and tasks remaining in order to achieve the goals of the strategic plan.

e. ESG Consultation Process

Policy: the RICoC will provide recommendations to the RI Consolidated Homeless Fund on the use of ESG funding to prevent and end homelessness in Rhode Island. The recommendations will include suggestions on the distribution of funding among eligible uses including how ESG funding should be used for prevention and rapid rehousing. The CoC will also establish performance standards for ESG funded activities and report to ESG recipients and sub-recipients on performance of ESG funded activities.

Procedures:

1. As part of the Gaps Analysis developed by the RICoC, it will identify unmet need for rapid rehousing and prevention activities. Based on this analysis, the RICoC Board will develop recommendations for the use of ESG funds by the Consolidated Homeless Fund. Recommendations will include:

    a. How ESG funding should be distributed among ESG eligible funding activities.

    b. Priority populations for receiving rapid rehousing or prevention assistance.

    c. How and when prevention assistance will be provided to households at risk of homelessness.

2. Recommendations on the use of ESG funding will be based on the Gaps analysis and input from CoC grantees, advocates and public agencies.

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3. On an annual basis, the RICoC will review the performance of agencies funded to provide rapid rehousing and/or prevention services from the Consolidated Homeless Fund. The performance review will address:

    a. Outcomes achieved.

    b. Comparison of program outputs with proposed accomplishments.

    c. Expenditures of ESG funds.

4. Performance reports on ESG sub-recipients will be provided to the sub-recipients for review prior to submission to the Consolidated Homeless Fund. If the sub-recipient has any comments or feedback on the report, it will be reviewed by the CoC and the report amended as appropriate. The final performance report and any sub-recipient comments will be provided to the Consolidated Homeless Fund.

Rhode Island Continuum of Care Policies and Procedures

2. HUD Application Process

Policy: It is the policy of the CoC to develop an annual HUD application for funds that seeks designation for the RICoC as a Unified Funding Agency (UFA) and to submit as a Collaborative Applicant (CA) should HUD not designate the RICoC as a UFA. RICoC shall submit an application responsive to HUD NOFA requirements and shall seek bonus or incentive funding as may be available through the competitive process. The HUD application process shall be fully transparent and all aspects of the application made publicly available. The application shall be posted on the RICoC website as soon as possible.

Procedures

a. Collaborative process for developing application

The CA/UFA will be responsible for developing and submitting the HUD application on the schedule and format specified in the NOFA issued by HUD. The Board has designated the System Performance and Planning Committee with the responsibility for the oversight of the application process.

The HUD application cycle varies year by year. Although the timing varies, the key tasks for the CoC remain relatively constant subject to annual modification by HUD. These tasks include:

- Reviewing the performance of all current CoC grantees and:

    o Determining:

        ▪ Whether there is a continuing need for the services in the CoC

        ▪ Whether current performance is adequate to justify grant renewal

        ▪ If either of the two determinations is negative, the recommendation will be made to either reallocate the grant or if the services remain essential to the CoC, to recommend to HUD that the grantee be replaced.

    o Grants that have been determined to be appropriate for renewal will be assigned a preliminary score based on the performance review.

        ▪ The score received by the grantee through the renewal performance evaluation will not be the sole factor in determining the ranking of the application for the renewal.

        ▪ Final ranking will not be completed until HUD has released the NOFA as the NOFA may contain additional factors/considerations that could affect the ranking of applications.

- Conducting an annual application process for new projects

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- o Each year there are limited opportunities to fund new projects. The RICoC may decide to not renew some grants based on performance or need for the services. Funding non-renewed by the CoC will be made available through a competitive process to all eligible organizations in the CoC. Additionally, HUD may have sufficient funding for new projects either as designated 'bonus' projects or some other process.

- o As part of the annual planning process, the CoC will evaluate the need for additional permanent housing and determine the relative priority for permanent supportive housing for chronically homeless and rapid rehousing for families. That analysis will be used by the CoC to determine the relative priority to be assigned to new projects.

- o The application process will be well publicized to assure that all potential applicants are aware of the possible funding.

- o Applicants will be provided a reasonable timeframe for developing and submitting applications.

- o The application will include detailed factors for award that will be used to score the applications received. Applications will be ranked based on their score.

- o Review and ranking of new applications will be conducted by a subcommittee of the System Performance and Planning Committee. No member of that committee may be employed by or serve on the board or in any other capacity with an applicant organization for new funding.

- Preparation of the CoC application. The CoC application will be prepared including such information and exhibits as are required by the HUD NOFA. The CA/UFA will be responsible for preparing the application. When the NOFA is issued, the CA/UFA will develop and submit to the Board a detailed schedule and plan for the completion of the application and its submission to HUD. The Schedule and Plan for the NOFA competition will be presented to the Board for approval.

  - o The CoC application is a public document. The final application will be posted on the CoC website as soon as possible following submission to HUD.

  - o A draft of the complete application will be submitted to the Board for review and approval according to the Plan and Schedule approved by the Board.

  - o The application will not be submitted to HUD until the Board has voted in favor of submission.

  b. Process for establishing priorities

The CoC will prioritize new and renewal projects. Priority for particular components (permanent supportive housing, rapid rehousing, etc.) will be established by the CoC on an annual basis. The

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prioritization process will be based on the outcome of the annual Point in Time count and the assessment of CoC resources in the Housing Inventory Chart.

Upon the completion of the PIT and HIC process, the System Performance and Planning Committee will in a public session review the findings of the PIT, assess changes in the number of chronically homeless, veterans, families and youth and establish priorities for assistance for the current year.

The assessment will include a review of the goals of *Opening Doors Rhode Island* and projects will be prioritized based on the extent to which they contribute toward accomplishing the goals of the statewide strategic plan.

c. Approval process for submitting HUD application

The CA/UFA will develop a plan and schedule for submitting the HUD application within ten days of the NOFA being published. The plan will call for the HUD application to be submitted in sufficient time to assure that it can be submitted in sufficient time in advance of the final deadline to avoid any possible last-minute crises.

The Plan will include details on how the complete application will be presented to the Board for approval prior to the HUD submission. The CA/UFA will work in close cooperation with the System Performance and Planning Committee and make available application sections for review by the committee in advance of completion of the complete application. The application will not be presented to the Board for review and approval until such time as the committee has reviewed the entire application and voted to recommend it to the Board.

The Board will review the application in a publicized public meeting. The application will not be submitted to HUD until the Board has voted in favor of submission. Should the Board have comments or seek changes to the application, the CA/UFA will make all requested revisions and modifications prior to submission.

d. Plans for implementing Unified Funding Agency

The Board will be responsible for determining when and if the RICoC will apply to HUD for designation as a Unified Funding Agency (UFA). Application for UFA status will be made at the time and format as specified by HUD in the NOFA. HUD will determine whether to approve the application for UFA status.

The RICoC is well established to assume UFA responsibilities since CoC contracts are between the current CA and subrecipients carrying out CoC activities.

According to 578.11, the key characteristics of a UFA are the existence of adequate financial management systems and the demonstrated ability to monitor subrecipients.   The CA is implementing a comprehensive monitoring program in preparation for designation and it has been the direct recipient of HUD funds and has subcontracted with CoC provider agencies for an extended period.

e. Process to designate Collaborative Applicant

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The RICioC has designated Rhode Island Housing to serve as the collaborative applicant for the CoC.   As a statewide agency with responsibility for affordable housing, Rhode Island Housing is well situated for the role as collaborative applicant.

The CoC board will on an annual basis review the performance of the CA/UFA. Factors to be considered in the performance review include:

- Timeliness in executing sub-recipient agreements and in reimbursing sub-grantees for expenses.

- Adequacy of oversight of existing grantees including tracking of eligible expenses and expenditures of grant funds.

- Performance in coordinating the CoC process including scheduling and notifying members regarding meetings, distribution of minutes of meetings, and taking follow-up actions as directed by the Board or respective committees.

- Satisfactory performance in the HUD application process including submission of a timely application and success in securing renewal and new competitive funding.

- Effective coordination of CoC planning activities including the annual PIT/HIC process and ensuring the Opening Doors Rhode Island serves as the guide for CoC planning efforts.

In the event that the Board finds that the current CA is not fulfilling responsibilities, the Board may decide to replace the CA. To do so, it will document that the current CA is deficient in operations and it will establish an open and competitive process to solicit a replacement CA. The board will implement a competitive process and will designate as CA the organization found to be most effective in fulfilling the CA responsibilities.

f. Plan for use of planning funds

Annually the RICoC will submit an application for Planning Funds in the form specified by HUD. T6he application will be for eligible activities including: preparing the HUD application, coordinating the CoC, monitoring sub-grantees and evaluating the outcomes of projects in the CoC including those funded by ESG.

After the NOFA has been issued, t6he CA/UFA will prepare a plan for the use of Planning Funds in the competition. This plan will be based on prior experience of the CA/UFA as well as Board plans for monitoring, coordinating with Consolidated Plan recipients in the CoC and success of the CoC in achieving the goals of Opening Doors Rhode Island. The Board will review and approve plans for the use of Planning funds, authorize the CA/UFA to submit the planning application and request revisions in the plan, as appropriate.

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3. CoC Written Standards
a. Protocols for CoC Meetings

Policy:

It is the policy of the Coc that all meetings held by the RICoC including membership meetings, Board of Directors, Committees and workgroups will follow these protocols.

Procedures:

1. Advance notice of meetings will be sent to all members. This will be provided at least 5 days prior to the meeting and will indicate the place, time and agenda for the meeting.   The schedule for all meetings will be publicly posted on the CoC website and other locations as appropriate.
2. Membership meetings will serve as conferences on ending homelessness in Rhode Island, track progress on achieving the goals of Opening Doors Rhode Island, the strategic plan to prevent and end homelessness, and identify specific priorities and action items for the CoC. There will be at least two meetings of the full RICoC membership held in each calendar year (in the spring and fall).
3. Issues presented to the RICoC membership for a vote will be decided by a simple majority of votes cast. RICoC members may vote in person or via phone. The RICoC does not allow proxy voting.
4. The fall meeting of the RICoC will serve as the annual meeting and will include: election of directors to serve on the Board and review of any possible changes to the RICoC's governance framework.
5. The RICoC members present at any properly announced meeting of the RICoC membership will constitute a quorum with the exception of the Annual Meeting which must be attended by a minimum of 30% of the designated members of the RICoC. The Board, committees and workgroups will develop their own policies regarding quorums.
6. The Board of Directors (Board) elected by the membership will act on behalf of the membership to fulfill the responsibilities of the RICoC as established by HUD and consistent with the Governance Charter of the RICoC.   The Board will meet on a monthly basis at a date, time and location to be set by the Board.
7. The Board will designate committees and workgroups to carry out the activities of the CoC. Committees shall meet as frequently as directed by the Board at a time and location convenient to their members.
8. Meetings will follow Robert's Rules.
9. All RICoC meetings follow Rhode Island's Open Meetings Law. This includes membership, Board, and committee meetings.
10. Minutes will be taken of all RICoC meetings. Draft minutes will be published on the CoC's website within one month of the meeting taking place. Minutes will be presented to the RICoC,

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Board, or relevant committee for approval at the next scheduled meeting and will be posted on the website within one month of approval.

11. Board committees and workgroups will select one of their member to serve as chair. The chair will establish the agenda.
12. The CA/UFA will be responsible for coordinating the operations of the CoC meetings including: maintaining a schedule of all meetings, posting the schedule and sending out electronic notifications, arranging meeting locations, and posting minutes to the website.

Attachment

State of Rhode Island Open Meetings Law

b. Standards for membership and outreach to potential new members

Policy:

Membership in the RICoC is available to representatives of organizations and agencies within Rhode Island and individuals who are interested in the well-being of people at risk of homelessness, those who are homeless and those who formerly were homeless. Relevant organizations and agencies for inclusion in the RICoC include: nonprofit housing developers and assistance organizations; victim services providers; faith-based organizations; political subdivisions and other government entities; businesses; advocacy organizations, public housing agencies; school districts; behavioral health organizations; hospitals; universities; affordable housing developers; law enforcement organizations; veterans services organizations; homeless services organizations; and individuals including people currently homeless and those who formerly were homeless. The RICoC shall affirmatively seek to recruit new members to the CoC

Procedures

1. Representatives: In the event that more than one representative of a single relevant organization attend RICoC meetings, only one member of the relevant organization may exercise a vote.
2. Outreach: Each year the RICoC will conduct outreach to potential new members. Formal invitations to participate will be distributed to relevant organizations prior to the Annual Meeting of the CoC. Invitations will be displayed at all facilities providing housing and services to homeless people encouraging participation. Media outlets will be contacted to the maximum extent feasible to attract the participation of relevant organizations and members. Outreach will also include social media sites.

c. Process for establishing committees and workgroups

1. There are five designated Standing Committees of the RICoC including: System Performance and Planning; Recipient Approval and Evaluation; Veterans; Chronically Homeless/High Need Individuals; and HMIS.

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2. The Board may at any time establish additional committees or convene workgroups to address specific topics. The Board has the sole authority to establish committees or workgroups.
3. Unless specifically entrusted by the Board to act on its behalf, committees serve in an advisory capacity only to the Board. No recommendations or actions taken by a committee will be considered actions of the Board without approval or ratification by the board.
4. Members of each committee will be appointed annually by the Board and will include at least one Director. Committee membership is not restricted to Board members or members of the CoC. Each committee will select its own chair and vice-chair to serve in the absence of the chair.
5. At least one member of the Veterans, Families and Youth, and Chronically Homeless/High Need Individual, and HMIS Committees will participate in the System Performance and Planning Committee. A representative from the Rhode Island Office of Management and Budget, Grants Management Office, will be an ex-officio member of the Recipient Approval and Evaluation committee.

d. Standards for annual review of Governance Charter
1. The Board will review the Governance Charter annually. On the basis of that review, the Board will develop and recommend changes to improve the functioning of the RICoC and to maintain compliance with federal and state regulations. Items to consider in the annual review of the charter include but are not limited to: any formal or informal complaints received by the Board, level of participation in the CoC including membership and committee meetings, progress in achieving the goals of Opening Doors Rhode Island, new representation in the CoC and whether the CoC is fully representative of all organizations and individuals seeking to prevent and end homelessness in the state, and ability of the CoC to secure new or additional resources.
2. In the event that the Board determines that changes need to be made to the governance charter, the Board or a subcommittee will draft proposed changes and present it to the membership at the Annual Meeting. Changes to the Charter will only be proposed at the Annual Meeting. Proposed changes will be distributed to all members prior to the meeting.
3. In addition, every five years following the initial approval of the Charter, the Board will establish a process to review the Board selection process. This will include participation by members of the CoC as well as members of the Board. A determination will be made as to whether the process results in a Board that is fully reflective of the membership of the CoC or whether changes need to be made to ensure the representativeness of the board.

e. Means for Establishing Performance Targets
1. On an annual basis the RICoC Board will establish performance targets for ESG and CoC funded programs. The targets will cover key outcomes as established by the CoC and HUD. These outcomes include but are not limited to: placement in permanent housing, retention of permanent housing, employment of program participants, access to cash and non-cash mainstream benefits for program participants, and returns to homelessness among those

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served. Performance targets will also be established for grant management to include: timely expenditure of grant funds, timely submission of required reports and documents, and for not having monitoring findings from HUD or the CoC.

2. Performance targets will be developed by the System Performance and Planning Committee and will be adopted by the RICoC Board. Performance targets will be reviewed no less frequently than annually and adjusted based on prior accomplishments, CoC policy as established by the RICoC Board, and changes in HUD policies and priorities. The targets will be established in consultation with ESG and CoC funded providers. The targets will incorporate HUD requirements and performance targets as indicated in the most recent HUD CoC Notification of Funding Availability (NOFA).

3. Performance targets will be set at reasonable aspirational levels. The goal is to stimulate grantees to achieve identified outcomes and to set the goals at levels that are attainable by providers operating well-run programs.

Attachment

1. Performance Targets FY 2014

f. Means for monitoring CoC and ESG and evaluating the outcomes of ESG and CoC recipients and sub-recipients

1. Responsibility for Monitoring and Evaluating the Outcomes of CoC and ESG recipients and sub-recipients is designated by the Board to the Recipient Approval and Evaluation Committee or such other committee that shall be designated.

2. The conduct of the monitoring and evaluation will be the responsibility of the Collaborative Applicant, or if designated by HUD, by the Unified Funding Agency. The CA/UFA will report all monitoring findings and the results of the outcome evaluations to the Recipient Approval and Evaluation Committee.

3. Performance outcomes will be evaluated using measures developed by the System Performance and Planning Committee or such other committee as may be designated by the Board.   The Committee will consult with ESG recipients in the State prior to setting ESG performance standards. The performance measures will be based on standards established by the Board and that incorporate HUD designated requirements and standards. Measures will track key outcomes as established by the HEARTH Act including: placement in and retention of permanent housing, employment gains, accessing mainstream resources, and preventing returns to homelessness among those who have received CoC services. Performance targets will be updated no less frequently than annually.

4. All recipients of CoC or ESG funding within the State of Rhode Island are required to participate in the Statewide HMIS system and the CA/UFA will use data as submitted to HMIS to evaluate the performance of CoC and ESG funded organizations. Performance outcomes of ESG and CoC

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recipients will be evaluated at least annually. Performance reports will be distributed to recipients of ESG and CoC funding.

5. Performance outcomes for ESG funded programs will be reported to the State of Rhode Island Consolidated Homeless Fund. Performance reports on CoC funded programs will be submitted to the RICoC Board. The performance evaluations will be one factor used in determining whether existing grants will be renewed or whether grantees require additional support and assistance in the operation of their programs. They will also be a key factor in establishing the ranking of renewal applications for HUD CoC funding.

6. In addition to evaluating the outcomes of ESG and CoC funded programs, the RICoC will also establish an ongoing process of remote and onsite monitoring of CoC funded grants. All recipients will be remotely monitored according to a schedule established by the board and in compliance with any HUD requirements. CoC recipients chosen for remote monitoring will be required to provide backup information to the CA/UFA to substantiate the eligibility of persons served, eligibility of funded activities, that appropriate determinations of participant's income and subsidy calculations have been made, and that all required matching funds have been committed and received. Grantees whose remote monitoring reveals possible areas of noncompliance may be selected for follow-up onsite monitoring

7. Grantees will be selected for on-site monitoring will be based on a risk assessment protocol. The Board will establish targets for the number of grantees to be monitored onsite on an annual basis. Factors to be used in the risk assessment include but are not limited to: performance evaluations, prior HUD monitoring and findings; size of CoC grant; expenditures of prior grant funds; size of project in terms of persons/households served; data quality reported in HMIS; and timeliness of required submissions to HUD and the CoC.

8. Grantees notified that they have been selected for on-site monitoring will be provided information in advance on areas to be addressed by the monitoring, will be provided an entrance interview at which time the scope of the monitoring will be discussed, an exit interview to discuss initial monitoring findings, and a written report on the monitoring. Monitoring will be conducted by the CA/UFA in accordance with policies and standards approved by the Board. Refusal to participate in monitoring or failure to respond to monitoring findings could result in non-renewal of funding.

9. The primary purpose for the performance evaluation of ESG and CoC funded programs and for monitoring of CoC funded programs is to improve performance, focus efforts on achieving CoC identified outcomes, and identify areas in which the grantees may be at risk of noncompliance with HUD requirements and face potential recapture of Federal funds. Refusal to participate or unwillingness to implement improvements based on monitoring findings could result in non-renewal of grants; grantees that agree to participate and that establish effective corrective action plans will not be adversely affected by monitoring.

Attachments

1. Risk assessment procedures for selecting organizations to monitor

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  2. Monitoring Protocols for monitoring CoC funded organizations

  g. Means for Taking Action against Poor Performers

  1. Poor performance will be identified through the performance evaluation that will be conducted of all ESG and CoC recipients and through the remote and onsite monitoring of CoC grantees. ESG and CoC grantees that fail to meet performance targets established by the RICoC Board and/or CoC grantees with monitoring findings will be expected to develop a plan of correction. The Plan will identify steps that will be taken to improve performance or address deficiencies in management or operation of their CoC funded programs. The Plan of Correction will include specific action steps to be taken by the grantee as well as a timeframe for implementing the changes. The Plan will be submitted to the Recipient Approval and Evaluation Committee. The Committee can accept the Plan as submitted or require modifications from the grantee.
  2. Grantees that have an approved Plan of Correction and that demonstrate the Plan is being implemented will be able to renew funding provided that the RICoC Board determines that the funded project continues to be of value in the effort to prevent and end homelessness in the State of Rhode Island. Grantees while fulfilling the requirements of their Plan of Correction will not be able to apply for new projects or additional funding for existing projects from the CoC.
  3. Grantees that do not submit Plans of Correction or whose Plans is not accepted by the Committee will be at risk of the RICoC Board deciding to not renew funding in subsequent HUD competitions. Any decision to non-renew funding can be appealed through the RICoC's grievance policy.

h. Protocols for Coordinated Assessment

The RICoC Coordinated Assessment Protocols are contained in the State of Rhode Island Coordinated Assessment Policies and Procedures which are included as an attachment to this document.

Attachment:

Rhode Island Statewide Coordinated Access System for Homeless Services Policies and Procedures Manual

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i. CoC Written Standards

Policies for determining eligibility of individuals and families for CoC assistance

The table below provides eligibility and priority information for all program models funded by the RICoC. In order to be assisted by any provider/program funded by the CoC, eligibility for assistance for individuals or families must be verified and documented. In all instances, information should be verified by:

i.   Written documentation provided by a third party source that the individual/family is currently homeless, length of time they have been homeless, and their history of homelessness including the number of episodes of homelessness. Documentation obtained from the State of Rhode Island HMIS (Homeless Management Information System) verifying that the individual/family is homeless, length of time homeless and documentation of incidents of homelessness will satisfy the requirement for written documentation.

ii.   In the event that written or HMIS documentation cannot be obtained, verbal verification is acceptable from a third party source. This will be obtained via telephone or other communication. The time and date of the communication must be indicated as well as the name, title and organization of the person providing the verification.

iii.   Only if neither written nor verbal third party verification can be obtained, can the individual/family applying for assistance self-certify their eligibility. This is not the preferred method for verification and should be used only in exception instances where there is substantial reason to believe that the household will be determined to be homeless and valid reasons provided as to why no third party source is able to verify the information.

iv.   Individuals/families who are homeless because they are fleeing domestic violence/abuse may provide an oral statement that they are fleeing, have no subsequent residence, and lack the resources to find alternative housing. This statement must be documented by self-certification or a certification by the intake worker.

Model	Eligibility/Entry Requirements -	Priority Populations for Service – used to establish admission priorities relative to other eligible applicants
ALL Program Models	• No additional eligibility requirements can be applied beyond those required by funders or established as a Coordinated Access policy. • All eligibility requirements stipulated by funders will apply.	

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Model	Eligibility/Entry Requirements -	Priority Populations for Service – used to establish admission priorities relative to other eligible applicants
Permanent Supportive Housing	• Must meet HUD definition of literally homeless (category 1) <u>or</u> have met that definition prior to entering transitional or other CoC assisted housing • Must include at least one family member with disabilities • If a designated Chronically Homeless bed, must meet HUD chronic homeless definition • Rhode Island resident for at least 6 months	• Persons and heads of families who have been homeless (sheltered or unsheltered) for the longest period of time based on HMIS entry data • Persons and families with members that have high F-SPDAT/VI-SPDAT scores
Rapid Re-Housing	Must meet HUD's definitions of: • Literally homeless (Category 1) (all CoC funded projects) • At imminent risk of homelessness (Category 2) or • Fleeing domestic abuse or violence (Category 4) • Income below 30% of AMI • Rhode Island resident for at least 6 months	• Newly and first time homeless individuals and families • Households who are eligible for PSH but literally homeless and awaiting PSH placement
Operation First Step – Return Home	• Single individuals not able to be diverted • Income below 30% AMI • Meet HUD definition of literally homeless – living on the streets or the shelters (HUD Category 1) • Rhode Island resident for at least 6 months • Interested in recovery/ programming offered	• Persons who have been homeless for one month or less • Persons who are being discharged from institutional settings where they have resided for fewer than 90 days and who were on street or in shelter prior to entry

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Model	Eligibility/Entry Requirements -	Priority Populations for Service – used to establish admission priorities relative to other eligible applicants
Operation First Step – Almost Home	• Single individuals not able to be diverted • Income below 30% AMI • Living on the streets or in shelter • Rhode Island resident for at least 6 months • Interested in recovery/ programming offered.	• Persons who are LGBT • Youth (ages 18-25) • Persons who have a history of substance use, incarceration, and/or mental health needs which impacts their ability to live independently
Transitional Housing (Includes: Substance use treatment/ sobriety programs, VA Grant/Per Diem, , Family programs)	• Not able to be diverted • Income below 30% AMI • Individuals or families who meet HUD's Category 1, 2 or 4 of homelessness • Persons for VA supported programs (Grant/Per Diem) must meet VA eligibility criteria • Rhode Island residents for at least 6 months	• Young adults 18-24 • Families headed by young adults • Individuals and families headed by persons with histories of foster care involvement • Families with children under 5 • Fleeing DV and DV is cause of recent homeless episode • Households not in need of PSH • At least one prior episode of homelessness (except young adults)
Emergency Shelter	• Literally homeless people who cannot be diverted and with no other safe place to sleep • Persons who can be safely accommodated in shelter – not presenting danger to self or others	Regional preference to serve families/individuals from local area

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Policies for prioritizing which individuals and families receive transitional housing

As indicated in the table above, there are two categories of transitional housing in the CoC: program shelters and transitional housing. Program shelters seek to provide more than temporary, safe shelter including support and skill development to prevent future episodes of homelessness. The table above indicates the priority populations to be served by each transitional housing program type supported in the CoC. The prioritization table will be amended as required if the decision is made to change any of the priorities.

Policies for prioritizing which individuals and families receive rapid rehousing assistance

Rapid rehousing can be funded in the RICoC through ESG funds administered by the RI Consolidated Homeless Fund and directly by the CoC. Regardless of the funding source, as indicated above, priority for rapid rehousing assistance will be given to individuals and families that meet the specified eligibility criteria and that are newly homeless or first time homeless or families and individuals that qualify for and are eligible for permanent supportive housing but for whom there is not a bed or unit currently available. In this latter instance, rapid rehousing will be used to provide time limited support while the household awaits permanent placement.

Standards for determining what percentage of rent each participant must pay while receiving rapid rehousing assistance

All participants receiving rapid rehousing assistance will be expected to contribute to rental payments provided that they have income with which to make payments. Participants with zero income will be served regardless of their inability to pay rent. Rent charges will be calculated consistent with 24 CFR 578.77. Rent will not exceed the maximum changes indicated in the regulations.

Policies for prioritizing which individuals and families receive permanent supportive housing

- **Priority populations for Permanent Supportive Housing.** The Rhode Island CoC will follow CPD Notice 14-012 "Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing." The order of priority for admission to permanent supportive housing will follow the priorities established in Notice 14-012.

  - In providing permanent supportive housing, providers shall prioritize the following populations:

    - Persons who are chronically homeless and highly vulnerable with severe service needs;

    - Those who have been homeless for the longest period of time or who have had repeated episodes of homelessness over an extended period.

    - Veterans.

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- **Order of priority in CoC program funded permanent supportive housing beds dedicated to persons experiencing chronic homelessness, and PSH beds prioritized for occupancy by persons experiencing chronic homelessness.**

  - First priority: chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.

  - Second priority: chronically homeless families and individuals with the longest history of homelessness.

  - Third priority: chronically homeless individuals and families with the most severe service needs.

- **Order of priority in permanent supportive housing beds not dedicated or prioritized for persons experiencing chronic homelessness:**

  - First priority: homeless individuals and families with a disability and the most severe service needs;

  - Second priority: homeless individuals and families with a disability with a long period of continuous or episodic homelessness.

  - Third priority: homeless individuals and families with a disability with a long period of continuous or episodic homelessness.

  - Fourth priority: homeless individuals and families with a disability coming from transitional housing.

- **Single, Prioritized Wait List for Permanent Supportive Housing**

  - The Rhode Island CoC has established a single, prioritized wait list for permanent supportive housing. The wait list will be prioritized according to the order of priority identified above. The single priority waitlist and referral process will allow CoC participants to exercise freedom of choice. The prioritized waitlist will be administered as part of the Coordinated Entry System.

  - The waitlist will be periodically updated so new referrals are prioritized according to the factors listed above and not prioritized based on length of time on the waiting list.

  - Providers of permanent supportive housing in the CoC are required to accept ALL admissions from the priority waitlist and may not establish their own waitlists or prioritizations.

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- Providers will have limited authority to decline referrals from the coordinated entry system. However, even if a provider declines a referral, it will have to obtain an alternative referral from coordinated entry. Providers may not substitute an otherwise eligible participant for those referred through coordinated entry.

j. Code of Conduct

1. Attendance and Conduct.

Directors and committee members are expected to attend meetings when scheduled and be prepared to discuss matters presented for their deliberation. They are also expected to provide the chair of the Board or their respective committee or workgroup if they know that they will not be able to attend a meeting as scheduled. Absence without notice or explanation for three (3) meetings within a calendar year or repeated failure to complete work assignments or tasks agreed to will be grounds for removal from the Board or any committee to which the individual has been assigned. Additionally, repeated failure to participate thoughtfully and respectfully in discussions or persistent disruptive or obstructive conduct during meetings will be grounds for removal.

2. Conflicts of Interest

All Directors, committee and workgroup members of the RICoC are expected to adhere to the highest standards of ethical conduct, respect the public trust and the rights of all persons, be open, accountable and responsive, avoid the appearance of impropriety, and not use their position for personal gain or advantage.

The Rhode Island Code of Ethics is a set of statutory and regulatory provisions which regulate the ethical conduct of elected and appointed public officials as well as state and municipal employees. The Code can be located at: www.ethics.ri.gov/code. The Code of Ethics provides detailed information on those subject to the Code, prohibited activities by persons subject to the Code, and other restrictions.

Members of the RICoC Board, committees and workgroups will agree to strictly adhere to state and federal conflict of interest provisions in conducting any business associated with the RICoC.   Members are required to disclose any personal, professional, or business relationship to the Board prior to discussing and/or acting upon any matter in which a possible conflict, perceived or actual, exists. Rules for recusal as set forth in the Rhode Island Code of Ethics will be followed whenever appropriate.

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5. Monitoring of CoC Grantees

Policy: It is the policy of the RICoC that grantees will be monitored for compliance with RICoC and HUD requirements and use of appropriate practices that have been demonstrated to be effective in preventing and ending homelessness.

Responsibility for oversight of monitoring is delegated by the Board to the Recipient Approval and Evaluation Committee.

Procedures:

1. The conduct of the monitoring and evaluation will be the responsibility of the Collaborative Applicant, or if designated by HUD, by the Unified Funding Agency (CA/UFA).
2. In order to assure that CoC grantees are abiding by HUD CoC regulations and RICoC policies, the RICoC will conduct monitoring of grantees.
3. Grantees selected for monitoring will be provided advance notice of monitoring, the checklist that monitors will be using, an entry interview to discuss the monitoring prior to the start, an exit interview to identify and discuss key items that will be included in the monitoring report, and a written report containing a summary of the monitoring and listing any findings or concerns resulting from the monitoring.
4. Grantees will be chosen for on-site monitoring through a risk assessment process to identify those with the greatest likelihood to have issues that may need to be addressed through monitoring. The factors that will be considered as part of the risk assessment include:

   a) <u>The results of the performance evaluation process</u>. Projects selected for monitoring will be those that are in the bottom twenty percent (20%) of grantees according to the performance evaluation process.

   b) <u>Review of grantee audits.</u> Grantees with audit findings will be a high risk of monitoring.

   c) <u>Prior HUD monitoring and findings</u>. Grantees that have been monitored by HUD and that have findings will be at higher risk of RICoC monitoring. Additionally, grantees that have not been monitored by HUD in the prior 5 years will be at higher risk of RICoC monitoring.

   d) <u>Size of CoC grant</u>. Grants of $400,000 and above will be weighed the highest for monitoring, grants of between $200,000 and $399,999 will be weighted second highest; and grants below $200,000 will have the lowest weighting for monitoring.

   e) <u>Expenditure of prior grant</u>. CoC grantees with 15% of more of funds not expended in the prior grant year will be weighted highest for monitoring; those with 5-15% unexpended will

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be weighted second highest; and those with less than 5% unexpended will have the lowest weighting for monitoring.

f) <u>Project Size:</u> CoC projects with 25 or more units of housing will be weighted highest followed by those with 12-24 units. Those CoC funded projects with 11 or fewer housing units will have the lowest weighting for monitoring.

g) <u>Management and Staff Turnover.</u> Organizations that have seen turnover in the chief executive officer, chief fiscal officer and/or chief operating officer or where the program staff responsible for the CoC funded program has experienced significant turnover (project director or key program staff) will be more likely to be monitored.

5. The specific point scores for each of the above weighting elements is indicated on the attached "Monitoring Procedures Guidelines". The Guidelines and risk assessment factors will be reviewed on an annual basis by the Recipient Approval and Evaluation Committee. Recommendations for any changes in the risk assessment or monitoring procedures will be proposed to the Board for adoption.

6. The monitoring will be conducted according to procedures approved by the Recipient Approval and Evaluation Committee. These procedures will include at a minimum:

a. Methodology for risk assessment for monitoring

b. A process for conducting the monitoring including notification to grantees being monitored and procedures for the monitoring, and

c. A process for providing the results of the monitoring and grantee response.

d. The Recipient Approval and Evaluation Committee shall also approve a CoC Monitoring Checklist which will monitor compliance with HUD and OMB requirements including without limitation: 24 CFR Part 576; 24 CFR Part 578; 24 CFR Parts 84 and 85; and 2 CFR Part 200

Attachments:

- RICoC Monitoring Procedures

- RICoC Monitoring Checklist

Fiscal monitoring

a. **Audits**

1) All CoC grantees are required to obtain an outside financial audit from a Certified Public Accountant. Agencies that are required to meet the audit requirements of 2 CFR part 200 (200.501) and expend $750,000 or more in Federal awards in the fiscal year must have a single audit conducted in accordance with 200.514.

2) Grantees must submit all audits to the CA/UFA within 30 days of receipt.

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3) Grantees are responsible for follow-up and corrective action on all audit findings. With respect to audit findings that are fully corrected, the grantee will so report. When audit findings are not corrected or only partially corrected, the grantee will so report and indicate the specific steps to be taken to fully correct the finding. A corrective action plan must be developed and submitted to address each audit finding. The plan must indicate the names of the persons responsible for corrective action, the corrective action planned, and anticipated completion date. All management letters prepared by grantees in response to audits must be submitted to the CA/UFA within 30 days of receipt of the audit report.

4) The CA/UFA will review all audits as submitted to include:

- Identification of any findings related to the CoC program

- Reviewing going concern issues

- Determine whether any cash management concerns have been indicated

- Ensure the federal monies are disbursed in accordance with the regulations

- Confirming that grantees have taken corrective action on findings

1) Grantees that do not meet these audit requirements or do not implement correction action in response to any and all findings may be subject to sanctions. These could include replacement of grantee, reallocation of grant funds, or referral to appropriate authorities for further investigation and action.

b. Program Income

1. Program income is the income received by the grantee directly generated by a grant-supported activity. 24 CFR 578.97(a). Program income must be retained by the grantee and added to the funds committed for the project by HUD and the grantee, used for eligible activities in accordance with 24 CFR 578.
2. Grantees are expected to expend program income prior to expending HUD grant funds.
3. Rent and occupancy charges collected from program participants are program income. Funds must be received directly by the grantee to qualify as program income. Rents paid by program participants directly to landlords is not counted as program income.
4. Grantees will report to the CA/UFA on a monthly basis on any program income collected and expended and any balance of program income funds remaining.

Matching Funds

1. Grantees must match all HUD CoC funds, except for leasing funds, with no less than 25% of funds or in-kind contributions from other sources. Cash funds used for match must be used for eligible activities under 24 CFR Part D. The grantee identified the match in the grant application to HUD and the technical submission.
2. If grantees are providing a cash match, they must document to the CA/UFA the source of those funds. If the funds are provided from a federal, state, local or private source, the grantee must

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provide documentation to the CA/UFA that the funds from the source are not statutorily prohibited to be used as a match.

3. In-kind contributions can include the value of any real property, equipment, good or services provided that if the grantee had to pay for these contributions, the costs would have been eligible under 24 CFR 578 D.
4. Grantees must document all in-kind contributions by providing to the CA/UFA a Memorandum of Understanding between itself and the providing entity specifying the services to be provided and the rate for providing the services. The provider must document that the rates for the services are consistent with the rate normally paid by others for similar work in the same labor market. The description of the services must include the profession of the persons providing the service, the specific service being provided, and the hourly cost of the service.
5. Grantees are required to maintain logs of hours of service provided through in-kind contribution and to provide those logs to the CA/UFA on a monthly basis. The logs will indicate the matching funding, services provided, and hours of service by specified professional accounting for the services match.
6. The CA/UFA will review matching fund receipt and expenditure on a monthly basis. Grantees are encouraged but not required to meet matching requirements on a month by month basis. The CA/UFA will review all grants on a quarterly basis to assure that matching requirements are met. Grantees not meeting the match requirements in any quarter will report to the CA/UFA on how it will meet the match requirements during the grant term.

Expenditure of Grant Funds

1. CoC grantees are expected to expend the full amount of their HUD funding in each program year. Additionally, grantees are expected to draw down HUD grant funds on a regular basis and no less frequently than quarterly. As part of the renewal evaluation of all existing CoC grantees, grantees will report via the APR report on actual drawdown of grant funds. Those that have not expended all grant funds will lose points in the renewal evaluation process and are likely to be ranked lower as a result. Grantees that consistently under-expend their grants, will be at risk of partial or full reallocation of their grant funds. Grantees with satisfactory performance except for under-expenditure will risk losing some grant funds to reallocation; those with performance as well as expenditure issues will risk a full reallocation of their grants.
2. As part of the monitoring process, expenditures of monitored grants will be reviewed to assure that they are compliant with HUD requirements and regulations. Depending on the size of the grant, all expenditures or a sample of expenditures will be reviewed and c6hecked for eligibility under program regulations (24 CFR 578) and administrative grant requirements (24 CFR parts 84 and 85).