

Before Starting the CoC Application

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

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

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

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: RI Coalition to End Homelessness

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	2
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	3
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	2
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	4
11.	Hospital(s)	Yes	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	No	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	Yes	4
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	3
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	3
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	
	Other: (limit 50 characters)		
46.	RI State Child Welfare Agency (DCYF)	Yes	1
47.	RI State Dept of Corrections	Yes	1

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The RICOc uses a transparent and publicly accessible process to invite new members at least once a year. The CoC Planning Team issues an open call for membership in English and Spanish and posts it on the RICOc website, the RIHousing website, and the Rhode Island Secretary of State's public meeting portal. The announcement is also shared through the CoC listserv, highlighted in the monthly newsletter, and circulated across cross sector partners - including healthcare, behavioral health, the justice system, and other community organizations - who further distribute it through their networks. The Planning Team responds to inquiries about CoC membership year-round, meeting with prospective members to explain the role of membership, let them know when we will be open to new members next, and encourage participation. All recruitment materials are posted as accessible PDFs in English and Spanish. Before publication, documents are reviewed and updated to improve accessibility so that individuals with disabilities can participate fully. To ensure CoC membership includes the expertise needed to prevent and end homelessness, the Governance Committee conducts an annual membership survey of each member's sector, professional background, and lived experience of homelessness. The CoC Board and Planning Team use the results to identify sectors that are missing or underrepresented, such as healthcare, law enforcement, local business, and recovery housing, and conduct targeted outreach during each annual recruitment cycle. Since 2023, this data-driven approach has guided membership campaigns and helped recruit, mentor, and elevate new leaders.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The RICO uses a transparent and accessible process to solicit and incorporate feedback on system performance, strategies, and priority setting from a wide range of stakeholders. The CoC's committee structure is central to this approach: all committees are open to both CoC members and non members, including the public, allowing anyone with relevant experience or interest to participate. This ensures perspectives from service providers, advocacy groups, individuals with lived experience, municipalities, housing partners, and other community organizations are consistently represented. Committees develop recommendations through consensus, and when consensus cannot be reached, multiple viewpoints are brought to the CoC Board to ensure differing opinions can inform decisions.

The CoC maintains strong engagement with individuals who have lived experience of homelessness. RICO reduces barriers and actively supports their participation by providing transportation assistance, training on CoC processes and systems, and stipends for time spent in committee and Board meetings. These members help shape discussions at all levels, ensuring lived expertise is embedded throughout CoC operations.

All CoC Board and Membership meetings comply with Rhode Island's Open Meetings Act. Agendas, materials, and notices are publicly posted, and meetings are held in accessible locations and offered virtually to help members who cannot attend in person stay informed. Public comment is included in every Board and Membership meeting, giving community members a consistent and visible avenue to share feedback, concerns, and ideas before decisions are finalized.

Beyond formal meetings, the CoC Planning Team regularly meets with stakeholders, attends community forums, and consults with partners across healthcare, behavioral health, justice, youth services, and housing systems to gather ongoing input on needs and priorities. CoC representatives, including individuals with lived experience, also attend regional and national conferences to learn best practices and bring new insights back to the community.

Together, these practices ensure that feedback from a broad array of individuals and organizations is actively sought, transparently considered, and meaningfully incorporated into the CoC's performance assessment, strategic planning, and priority setting processes.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
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(limit 2,500 characters)

The RICoC uses a transparent, publicly accessible process to accept and review proposals from any organization seeking CoC funding, including those new to the program. Each year, the CoC Planning Team releases a New Projects RFP and Local Competition Announcement, posts both on the RICoC and RIHousing websites, and shares them through the CoC listserv and at Board, Membership, and committee meetings. Materials are also widely distributed through cross sector partners such as service providers, municipalities, behavioral health agencies, and faith based organizations. Before releasing the RFP, the Funding Committee reviews the provider portfolio, identifies missing partners, and expands distribution lists. The RFP explicitly encourages applications from organizations not currently receiving CoC funding, including nonprofits, government agencies, and faith based groups.

The RFP and Local Competition Announcement provide complete submission instructions, deadlines, requirements, timelines, and links to scoring and ranking criteria, including the ranking and reallocation policy. The CoC offers multiple training opportunities—live webinars, Q&A sessions, and application walkthroughs—which are recorded and publicly posted with all materials to ensure equal access for new and experienced applicants. This year, the CoC added a calendar link allowing applicants to book individual time with staff. Planners also maintained a publicly posted FAQ, updated throughout the competition.

New project applications are submitted via email to the CoC Planning Team and scored using the same publicly posted, objective criteria as renewals. Final scores and results are posted publicly and shared via email. Selected projects then submit applications in eSNAPS for inclusion in the Consolidated Application.

All materials—RFPs, scoring criteria, policies, and competition results—are available in accessible PDF format, ensuring equitable access for new applicants, including faith based organizations.

In 2026, we are including projects from three new providers: Amos House (SSO project), OpenDoors RI (recovery focused transitional housing for women leaving incarceration and their children), and the Domestic Violence Resource Center (transitional housing for survivors and their children).

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The RICOc uses data-informed strategies aligned with Opening Doors Rhode Island, the State's plan to end homelessness, to identify system gaps and needs. PIT, HMIS, cross-sector data, and stakeholder feedback identified gaps in housing and service options for Veterans, older adults, and individuals exiting correctional facilities.

The 2026 PIT identified 113 Veterans experiencing homelessness, a 9.6% decrease from 2025, indicating progress but highlighting the need for further improvement. Over the next 12 months, the RICOc will work with the VA to expand VASH utilization and strengthen VASH data entry into HMIS, with a goal of reducing Veteran homelessness by 10%. Progress will be measured quarterly through HMIS data entry, PSH utilization, and PIT data. The collaborative applicant, the VA, the HMIS Lead, and CoC leadership will oversee implementation. These activities will be supported by VA, CoC Planning, and RIHousing funding.

HMIS data identified more than 175 homeless seniors and 187 individuals age 62+ on the housing queue in May 2026. To address this gap, the RICOc accepted several senior-focused FY26 projects and will work towards reducing older adult homelessness by at least 15% over two years. In 2028, the launch of 2 new CoC-funded projects will create 35 PSH units for older adults. One project will deliver \$195,000 in non-CoC funded supportive services through partnerships with community action agencies and Medicaid-billable behavioral health centers. RI Executive Office of Housing (EOH) will also continue supporting a \$1.1 million state funded emergency shelter for seniors. Progress will be measured through HMIS, PIT, permanent housing exits, housing queue reductions, and quarterly PSH utilization. CoC leadership and EOH will oversee this work.

Through the State's Interagency Council on Homelessness, partners identified a growing need for housing options for individuals exiting correctional facilities. ICH launched a workgroup led by EOH and DOC, to design a court diversion and TH pilot program. Over the next year, the pilot aims to use cost savings in the DOC budget from reduced recidivism of past offenders experiencing homelessness to fund the pilot. Success will be measured through decreased recidivism, exits to permanent housing, and cost-savings. EOH and DOC will oversee implementation.

Annually, the RICOc will reassess goals and strategies using data and stakeholder feedback to ensure goals remain responsive to system needs.

1B-5a Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes

6. An individual or body responsible for overseeing implementation of specific strategies	Yes
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1C. Coordination and Engagement

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- Frequently Asked Questions

	1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
		You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
		What percent of your TH/RRH/PSH projects have substance use treatment available on site?	100%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

N/A - this is not applicable to RI-500 because RI-500 is not a rural CoC.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Across our system, the RICOc leverages strong partnerships and coordinated referral pathways to ensure individuals experiencing homelessness can access comprehensive outpatient mental health and substance use care at multiple levels of intensity. Guided by Rhode Island's Health & Housing Toolkit, these partnerships integrate behavioral health and housing supports so participants can access outpatient treatment, crisis services, medication management, psychosocial interventions, and ongoing recovery supports. Together, they create a cohesive outpatient treatment network that promotes stabilization, recovery, and long term housing success.

Rhode Island's Certified Community Behavioral Health Clinics (CCBHCs) form the backbone of this network. These clinics deliver evidence based counseling, medication management, MAT, intensive outpatient programs, relapse prevention supports, peer recovery services, case management, and 24/7 mobile crisis and suicide prevention response. CCBHCs serve anyone in their catchment areas regardless of insurance or diagnosis, ensuring access for RICOc participants statewide.

Multiple RICOc funded projects directly partner with CCBHCs. Community Care Alliance, a CoC recipient and CCBHC, offers ASAM aligned levels of care, including early intervention, outpatient services, and IOP, with access to higher acuity partial hospitalization and inpatient programming through partner organizations. RIHousing's PSH project maintains formal subrecipient agreements with CCBHCs across the state to guarantee consistent access to behavioral health treatment for all clients.

Other CoC providers maintain strong clinical partnerships that expand access to outpatient treatment. Crossroads collaborates with behavioral health and medical providers to offer clinical assessments, MAT, group therapy, peer support, and recovery focused case management. OpenDoors provides onsite telehealth SUD treatment through Quel Health, including diagnosis, MAT prescriptions, and an innovative GLP 1 addiction treatment model—the first social service based implementation of its kind nationally—alongside drug testing and in person peer recovery coaching.

Together, these partnerships ensure that people served through the RICOc can move seamlessly between levels of care, receive consistent behavioral health support regardless of location, and access treatment that is tightly connected to their housing stability goals.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The RICOc partners with Rhode Island's six state funded Recovery Community Centers (RCCs) to ensure people experiencing homelessness have consistent access to peer recovery specialists and recovery navigation. RCCs are peer run, substance free spaces that support individuals across all stages of recovery and their families. They complement clinical treatment by offering ongoing, relationship centered support that reduces isolation, strengthens recovery capital, and helps people maintain stability before, during, and after treatment.

RCCs play a key role in the statewide recovery oriented system of care. They provide accessible peer connection, support transitions from treatment, recovery housing, or justice involved settings, and help individuals build life skills and stability. RCCs offer multiple recovery modalities, such as AA/NA, All Recovery, Recovery Dharma, SMART Recovery, and groups specifically for people transitioning back to the community after incarceration, recognizing recovery is not one size fits all. All services and events are free, including drop in support, peer led groups, recovery circles, community events, individual peer recovery coaching, skill building workshops, employment assistance, computer access, housing navigation, and treatment referrals. Wellness supports include health education, stress management groups, and naloxone and overdose prevention resources.

RCCs also support loved ones of people with mental illness and/or substance use disorders through family peer groups, psychoeducation, and warm handoffs to NAMI, Al Anon, and Nar Anon. Although non clinical, RCCs frequently help individuals connect to counseling, outpatient or intensive SUD treatment, MAT providers, and crisis services such as BH Link, 988, or emergency departments. CoC funded providers also offer peer support directly: OpenDoors employs peer recovery coaches and staff with lived experience of incarceration and recovery; Community Care Alliance includes peer specialists through its CCBHC programming; and Crossroads integrates peer support into recovery focused case management.

By grounding recovery in connection, stability, and opportunity, RCCs help individuals move beyond crisis toward fuller participation in community life. Through these partnerships, the RICOc ensures peer based recovery support services are embedded throughout the homelessness response system.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The RICOc uses multiple strategies to identify people experiencing SMI and connect them to the intensive behavioral health services needed for stability. Staff across our programs are trained in Mental Health First Aid and trauma informed approaches, enabling them to recognize symptoms that signal the need for clinical intervention and refer individuals to Rhode Island's specialized SMI treatment system when higher level care is needed.

Once identified, individuals are connected to Assertive Community Treatment (ACT) or Integrated Health Home (IHH) programs operated by CCBHCs. These evidence based models provide intensive, community based treatment through multidisciplinary teams—psychiatrists, nurses, clinicians, case managers, peers, and vocational supports—who meet clients wherever they are. Teams provide medication management, crisis intervention, counseling, skills training, coordination of physical and behavioral health needs, and 24/7 support designed to promote stability and reduce hospitalizations.

RICOc funded programs play a central role in identification and connection. Clinical supervisors provide guidance and case consultation and help determine when participants require ACT level care. Case managers coordinate with mobile behavioral health providers, many of whom come on site to deliver services. Lucy's Hearth identifies needs through intake and ongoing assessment and refers families to Newport Mental Health, a CCBHC. Crossroads maintains a contract with The Providence Center to facilitate ACT/IHH referrals and ensure access to assertive outreach and care coordination.

For people involved in the justice system, OpenDoors screens for SMI during ACI discharge planning and through referrals from RIDOC clinical staff, the Parole Board, and the courts. Case managers screen for psychosis, mania, suicidality, and cognitive impairment and connect participants to Family Service of Rhode Island, a CCBHC that evaluates urgent referrals quickly and coordinates ACT level treatment through its network. Low caseload case managers accompany participants to appointments, conduct same day follow ups when needed, and help maintain engagement in care.

Through coordinated identification, strong partnerships with ACT and IHH providers, assertive outreach, and structured referral pathways, the RICOc ensures that individuals with Serious Mental Illness receive the intensive, integrated care needed to stabilize, engage in services, and remain housed.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

RICOc partners with Family Service of Rhode Island (FSRI), a Certified Community Behavioral Health Clinic that serves individuals involved in Recovery Court and other specialty courts in RI. Through a Care Coordination Agreement, FSRI provides rapid assessment and connects court involved participants to ACT level care.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The RICOc coordinates closely with Family Service of Rhode Island (FSRI) and OpenDoors to support housing stability and independence for people involved in Recovery Court and other specialty courts. OpenDoors serves as the primary bridge between the courts and the homelessness system, meeting individuals at the ACI before release and receiving referrals from RIDOC clinicians, the Parole Board, and the Courts. Case managers trained in Mental Health First Aid screen for psychosis, mania, suicidality, SUD, and cognitive impairment and flag individuals who need clinical evaluation.

Through a Care Coordination Agreement, OpenDoors refers participants to FSRI, a CCBHC with rapid response protocols for justice involved clients. FSRI evaluates urgent referrals within one business day and crises within one hour, ensuring timely access to treatment. When someone meets criteria for ACT, FSRI coordinates intensive care, providing assertive outreach, medication management, and wraparound behavioral health services that directly support housing stability.

Court orders and supervision conditions reinforce treatment engagement and help stabilize housing placements. Because FSRI's evaluations are often triggered by court related requirements, court involvement helps ensure individuals attend assessments, begin treatment, and remain engaged in ACT or outpatient services. OpenDoors case managers accompany participants to appointments, track compliance with treatment plans tied to court directives, and provide same day follow up when appointments are missed or medication lapses occur. This assertive approach reduces crises and behaviors that might threaten housing stability.

FSRI and OpenDoors maintain ongoing communication with CoC funded housing providers to coordinate care plans, share information when appropriate, and identify supports needed to maintain tenancy. Low caseload case managers allow rapid response when court involved participants face barriers to treatment, strengthening both behavioral health stability and housing retention. Through these coordinated practices, and by leveraging court orders to reinforce engagement, the RICOc ensures that individuals involved with Recovery Court and other specialty courts receive intensive support to stabilize, remain housed, and move toward independence.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

RI's CCBHC network provides statewide 24/7 mobile crisis response for people in behavioral health crisis, and RICoC projects access these services through the 988 line. In Rhode Island, 988 is answered locally by a central dispatch office that takes the information and then dispatches the correct CCBHC team based on the caller's location. This ensures individuals receive immediate mobile crisis support and a direct connection to appropriate stabilizing care.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	171

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

RICoC has strong formal partnerships with many of Rhode Island's CCBHCs and CMHCs, including CCA, FSRI, Thrive, TPC, and Newport Mental Health. These providers support CoC projects through behavioral health treatment, case management, and crisis response, and many also operate or subcontract on CoC projects. We maintain formal agreements to coordinate services, evaluate impact, and strengthen programs. We also formally partner with House of Hope, the state's PATH-funded outreach provider.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

OpenDoors SheThrives Women's TH Program is a NARR Level III certified recovery home. This is a new COC program. It provides structured sober housing, individualized case management, and wraparound supports to help with employment, health, and housing goals. It is the only recovery home for women and children specifically for justice-involved women and is part of the OpenDoors She Thrives program, which assists women as they are being released from prison and work towards family reunification.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The RICOc works closely with Rhode Island's crisis, behavioral health, and recovery systems to ensure warm hand-offs from treatment settings to stable housing and to prevent homelessness. Key partners include CCBHCs, outreach providers, crisis stabilization centers such as BH Link, hospital social work teams, and specialized recovery programs like OpenDoors' She Thrives. Warm hand-offs begin as soon as any provider identifies someone at risk of losing housing. Rhode Island's diversion system is coordinated through state funded Regional Access Points (RAPs) and a statewide Housing Problem Solving lead organization. Behavioral health and crisis providers communicate directly with RAPs when clients disclose housing instability. With client consent, these providers share contact information so housing navigators or outreach teams can intervene quickly, offer problem solving, and prevent discharges into homelessness.

Crisis stabilization centers and hospitals regularly refer individuals who cannot safely return home to RAPs for diversion assistance, recovery focused housing options, and connection to Coordinated Entry. Crisis staff complete releases of information and coordinate follow up with CoC providers to ensure individuals transition from crisis care into an appropriate housing plan rather than emergency shelter or the street.

Hospital social workers also contact RAPs and Coordinated Entry before discharging patients experiencing homelessness or unstable housing. They work with housing navigators and supportive housing teams to arrange a warm hand-off and confirm a safe place for the person to go immediately upon discharge.

Specialized recovery housing strengthens these transitions. OpenDoors' She Thrives recovery home for justice involved women accepts referrals directly from correctional partners, behavioral health providers, and crisis programs. Most participants exit prison and move immediately into this structured, sober environment, which provides case management and wraparound support for women, including those with children or working toward reunification.

Across all partners, multidisciplinary case conferencing, shared releases of information, and standardized referral pathways ensure that individuals move seamlessly from crisis stabilization, treatment, or incarceration into stable, safe housing options. This coordinated infrastructure is central to preventing homelessness and supporting long term stability.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$17,545,505
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$7,441,108
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	42%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$2,693,259
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	58%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	92.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The RICOc has a long-standing structure for consulting with ESG recipients in the planning and allocation of ESG funds.

Rhode Island's Consolidated Homeless Fund Partnership (CHFP) brings together the RI Executive Office of Housing (the State ESG recipient), the ESG entitlement cities of Providence, Pawtucket, Woonsocket, and the CoC to align resources and strategies across the homeless response system.

The RICOc's Recipient Approval and Evaluation Committee (RAEC), also known as the Funding Committee, is a standing RICOc committee that reviews CoC and CHFP funding proposals, makes funding recommendations, evaluates recipient and subrecipient performance, and recommends actions when performance concerns are identified. ESG recipients and State partners participate directly in the RAEC, alongside CoC members, ensuring ESG perspectives are included in funding priorities, allocations, renewals, reallocations, and performance improvement decisions.

The RICOc also regularly shares system data with ESG recipients to inform planning and resource allocation. PIT and HIC results, HMIS data, system performance measures, and housing inventory information are presented at CoC Board and Membership meetings and reviewed through RICOc committees and workgroups, which are attended by ESG recipients. RICOc Planning staff and Board members also consult directly with ESG recipients and Consolidated Plan jurisdictions to discuss local needs, emerging gaps, system performance, and opportunities for coordinated investments. These consultations have supported investments in outreach, winter response, targeted shelter strategies, and improvements to Coordinated Entry access. RICOc Planning staff also participate in annual Consolidated Plan updates to ensure ESG planning remains aligned with CoC priorities and system strategies.

Moving forward, the RICOc will continue engaging ESG recipients throughout the planning and funding cycle through the RAEC, CoC Board and Membership meetings, performance reviews, direct consultations, shared data analysis, and coordinated planning with the Executive Office of Housing and entitlement cities. This structure ensures ongoing communication and meaningful input from ESG recipients while helping to align ESG investments with community needs and RICOc system priorities.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The RICOc coordinates with shelter providers to ensure individuals and families experiencing homelessness can access safe emergency shelter and are quickly connected to CoC assistance and permanent housing. The RICOc's Policies and Procedures state that shelter providers will assist residents in exiting shelter to permanent housing and connecting them to supports needed to maintain housing stability.

Shelter providers are expected to assess residents using the Housing Assessment and enter them into the RICOc Coordinated Entry System (CES), which provides a pathway to appropriate housing resources based on household needs and eligibility. Shelter providers also assist residents in assembling the documentation required for permanent housing and help them obtain income, benefits, and skills that support housing stability. Through CES, shelter providers coordinate with housing and service providers to connect eligible households to available CoC resources, including PSH, RRH and other permanent housing interventions. Shelter providers are required to attend system-wide monthly case conference calls and maintain open lines of communication with other providers, including shelters, street outreach teams, housing providers, and other community partners, to ensure clients receive a warm handoff from one program to another.

The RICOc also coordinates with the Rhode Island Consolidated Homeless Fund Partnership (CHFP), which involves ESG recipients, to increase access to safe shelter and to develop strategies to improve shelter availability. Alongside State partners, the RICOc monitors shelter utilization and outcomes through CoC/CHF Reporting, HMIS reporting and the annual Point-in-Time Count. Shelter program performance is also considered through the CHFP funding process, including length of shelter stay, exits to positive destinations, changes in income, and the services provided to help residents secure and maintain housing. This information helps identify barriers to housing placement and opportunities to improve shelter-to-housing pathways.

Through these coordinated practices, the RICOc works with shelter providers to ensure that individuals quickly exit shelter and are connected to Coordinated Entry, housing assistance, supportive services, and permanent housing.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The RICOc uses PIT, HIC, HMIS, and System Performance data as part of an ongoing, year-round process to understand system level trends, identify gaps and emerging needs, and guide planning across the homelessness response system. All data sharing follows the RICOc HMIS Privacy Notice, HMIS Privacy and Security Plans, and established data sharing protocols, so partners receive useful information while maintaining compliance.

A core element of this work is the monthly HMIS System Report, designed to give the CoC Board and partners an accessible view of system activity, including inflow, unsheltered trends, housing queue movement, PSH and RRH utilization, ES length of stay, and project exits. The report is publicly released each month and shared with State and local government, including EOH, EOHHS, ICH, and entitlement city staff so leaders across the system have timely data that supports informed planning and decision making.

The HMIS Lead also presents PIT and HIC findings annually at CoC Board meetings and at the State of Homelessness event, which brings together government officials, elected leaders, service providers, advocates, and other partners. These presentations guide discussions around trends, needs, and priorities. System Performance Measures are reviewed at least annually, and shared with EOH and the ICH and in 2025 the CoC used a Board led SPM workgroup to strengthen data use through targeted APR training, a quarterly spending and utilization report for CoC funded projects, and integration of HPS strategies across the system.

HMIS data also supports statewide planning efforts, including informing the State's Interagency Council on Homelessness (ICH) and other state and local initiatives focused on homelessness. By sharing recurring reports and presentations, the RICOc ensures government partners have regular access to aggregate system data they can use to support policy development, resource allocation, identify system gaps, and overall improvements to Rhode Island's homelessness response system.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

RI's EOHHS, a CoC Member, operates the RI Data Ecosystem that deidentifies numerous data sources and accepts, cleanses and connects that data, allowing participating agencies to use interconnected data to drive decision making around needs, risks, conditions, outcomes and drivers of health. RI state entities that participate include Medicaid, DCYF (child welfare), DHS, DLT, DoHealth, DoEdu, Behavioral Health, and HMIS. HMIS' participation allows the COC to conduct cross sector analysis of data with other/multiple Ecosystem partner's data to understand the intersection and outcomes of people experiencing homelessness with other systems. This allows the COC to use cross sector input to create and target programs and interventions to improve health, labor/training, education, behavioral health, and human services outcomes for people in the homeless system.

One example is RI's Medical Respite program, developed by healthcare partners and RI EOHHS/Medicaid in partnership with the homeless system, after examination of data on hospital discharges and entries into the emergency shelter system. Data highlighted a gap in the system for people ready for hospital discharge that not have stable housing; this historically led to medically fragile individuals ending up in emergency shelter while still requiring medical support and outpatient care that is not possible in shelter settings. After its inception, the medical respite program, populated through partnering hospitals' discharge referrals, provided a safe temporary option for people to continue to recuperate after hospital discharge, while also receiving housing navigation and supports so the patient could transition to a housing opportunity upon exit.

Another example is the DOC pilot program being developed by the EO of Housing in partnership with the DOC. EOH and DOC analyzed ecosystem data demonstrating people exiting the correctional facilities immediately entering homelessness and how that homeless population of previous offenders had significantly higher rates of recidivism back into the corrections system.

Examination of expenditure data demonstrated the cost savings available if even a fraction of offenders were kept from re-offending and re-entering the correctional system. The pilot endeavors to use those cost savings to create a court-diversion and TH program for people exiting prison without stable housing to better support their transition back into the community.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The RICOc, through its service providers, maintains several partnerships with employment and workforce development organizations to support participants in increasing income and achieving long term housing stability. Many RICOc funded programs (new and existing), including Crossroads Rhode Island and Amos House, operate in house education and employment programs that provide GED preparation, access to certified job training programs, individualized job readiness support, and assistance with job searches, applications, and career exploration. Amos House also provides program participants with strong workforce connections through its Bridges to Career Opportunities program, which offers adult education, budgeting plans, and job placement and retention services. These services help participants build foundational skills, overcome employment barriers, and connect to workforce opportunities that align with their goals.

Other RICOc projects strengthen workforce access through formal partnerships with external employment and education organizations. For example, Lucy's Hearth's PSH program partners with the Aquidneck Island Adult Learning Center (AIALC), a full service adult learning and workforce development provider. Through this partnership, AIALC screens, accepts, and enrolls referred PSH residents in a broad range of training and credential programs, including CNA, EKG, medical technician, phlebotomy, food safety, ESL, GED preparation, and electrical, pipefitting, and plumbing apprenticeship programs. Staff identify residents who may benefit from these programs, make direct referrals, and support access, navigation, and follow through to ensure participants can complete the training successfully. These efforts help participants gain marketable workforce credentials, secure employment, increase earned income, and strengthen long term housing stability.

Across these partnerships, both in house and through formal collaborations, the RICOc ensures that families and individuals experiencing homelessness have access to comprehensive education and workforce development opportunities needed to help them achieve financial and housing stability.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

RI's street outreach system uses coordinated, service-focused engagement with first responders, law enforcement, municipalities, and community partners to increase connections to housing, treatment, and supportive services. The Executive Office of Housing (EOH) funds a Statewide Street Outreach Coordinator (SSOC) who oversees communication and coordination among outreach teams and municipalities. The SSOC conducts weekly check ins with communities experiencing unsheltered homelessness, including Providence, and maintains regular communication with police departments. When officers or first responders identify an individual in need or an encampment location, they notify the SSOC, which assesses the situation and dispatches a street outreach team. Outreach teams then engage individuals directly, assess needs, and connect them to shelter, housing options, and behavioral health services. This model ensures law enforcement acts as a referral partner, while outreach staff leads engagement and service connection. Law enforcement coordination extends into encampment responses. When Law enforcement issues a 30-day notice to vacate, outreach teams follow an established protocol. Outreach teams use this window to conduct repeated visits, complete assessments, identify service needs, and work toward voluntary transitions into shelter or housing. Municipal staff, outreach teams, and first responders coordinate throughout the process to increase service uptake and avoid displacement without support before a 48 hour notice is issued. First responder partnerships also support crisis oriented outreach. For example, when a call is received by the city of Providence 311 system regarding a situation involving an individual experiencing homelessness or someone experiencing a mental health or substance use crisis, Providence dispatches a mental health unit that often involves pairing a clinician from the Providence Center (a CCBHC) and a trained EMT to the scene. The team assesses the situation, calls law enforcement to the scene if needed, and works to connect the individual(s) with immediate services and longer term support. Across these partnerships, the RICoC promotes positive interactions between outreach providers, law enforcement, first responders, and people experiencing homelessness. The focus remains on engagement and service connection, ensuring individuals have multiple, coordinated opportunities to access CoC services and move toward safe, stable housing.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

RICoC programs support family and support network reunification through coordinated case management, strong partnerships, and program models that treat reconnection with family and natural supports as essential to long term housing stability.

OpenDoors' SheThrives program is a leading example. The Women and Children's House provides transitional housing where mothers exiting prison can immediately reunify with their children. Staff bring lived experience with incarceration, child welfare, and recovery, which strengthens advocacy for clients as they coordinate with DCYF and Family Court to support case plan progress and document housing stability. SheThrives' partnerships deepen this support: Children's Friend's Project Connect delivers intensive family preservation services—including counseling, supervised visitation, parenting assistance, and 24/7 support—while Family Service of Rhode Island (a CCBHC) provides rapid behavioral health evaluation and treatment. The program also helps clients reconnect with extended family, provides in state transportation for visitation, and fully covers out of state travel costs so distance is never a barrier to reunification.

For youth transitioning from foster care, Foster Forward's Transitional Housing Program and its Real Connections mentoring program help young people rebuild and expand support networks. Staff work with youth to map existing supportive adults and reconnect with family where safe and appropriate, while also helping youth build new, stabilizing relationships with mentors and community members who can contribute to long term housing stability, employment, and well being.

Adoption RI's Making KINnections program provides another structured reunification pathway. Using a permanency focused model, staff help young adults identify, strengthen, and maintain relationships with parents, siblings, extended relatives, natural supports, and participants' own children. Services include case management, family finding, facilitated communication, and working through barriers to reconnection. Like SheThrives, Making KINnections provides transportation for in state visits and covers the full cost of out of state travel required for reunification.

Across these programs, the RICOc ensures participants have comprehensive support to rebuild safe, stable relationships and supportive networks—key protective factors that strengthen housing stability and reduce the risk of homelessness.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

RI-500 fully cooperates with law enforcement efforts and does not impede encampment resolution, safety operations, or compliance. Our role is to ensure individuals receive outreach, services, and housing options while coordinating closely with first responders. RI funds 8 regional outreach teams and a State Street Outreach Coordinator (SSOC) who manages statewide coordination. SSOC maintains regular communication with municipalities and police so outreach can engage individuals without disrupting safety operations. Weekly coordination meetings align outreach and public safety planning. Law enforcement notifies SSOC whenever new unsheltered individuals or encampments are identified. SSOC assigns outreach and updates police once engagement occurs. Outreach also supports first responders by coordinating crisis services and facilitating involuntary commitment when individuals present danger to self or others. Referrals flow through HMIS so police, hospitals, shelters, crisis responders, and Regional Access Points (RAPs) ensure timely outreach contact. RAPs divert people when possible, connect them to shelter, or refer them to outreach when they must remain unsheltered. Transportation provided by CoC partners helps individuals reach shelter, treatment, and court appointments.

CoC collaborates with public drug use reduction efforts. Outreach teams engage individuals using substances in public spaces and connect them to detox, MOUD, behavioral health care, and stabilization. RI's Good Samaritan Law encourages 911 calls during overdoses, increasing opportunities for EMS and outreach to provide timely care. The state's overdose surveillance alert system enables SSOC to deploy outreach quickly to hotspots, reducing unsafe public drug use and supporting connections to treatment and recovery services. CoC cooperates with requirements under RI's Sexual Offender Registration and Community Notification Act. Providers check registry status via the State Registry website, which includes information on risk-level classification. Providers are trained on State Laws and requirements surrounding registration and how to support client compliance. While Rhode Island is not fully SORNA aligned federally, its rapid update cycle and statewide notification practices support informed, compliant housing decisions consistent with HUD confidentiality rules. Overall, RICoC's coordinated outreach system reinforces public safety goals while ensuring housing focused assistance.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

RICoC operates within a statewide framework that supports timely encampment resolution and service connection. Rhode Island has no laws restricting outreach access to encampments, and state funded outreach enables municipalities to maintain public safety while ensuring individuals receive housing focused assistance. The State funds eight regional outreach teams and a State Street Outreach Coordinator (SSOC) who serve as liaisons between municipalities, law enforcement, and outreach providers. Regular communication and weekly coordination meetings give outreach early awareness of encampments and the ability to engage people before any enforcement action.

Two statewide practices especially support coordinated responses. First, municipalities use a standardized 30 day encampment notice process. SSOC and outreach receive early notice, allowing teams to conduct housing problem solving and connect residents to shelter, treatment, and services before the final 48 hour notice. Second, police notify SSOC when they encounter unsheltered individuals; SSOC then assigns outreach and receives updates once contact occurs, ensuring enforcement aligns with service based intervention. When individuals pose danger to self or others, outreach engages crisis providers and supports involuntary commitment.

Quantitatively, Rhode Island's approach resolved all encampments during the 2024–2025 evaluation period and increased outreach coverage statewide.

Qualitatively, municipalities and outreach teams report improved alignment, clearer roles, and fewer enforcement only responses.

The primary barrier is limited shelter availability, which can prolong unsheltered episodes. To overcome this restriction, the State and CoC's collaborative plan for the next 12 months includes: (1) completing the move of encampment tracking into HMIS by October 1, 2027, so every notice, contact, and outcome is recorded; (2) coordinating with municipalities to time 30 day notices to periods when shelter beds are available; and (3) expanding diversion and increasing transportation capacity through Crossroads and Amos House outreach teams to help individuals reach shelter, treatment, and court appointments.

Overall, statewide coordination, early notice protocols, and integrated referrals allow the CoC to leverage supportive policies while reducing the harmful effects of constrained shelter capacity, ensuring trauma informed, housing focused assistance.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Unsheltered homelessness in Rhode Island is smaller scale compared to larger states. Most people camp alone or in groups of fewer than five, and many sleep in cars or abandoned buildings rather than in tents. Providence has the highest concentration of unsheltered homeless. For those who do camp outdoors, there is a network of known locations familiar within the homeless community, and individuals frequently move between these spots. Rhode Island currently tracks 12 active encampments statewide, each with roughly 10 to 30 residents, all of whom are connected to outreach services.

The state funds 8 regional street outreach teams and employs a State Street Outreach Coordinator (SSOC) who oversees outreach efforts statewide. SSOC communicates regularly with municipalities and police departments to ensure outreach has access to individuals, supports public safety efforts, and identifies emerging encampments early. Weekly coordination meetings reinforce shared planning. The City of Providence also funds two additional outreach teams dedicated to just Providence, one focused on diversion and housing problem solving, and one focused on treatment and recovery engagement. A dedicated City staff coordinates with both teams and the SSOC to ensure consistent coverage and approach to outreach, avoid duplication of effort, and maximize the use of available resources.

All known encampments are connected to services. People either have an active relationship with an outreach worker or have been contacted and declined support; those who decline remain on outreach rotation for continued engagement.

Previously, the state tracked encampments through spreadsheets, which was inefficient and did not give us a clear enough picture of our landscape of unsheltered homelessness. Rhode Island recently transitioned encampment tracking into HMIS, where outreach teams document locations and engagement. This shift will produce a reliable statewide map of encampments within the next year and strengthen coordination among outreach providers, housing programs, municipalities, and public safety partners.

Overall, Rhode Island maintains strong oversight of encampments, ensuring that individuals living outdoors remain connected to services, outreach is consistently present, and public safety coordination is well established.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

RI's legal and policy environment largely supports the CoC's ability to reduce unsafe public drug use and connect people using substances in public spaces to treatment. Public drug use is most visible in Providence's parks, transit hubs, and commercial districts, where people experiencing homelessness face higher overdose risk. The CoC works to support both residents and the broader community by reducing unsafe public drug use through engagement, treatment connection, and stabilization rather than punitive enforcement.

Several statewide policies strengthen this work. The Good Samaritan Overdose Law protects individuals from prosecution for possession when calling 911, increasing opportunities for EMS and outreach to connect people to care.

Rhode Island's overdose surveillance system requires hospitals to report suspected overdoses within 48 hours, allowing rapid spike alerts that guide outreach deployment. This system contributed to accidental overdose deaths decreasing from 436 in 2022 to 219 in 2025, the lowest level since 2013. Eight state funded outreach teams and the SSOC maintain weekly communication with municipalities and police to ensure individuals receive timely service engagement instead of enforcement only responses.

Restrictive policies, such as controlled substance laws and public intoxication enforcement, can discourage voluntary engagement. To overcome these barriers, the CoC will implement a targeted plan over the next 12 months. First, RICO will work with public safety and other municipal partners, the State Executive Office of Housing, and outreach to create a referral protocol so officers who encounter public drug use can directly refer individuals to detox and treatment. Second, CoC funded housing projects will continue prohibiting illicit drug use and paraphernalia distribution on CoC controlled property. Third, the CoC will track referrals made by law enforcement, outreach contact with unsheltered people, and successful connections to detox and treatment in HMIS to monitor effectiveness and strengthen accountability.

Through supportive statewide policies, coordinated outreach, and implementation of these new strategies, the CoC will leverage beneficial structures while reducing the harmful impacts of restrictive laws - improving public safety and expanding access to trauma informed, treatment focused support.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Overdoses and illicit drug use in public spaces remain a serious and visible challenge across Rhode Island, with the highest concentration occurring in Providence's downtown parks, transit hubs, and commercial corridors. Public drug use continues to involve both opioids and stimulants, reflecting the increasingly unpredictable drug supply. Fentanyl remains widespread and is frequently found not only in opioids but also in stimulants like cocaine and crack cocaine and in counterfeit pills, placing people at elevated risk of overdose even if they do not regularly use opioids.

Non fatal overdoses occur regularly, often in public locations. In March 2026, RI experienced a statewide spike, with 55 suspected non fatal overdoses in a single week, exceeding the threshold set by the Department of Health for issuing an alert. This marked the first statewide spike alert since 2023 and demonstrates that overdose activity continues to fluctuate, with sudden increases occurring in public settings across multiple municipalities. Regions such as Burrillville, Foster, Glocester, Scituate, and Cranston also exceeded their regional thresholds, indicating that public-use patterns are not limited to urban areas.

Fatal overdose trends show significant improvement but remain concerning. Statewide accidental overdose deaths dropped from 436 in 2022 to 219 in 2025, a 50% decline and the lowest number recorded since 2013. In Providence, overdose deaths fell from 110 in 2022 to 81 in 2025, though the city still has nearly four times as many fatal overdoses as the next highest municipality, underscoring its role as the primary locus of the poisoned drug supply that continues to kill unsuspecting users. Despite an overall decline in overdose, hundreds of Rhode Islanders continue to experience fatal and non fatal overdoses each year.

Illicit drug use in public spaces remains visible through discarded syringes and paraphernalia in places such as parks, tunnels, and around transportation hubs in Providence. Outreach organizations report distributing more than 10,000 naloxone doses annually across RI, a quantitative indicator of ongoing high-risk substance use that often intersects with public spaces.

Overall, our landscape of overdoses and public drug use is characterized by frequent non fatal overdoses, continued public consumption of fentanyl-contaminated substances, visible use in shared spaces, and significant yet fragile progress in reducing fatal overdoses statewide.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Rhode Island's Mental Health Law (RIGL § 40.1-5) supports the CoC's ability to respond when unsheltered individuals present danger to self or others. Emergency certification allows police or EMS to initiate a hold when someone is acutely unsafe, while civil petitions provide a structured path for court ordered stabilization. These laws help outreach teams connect people in crisis to rapid care instead of relying solely on enforcement. Qualitatively, outreach and first responders report that involuntary commitment often prevents escalation and supports stabilization; quantitatively, outreach estimates that most individuals placed on emergency certification transition into treatment or supportive settings within two weeks.

However, restrictive factors, like procedural complexity, documentation requirements, and psychiatric bed shortages, can delay evaluations. These delays reduce the effectiveness of danger to self/others interventions for people experiencing homelessness.

To leverage beneficial policies while overcoming restrictive barriers, the RCoC will implement a coordinated plan over the next 12 months. By October 1, 2027, RI will convene outreach teams, mobile crisis, EMS, police, and hospitals to adopt a shared protocol for danger to self/others situations involving unsheltered individuals. The protocol will standardize communication, clarify roles, and streamline how responders initiate emergency certification, request clinical evaluation, and transition individuals to stabilization or housing supports. To address restrictive aspects, especially evaluation delays, the CoC will review key metrics, including crisis referrals, time from referral to evaluation, and linkage to treatment or housing after stabilization. This will guide real time problem solving with clinical partners and allow earlier detection of bottlenecks. The CoC will also expand cross training, so outreach, police, EMS, and clinicians share a unified understanding of commitment criteria and documentation standards. This reduces unnecessary delays and improves response quality. Together, these actions leverage RI's strong legal framework while minimizing the harmful effects of restrictive processes, ensuring unsheltered individuals experiencing psychiatric crises receive timely, trauma informed intervention.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

RI's Sexual Offender Registration and Community Notification Act (RIGL §11 37.1 et seq.) guides how CoC providers share information in connection with SORNA. Individuals convicted of qualifying offenses must register with the State Police, and information is shared with local law enforcement according to risk levels assigned by the Sex Offender Board of Review (SOBOR). Level II and III classifications also appear on the public-facing website containing the identities of all Level 2 and Level 3 offenders as assigned and designated by SOBOR. This system enables CoC providers to verify registry status and make safe, lawful housing decisions while complying with HUD confidentiality requirements. The U.S. DOJ's SMART Office notes that RI has not fully implemented SORNA Title I, particularly around interstate and tribal information sharing. However, the state updates registry information within three days and maintains consistent statewide notification practices, allowing CoC providers to rely on timely in state data. CoC providers use this framework during intake, recertification, and unit turnover. RI's risk level structure clarifies expectations for communication with law enforcement and when additional safety planning is necessary. RI's adoption of SORNA standards is beyond the RICoC's control. However, we remain dedicated to supporting CoC providers in this area. To support providers, the CoC will adopt a written protocol for CoC and ESG funded projects by October 1, 2027, outlining when and how registry status can be checked and requirements on when to share a registrant's program or shelter address with the State Police. Second, the CoC will review and confirm that the HMIS Privacy Notice clearly permits disclosures required by state law, including to law enforcement, consistent with HUD HMIS confidentiality standards. Third, the CoC's State Street Outreach Coordinator acts as a liaison available as a point of contact with the State Police. These steps strengthen compliance, improve consistency across providers, and ensure that beneficial policies—such as the state's rapid update cycle and risk based tiering—are fully leveraged while restrictive elements are mitigated through clearer procedures, transparent communication, and standardized data tracking.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The RICOc uses a coordinated, statewide strategy to ensure all individuals and families experiencing homelessness, including those not currently engaged in services, are identified, located, and connected to housing and supports. The Executive Office of Housing funds a full time Statewide Street Outreach Coordinator (SSOC), who oversees the outreach strategy across the CoC and ensures coverage across all eight Street Outreach (SO) teams serving Northern RI, Providence, Pawtucket, Kent County, Washington County, Newport, and Bristol County.

The SSOC convenes monthly statewide SO meetings, conducts regional site visits, and maintains daily communication with outreach leads, municipalities, first responders, behavioral health providers, meal sites, schools, day centers, and community organizations. These partnerships help identify individuals who are not connected to services, including those who avoid interaction or require repeated contact to build trust.

To identify unsheltered households across the CoC, the SSOC uses multiple data sources, including HMIS data, real time outreach reports, and encampment reports from municipalities. The SSOC also leads Unsheltered Case Conferencing, which focuses on households least likely to request assistance, those with limited service histories, or those with complex needs.

Coordinated Entry (CE) and HMIS teams review CE enrollments to identify unsheltered households not yet connected to outreach and send referrals to the SSOC, who reviews engagement history and assigns the most appropriate SO team. Regional Access Points (RAPs) also request SO follow up when households cannot immediately be connected to shelter or decline services. SO teams then follow up in person to ensure multiple attempts are made to engage the household.

Families with children, who are more often doubled up, in vehicles, or experiencing housing instability, are identified through McKinney-Vento school district liaisons, RAPs, and DCYF's Family Care Community Partnerships (FCCPs), which support families experiencing housing instability without requiring an active open DCYF case. SO teams coordinate with these partners to identify families who may not present through traditional avenues.

Through these coordinated statewide practices, the RICOc ensures people experiencing homelessness across the State, including those least likely to seek assistance, are located, assessed, engaged, and connected to housing and supportive services.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.	Other Services as indicated in CoC Survey Responses	Yes

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The RICoC maintains written policies and procedures that outline how individuals and families experiencing homelessness are informed of their eligibility for educational services. These requirements are included in the RICoC Policies and Procedures and in the Coordinated Entry Policies and Procedures, which provide guidance to all ESG and CoC recipients and subrecipients.

These policies describe provider responsibilities under federal and state law, including those assigned by the McKinney Vento Homeless Assistance Act and the Every Student Succeeds Act. They require each ESG and CoC funded program to designate staff responsible for informing participants of their educational rights and ensuring that families with school aged children receive appropriate guidance. During program enrollment and ongoing case management, staff must directly inform parents, guardians, and unaccompanied youth that children and youth experiencing homelessness have the right to immediate school enrollment, continued attendance in their school of origin, access to transportation, and participation in all educational opportunities for which they are eligible.

The policies also detail how providers connect families and youth to the homeless liaisons designated in every school district and public charter school. These liaisons are responsible for helping students experiencing homelessness maintain enrollment and attendance, coordinating transportation, resolving enrollment barriers, and ensuring access to academic services. Providers are required to give families contact information for their district's liaison and explain the liaison's role in supporting educational stability.

RICoC's written standards include a sample educational rights notice that CoC and ESG programs may use when informing households of these protections. Programs review this information with families at intake and again as part of annual recertification or any time a household's school related needs change. Providers document that educational rights were reviewed to ensure consistent implementation across projects.

The consistent implementation of our established policies and procedures ensures that all families and youth experiencing homelessness are clearly and consistently informed of their legal rights to educational access and stability.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

RI-500 is proud of its robust coordination with the State's Public Child Welfare Agency, which is the RI Dept of Children Youth and Families (DCYF). A DCYF Administrator serves on the CoC Board and serves as the coordination lead between homeless programs statewide and DCYF policy initiatives, including, but not limited to, policies centered on supporting youth as they transition out of State care and publicly funded programming. Additionally, the CoC coordinates with DCYF and local public housing authorities (PHAs) to implement HUD's Melania Trump Foster Youth to Independence (FYI) and Family Unification Programs (FUP); FUP and FYI can serve youth transitioning from state funded public care who are at risk of homelessness with time limited subsidy assistance to support the youths' self-sufficiency during this transition to adulthood and independence. In FUP and FYI, local DCYF designated services provider agencies participate in joint MOUs with the COC, DCYF, and the PHAs to deliver case management and other housing stabilization services to the youth on the programs. As an added support, the PHA offers its Family Self Sufficiency (FSS) program to youth enrolled in the FUP and FYI. FSS, an asset development program funded through the PHA's relationship with HUD, provides case management and service coordination to support self-sufficiency. FSS helps the youth save their earned income increases during program enrollment for eventual use to accomplish their self-sufficiency goals, such as secondary education to improve their earning potential. COC, PHA and DCYF collaboration has led to over 50 FYI and FUP vouchers awarded and leased within the State of RI during the last 3 years, with plans and MOUs in place to scale the resources offered, including voucher for the youth, as federal funding becomes available to meet unmet need in future.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

Rhode Island currently has no HHS RHY-funded providers. All agencies who have received RHY funding historically prior to funding cuts are COC members. These partnering organizations received RHY funding to deliver Street Outreach, Basic Centers, and Transitional Living Programs. Additionally, the RHY providers were key stakeholders in developing and informing the COC's Coordinated Community Plan to End Youth Homelessness when RI became a YHDP community. This led to YHDP projects leveraging RHY expertise in their program design. Examples include a TH provider, who developed a host home program, used YHDP funding to expand their incubated RHY host-home program to serve additional youth with host homes and services. Additionally, the Street Outreach program funded with RHY money grew to additional cities in RI with YHDP funding, and new drop-in centers were designed based on lessons learned from RHY funded basic centers. These partners continue to coordinate on YHDP system design to assure the youth system leverages existing services, providers and expertise, instead of supplanting funds or siloing service access. Recently, RHY funding was cut in Rhode Island; the state's consolidated homeless fund, overseen by the State's Executive Office of Housing in coordination with the COC's funding committee, a partnership of ESG and COC stakeholders, stepped in to sustain many of these RHY program models, such as street outreach and youth basic centers to assure seamless continuity of programming. If RHY grants return to Rhode Island, the CoC will integrate those providers into Coordinated Entry and YHDP planning.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The RICoC has 5 Transitional Housing projects that will exclusively or primarily serve families with children. The projects include: 3 TH projects operated by Sojourner House, expected to serve approximately 101 survivors of DV and their families; 1 TH project by Crossroads offering support for 12 families and DV survivors; and 1 TH project operated by OpenDoors—She Thrives, specifically serving women and their children.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

All projects identified in 1C 13 offer supportive services designed to help participants strengthen financial stability and increase earned income so they can transition to and sustain permanent housing. Each project connects individuals to workforce development, education, and job training opportunities through in house programming or partnerships with local training programs and employers.

OpenDoors' SheThrives Transitional Housing program provides comprehensive workforce services through its Employment Development program. Participants work directly with job coaches to set income goals, identify education or vocational training pathways, and build job readiness skills. Individuals who are unemployed at entry complete a seven module curriculum covering resume development, interviewing, job search support, career and financial planning, and computer literacy. OpenDoors also creates direct employment pipelines through Fair Chance Job Fairs, which invite only employers who are willing and expect to hire people with felony charges, and the Rhode Island Community Food Bank's paid warehouse internship (\$19.50/hour with benefits). Participants who secure employment receive retention stipends, and employer partners regularly hire program participants after

Crossroads' DV TH program and Sojourner House's DV TH programs rebuild economic stability for survivors facing employment barriers related to financial abuse. Crossroads' Education and Employment Services (EES) provides adult education and GED prep, Roads to Success employment readiness, CNA training, individualized job coaching, and job placement support. Sojourner House's Employment Access program offers trauma informed employment navigation, career planning, access to industry-recognized certification programs, and financial capability services.

Both organizations host financial resource fairs and offer financial literacy workshops to help participants increase income, improve credit, and strengthen long term housing stability.

Across all projects, these services support participants in building skills, accessing education, increasing earned income, and maintaining stable permanent housing.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The TH projects identified in 1C-13 leverage mainstream family service systems, including TANF and other public benefits, to supplement CoC-funded services and provide families with the support needed to transition to permanent housing.

Sojourner House's DV TH projects, Crossroads' DV TH project, and OpenDoors TH project integrate benefits navigation into their core case management services. Staff work closely with each participant to identify, apply for, and maintain essential mainstream benefits, including TANF, RI Works, SNAP, SSI/SSDI, Medicaid, Medicare, Veterans benefits, and other income support programs. These programs increase household income, reduce financial strain, and bridge gaps while families work toward long term stability. Sojourner House also assists participants in maintaining Medicaid or Medicare coverage so they can access primary care, dental, and specialty services not offered through its in house clinical programs, ensuring families receive comprehensive care without producing additional financial hardship.

These projects also draw directly on mainstream family-system funding to supplement the resources offered through their programs. For example, Sojourner House allows families who participate in TANF, SNAP, and RI Works activities documented by DHS to count toward the program's weekly service requirements, allowing families to use existing mainstream employment and benefit systems to supplement in-house employment programs. Crossroads coordinates with family-serving partners, including DCYF and Family Care Community Partnerships, to connect families to parenting resources, behavioral health services, developmental supports, family preservation services, and child welfare assistance. OpenDoors supports families by helping them access childcare subsidies through DHS, Head Start, and other early childhood education programs, which are key supports that allow mothers to pursue employment, education, and skill building opportunities. OpenDoors also bills Medicaid for peer recovery coaching and Housing Stabilization Services through twelve certified staff, reducing reliance on CoC funds for services that can be supported through Medicaid.

By incorporating individualized case management with mainstream benefits and community partnerships, these projects maximize public resources to increase household income and strengthen families' ability to achieve and maintain permanent housing.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The projects identified in 1C-13 incorporate services such as childcare, access to pregnancy-related and child healthcare, and parent education directly into case management, enabling families to stabilize their housing while also addressing their children's needs.

Sojourner House's DV TH projects embed family focused supports into daily programming. Case managers assess parenting needs, provide co parenting guidance, and offer referrals to childcare for parents seeking or maintaining employment. Through a partnership with McAuley Ministries, Sojourner House clients living in TH McAuley Village units have access to free childcare, removing a major barrier to maintaining employment. Their Life Skills curriculum further strengthens families through classes on wellness and nutrition, healthy relationships, co parenting after abuse, building social supports, and financial literacy.

OpenDoors' SheThrives TH program provides transitional housing where mothers experiencing homelessness live together with their children, including those who are pregnant or working with DCYF toward reunification. For mothers living with their children, case managers work to connect them to childcare subsidies such as DHS's Child Care Assistance Program. They also connect mothers to Head Start and other early childhood education programs to ensure their children receive the care they need while mothers work towards their goals. For mothers working toward regaining custody, case managers provide parenting support by coordinating directly with DCYF, accompanying participants to Family Court, and assisting with required case documentation.

The program ensures access to pregnancyrelated and child healthcare through partnerships with Family Service of Rhode Island, a Certified Community Behavioral Health Clinic, which provides rapid access to behavioral health evaluation and treatment, and Children's Friend's Project Connect, which delivers home based family preservation services including assessments, counseling, supervised visitation, court advocacy, parenting support, and 24/7 on call assistance. Case managers also help families rebuild support systems and provide transportation services so parents can attend medical appointments, visitations, and court hearings.

Across all projects, these combined parental supports ensure families have safe housing while accessing the childcare, parenting education, and family support services necessary for long term housing stability.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

RI-500 partners with the Providence VA Medical Center (VAMC), the VA in RI, to improve services and housing access for veterans in Rhode Island. This partnership has expanded the VASH program to serve more homeless veterans, and streamlined veteran access into shelter, case management, housing, and employment supports offered throughout the CoC. The VAMC shares VASH data in HMIS to strengthen coordination, improve data quality, and ensure homeless vets are prioritized for housing and services.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The RICoC collaborates with many victim service providers, including Sojourner House (SH) and the Domestic Violence Resource Center (DVRC). SH is one of the largest CoC providers, with currently more than \$4.6M in CoC funding for PSH, RRH, SSO, and YHDP. They also operate 2 shelters and serve as a Coordinated Entry Regional Access Point for survivors. DVRC provides shelter and is seeking to expand services in Southern RI to support families fleeing violence through CoC funding.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

OpenDoors' She Thrives partners closely with the Rhode Island Department of Corrections to ensure women exiting prison have immediate transitional housing and avoid homelessness. RIDOC screens and refers participants before release, allowing staff to connect early and coordinate reentry plans with correctional case managers, probation, and parole. On site peer support helps women stabilize quickly, and case managers assist with reunification and long-term housing needs.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Crossroads is a CoC partner and PSH developer. CoC & state data informed a medical respite program serving people being discharged from hospital with ongoing medical needs. Additionally, Crossroads will open a new 27-unit PSH project this fall, which includes 8 units leased by a local hospital partner in proximity to the site; those 8 units will be for people who are homeless, being discharged from the hospital, and are in need of follow up care. Remaining units will be leased through COC's CES

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

RICoC partners with Crossroads Rhode Island, whose medical respite program, run with a local hospital system, gives people experiencing homelessness a safe place to recuperate after hospital discharge. Community Care Alliance and Thrive Behavioral Health, both CoC agencies, offer residential care, and Amos House refers guests from its elderly shelter to assisted living programs. RIHousing's new FY 2026 CoC senior PSH project will serve 32 older-adult households.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

RI-500 has 10 PSH projects that prioritize individuals & families experiencing chronic homelessness (CH), including CH veterans. One example is RIHousing Rental Assistance PSH Program (RI0031), another is Crossroad PSH and Tower/Summer St PSH (RI0027 & RI0040), a third is Dean Street Studios PSH (RI0128), a fourth is Access to Home PSH (RI0064). Two PSH programs, Constitution Hill and Burnside (RI0006 & RI0049), serve CH survivors of domestic violence/sexual assault and trafficking.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

RIHousing Rental Assistance PSH program (RI0031) partners with Certified Community Behavioral Health Clinics (CCBHCs) as subrecipients on its PSH program. CCBHCs are required to serve anyone presenting in their catchment areas with behavioral health support, so they are required to provide services to COC clients on their program who require behavioral healthcare. The program has statewide coverage of CCBHCs catchment areas, assuring every program participant has access to those services. The CCBHCs deliver behavioral health services onsite in the program by using roving behavioral health teams to support clients in their homes with behavioral healthcare; Rhode Island's Office of Medicaid created a High Acuity Case Management Program in partnership with the CoC and BHDDH (who accredits the CCBHCs) to specifically serve people experiencing homelessness with significant behavioral health needs. This provides a sustainable funding source (Medicaid) to pay for the intensive services needed in a PSH program serving Chronic individuals. Crossroads PSH programs (RI0027 & RI0040) provide on-site behavioral healthcare through ongoing case management and partnership with local CCBHC to their program. An LCSW with prior experience as a therapist oversees the program, and program staff use assessments to guide individualized service plans. Through ongoing assessment and coordination with CCBHC treatment providers, staff identify changes in symptoms, safety concerns, or difficulty meeting daily needs that may warrant evaluation for a higher level of care and ongoing support and/or crisis intervention that is needed by the behavioral health teams. Those teams deliver services onsite. Dean Street Studios is a 51-unit PSH program with onsite space available to their behavioral health partner, The Providence Center (TPC), to locate out of to work onsite. TPC is a providence based CCBHC that brings their behavioral health teams, including high acuity case management teams, onsite to deliver behavioral healthcare services to the residents at Dean Street.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The CoC uses the RI State Office of Medicaid's Long Term Services and Supports (LTSS) Policy for assessing participant need for higher level of care (LOC). Under the Policy, anyone may complete an LTSS application on the EOHHS website to initiate LOC assessment; they can also call the Aging and Disability Resource Center (ADRC) to get assistance with completing the form, if needed. The LTSS application process assesses for the need for an assisted living or nursing home level or increased community based supports in the home, like a home maker, home health aid and/or meals on wheels. Within CoC Programs, staff support clients to complete the LTSS application when indicated by client assessment/case management goals, or by observation. Examples include:

CRI's PSH programs (RI0027 & RI0040) assesses program participants need for higher LOC (assisted/living and residential treatment) through program staff. An LCSW with prior experience as a therapist oversees the program, and program staff use standardized assessments to guide individualized service plans.

Through ongoing assessment and coordination with CCBHC treatment providers, if needed, staff identify changes in symptoms, safety concerns, or difficulty meeting daily needs that may warrant evaluation for a higher LOC or increased community support services as offered by LTSS; at this point they support the client to initiate the LTSS application.

RIHousing Rental Assistance PSH program (RI0031) uses its program staff, parterers and subrecipients to refer for LOC assessment when individualized case plans indicate changing needs in accomplishing daily living tasks. In accordance with the LTSS policy, staff, subrecipients or partner support the client to complete the LTSS application for higher LOC (ex: nursing home, assisted living) or community based services (home maker, home health aid and/or meals on wheels) and respond accordingly to support the client as indicated.

RI offers a robust 811 Project Rental Assistance program with a target population of people who qualify for a higher LOC but can be served in the community with community-based services; this is another PH option available for some clients qualifying for LOC; all PSH providers and SO workers are trained the 811 PRA program referral process.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

RIHousing Rental Assistance PSH Program (RI0031) uses the CoC's "move up" policy to assess participant readiness for moving on to unsubsidized housing. Subrecipients and staff are trained to conduct the full SPDAT (available in HMIS) on clients who have been in the PSH program for at least two years, to determine the level of services they still need to maintain their housing. For clients scoring below a certain threshold (a higher score correlates to higher service needs) the client can be referred to the move up program, which is a super preference in the RIHousing PHA (RI901) for clients who can move on from their PSH voucher into another affordable housing program. Since RIHousing is also the COC collaborative applicant and oversees training opportunities for the CoC providers, RIHousing trains all PSH programs in the RI Statewide CoC (including each PSH program noted above in 1C-19) on the CoC's move up policy and how to refer to the move up program for clients who no longer need PSH intensive services to maintain their housing. This is a local implementation of HUD's Moving On initiative.

Additionally, to support the transition to unsubsidized housing, RI0031 program staff monitor clients' increases in earned income quarterly in standard program reports; they coordinate with subrecipients for clients paying increasing HAP portions on their voucher and assure they supported in exploring other housing opportunities based on the clients individualized case plan. One example of this policy's outcome in action recently was a PSH client successfully transitioned off her PSH assistance and is pursuing homeownership while paying full market rent in her rental unit for herself and her family.

Crossroads PSH programs (RI0027 & RI0040) are using the CoCs move up policy to implement a new move-on initiative in partnership with Providence Housing Authority to refer Crossroads PSH clients who no longer need PSH intensive services (as measured by the full SPDAT assessment available in HMIS) to Providence's Public Housing program.

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/24/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/21/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The RICO uses its Ranking and Reallocation Policy to guide decisions about shifting funds from lower performing or less needed projects to higher performing new projects. The policy outlines two reallocation types—voluntary and involuntary—and is shared publicly during the local competition. All grant recipients are asked whether they wish to voluntarily reallocate funding. Projects with more than 10% underspending, persistent performance challenges, or structural barriers that limit their ability to serve the intended population are flagged for potential involuntary reallocation. Any reallocation recommendation can be appealed through the CoC Funding Committee, and all final reallocation decisions are reviewed and approved by the RICO Board in a public meeting to ensure transparency and fairness.

During the FY26 competition, RICO conducted a full review of project performance, spending patterns, system needs, and alignment with CoC priorities. Through this analysis, the CoC identified several projects appropriate for reallocation. Four grant recipients voluntarily chose to eliminate a grant each and did not pursue a transition grant, determining that their existing projects no longer aligned with their organizational models or system needs. A majority of the overall reallocation amount this year is voluntary, with several recipients choosing to reallocate RRH funding and seek transition grants to convert their programs to transitional housing.

The CoC also conducted partial involuntary reallocations for three projects. These projects showed consistent underspending and performance limitations, indicating that their funds could be more effectively used to support higher performing new projects. Using underspending data and project outcomes, the CoC determined that redirecting a portion of these awards would strengthen overall system performance. In total, the CoC captured a little more \$746,000 through involuntary reallocation and used the funding to support the new RIHousing senior housing project, identified as a high need, high impact addition to the system.

The combination of voluntary and involuntary reallocations reflects the CoC's commitment to ensuring that HUD CoC funds are used efficiently and strategically. The FY26 process demonstrated strong provider collaboration, adherence to CoC policy, and a clear focus on directing funds to projects that best meet current community needs and improve system performance.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Bitfocus Clarity Human Services
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Not applicable. There were no methodology changes to the unsheltered PIT count implementation between 2025 and 2026, therefore implementation changes did not affect our CoC's PIT count results.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The evaluation period is 5/1/24–4/30/25, during which Rhode Island reduced encampments from three to zero. Encampments in RI are smaller than those in larger states - typically dozens rather than hundreds - but still pose safety risks. Their resolution reflects coordinated statewide investment and strengthened outreach capacity.

A major driver of this progress was the State of RI's expansion of homelessness prevention and diversion programs, enabling earlier intervention for households in crisis and reducing unsheltered homelessness. The State also increased investment in emergency shelter, allowing faster access for more people.

RI CoC expanded training and technical assistance for outreach, shelter, and service providers in housing problem solving and diversion, improving frontline practice and helping people remain housed.

To address active encampments, the State Street Outreach Coordinator (SSOC) led coordinated outreach across State, City, and YHDP funded teams. SSOC strengthened relationships with first responders and law enforcement by routing all encampment related communication through a single point of contact and coordinating the appropriate outreach response. This structure allowed public safety partners and outreach teams to focus on core functions while ensuring consistent, person centered engagement. These partnerships have continued to deepen since May 2025.

SSOC's cross departmental coordination enabled rapid responses to encampments near roadways, construction zones, and other high risk areas. Outreach teams maintained regular contact with residents, completed housing assessments, connected people to shelter and diversion resources, and monitored encampments in real time. Law enforcement ensured public safety while deferring to outreach for trauma informed engagement and service connections.

Through advanced planning, clear communication, and immediate access to shelter and services, RI resolved all high risk encampments during the evaluation period. When closures were necessary, SSOC ensured outreach presence and support throughout. Strong prevention efforts, defined roles across partners, and consistent trauma informed practice reduced displacement without alternatives and improved outcomes for unsheltered individuals.

RI will continue expanding prevention and diversion programming, strengthening staff training, and improving coordination across partners to sustain these gains and prevent future encampments.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	3
2. Enter the reduction in the number of encampments during your evaluation period.	3

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	92
2. Enter the reduction in the number of people in encampments during your evaluation period.	92

2A-4c. Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not applicable. Our CoC, RI-500, demonstrated a reduction in encampments and people in encampments in 2A-4a and 2A-4b.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

RICoC is proud to share new evidence that our collective efforts to reduce the number of people who ever experience homelessness in Rhode Island are working. Recent RI HMIS data shows a meaningful and measurable shift: far fewer individuals are entering the homeless response system for the first time compared to the same period last year. In 2024, 265 people entered the system for the first time; in 2025, that number dropped to just 141 — a nearly 47% reduction. These numbers represent far more than statistics. They represent Rhode Islanders who, with the right supports, avoided the trauma and instability of losing their housing.

This progress reflects years of intentional investment and coordinated practice across the state. The State of Rhode Island significantly expanded homelessness prevention and diversion programs, allowing earlier and more effective intervention for households facing housing crises. At the same time, the RCoC increased training, implementation support, and technical assistance for outreach, shelter, and service providers in housing problem solving and diversion techniques. These investments strengthened frontline capacity, improved consistency across programs, and created a system where households at risk are engaged sooner and offered practical, person centered solutions to remain housed.

Rhode Island will continue to build on these successes. Our plan includes further investment in prevention and diversion programming, expanded staff training and coaching, and stronger coordination among state, municipal, and provider partners to ensure households receive timely, effective support before a crisis escalates. Every prevented episode of homelessness — every upstream problem solved, every connection to community resources, every successful housing stability plan — brings us closer to a future where every Rhode Islander has a safe, stable place to call home.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The RICOc's plan to reduce the length of time individuals and families remain homeless focuses on moving people from shelter and the street into permanent housing faster. Although Rhode Island's average length of time homeless increased from 185 days in 2024 to 211 days in 2025, the CoC is implementing targeted policy, practice, and training changes to reverse this trend.

The CoC is reviewing its prioritization and assessment policies to understand which households are most successful in housing and to use that data to revise prioritization and streamline assessments. Coordinated Entry already prioritizes households based on length of time homeless and vulnerability, and the monthly HMIS System Report tracks shelter length of stay and housing queue movement so the CoC can identify where people are getting stuck within the housing process.

To shorten individual shelter stays over the next year, the CoC will implement three core strategies. First, providers will target long stays: all shelters and outreach teams will participate in monthly case conferencing, and the Statewide Street Outreach Coordinator will attend Unsheltered Case Conferencing to support households least likely to request assistance. Second, shelters will focus on housing readiness from day one, helping clients assemble documentation, obtain income and benefits, and work with Housing Problem Solvers to identify rapid exit options. Third, the CoC will work on freeing up and expanding housing capacity. Our move up policy encourages stable PSH clients who no longer need intensive case management or clinical support to transition other housing, and new FY 2026 projects will add senior PSH and transitional housing capacity. The CoC and providers also continue landlord recruitment and incentive strategies to expand unit access.

Staff training is another critical part of the plan. High turnover rates and inconsistent onboarding among programs contribute to long lengths of stay, so the CoC will continue expanding training and group coaching to strengthen housing navigation, diversion, documentation readiness, and case management practice across the system.

Over the next year, the RICOc will reduce average emergency shelter length of stay by 20%, with progress reviewed quarterly by the CoC Board using HMIS data.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	31.60%

Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate the data used in this response, the HMIS Lead created a custom Looker report that captured all exits from CoC funded Transitional Housing (TH), Rapid Re Housing (RRH), and Permanent Supportive Housing (PSH) projects during the 2025 calendar year. The report was filtered to include only CoC designated projects and only exits occurring within that year. A custom destination group titled "Unsubsidized Permanent Exits" was created to isolate permanent housing outcomes achieved without any ongoing subsidy. This group included the following exit types: staying or living with family with permanent tenure, staying or living with friends with permanent tenure, rental by the client with no ongoing housing subsidy, and owned by the client with no ongoing housing subsidy.

Once the filters and destination group were applied, Looker produced the counts of exits for each project type. The total number of clients who exited to unsubsidized permanent housing was 252, composed of 44 clients exiting our Permanent Supportive Housing programs, 174 clients exiting our Rapid Re Housing programs, and 34 clients exiting our Transitional Housing programs. During the same period, the total number of exits (also including permanent exits to subsidized housing and non-permanent exits) from these programs was 796.

The percentage was calculated by dividing the number of unsubsidized permanent exits (252) by the total number of exits (796) and multiplying the result by 100. This calculation produced the outcome: 31.6% of all exits from CoC funded TH, RRH, and PSH programs in 2025 were exits to unsubsidized permanent housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/27/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,327	98	1,377	96.63%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	126	97	223	100.00%
4. Rapid Re-Housing (RRH) beds	413	255	668	100.00%
5. Permanent Supportive Housing (PSH) beds	1,348	132	1,120	75.68%
6. Other Permanent Housing (OPH) beds	958	9	967	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The RICOc's current Permanent Supportive Housing (PSH) bed coverage rate is 75.68%. The gap is primarily due to missing VASH bed data from 2025, which occurred because releases of information were not completed by enough veterans for the Rhode Island VA to share data with the HMIS Lead. Over the next 12 months, the CoC will take concrete steps to raise PSH bed coverage to at least 85%.

First, the CoC will engage the VA to determine what support they need to strengthen the process for completing releases of information. We will initiate engagement by November 1, 2026. Next, the CoC will provide targeted training to the VA covering data entry and privacy requirements, best practices for tracking release completion timelines, and how to have a conversation with clients to explain what they are consenting to and why it's important. This training will be completed by February 1, 2027. Third, the CoC will offer support by covering HMIS license costs if needed, providing hands on technical assistance if VA staff encounter challenges, and entering data on behalf of VA providers when appropriate and requested to prevent gaps. Fourth, the CoC will establish quarterly data quality check ins with all PSH providers starting in January 2027 to proactively identify and resolve potential coverage issues going forward.

Implementation will occur through coordinated action by the collaborative applicant, the HMIS Lead, and CoC leadership. The collaborative applicant will continue leading partnership work with the VA, aligning processes for documentation and data sharing. The HMIS Lead will continue conducting routine data monitoring, check the status of data sharing releases quarterly, and escalate concerns promptly so that the CoC can intervene to support resolution quickly. The HMIS Lead will also deliver expanded provider training, offer technical assistance, and verify data completeness throughout the year. These combined efforts, better coordination with the VA, stronger provider engagement, and earlier problem detection, will ensure PSH projects are fully represented in HMIS and bring the CoC's PSH bed coverage rate above 85% in the next year.

3A. Policy Initiatives

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1 List of TH/R...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	Attachment 1C-1f:...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3 language fro...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10 Evidence of...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1, Local Compe...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c, local comp...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	RI-500 HDX compet...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD 2996 Cert for...	09/29/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP RCoC State...	09/29/2026
11. Other	No		

Attachment Details

Document Description: 1C-1 List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: Attachment 1C-1f: List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: 1C-3 language from project supportive services agreements

Attachment Details

Document Description: 1C-10 Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: 1D-1, Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c, local competition selection results

Attachment Details

Document Description: RI-500 HDX competition report FY2025

Attachment Details

Document Description: HUD 2996 Cert for OZ Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP RCoC Statement on Advancing Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/29/2026
4A. Attachments Screen	09/29/2026
Submission Summary	No Input Required

**Attachment 1C-1: List of TH/RRH/PSH Projects and Treatment Providers with On-Site
Substance Use Treatment**

Grant Recipient	Program Name	Program Type
RIHousing	Rental Assistance Program	PSH
Sojourner House	Constitution Hill Supportive Housing Renewal	PSH
Sojourner House	Burnside Ave Permanent Supportive Housing	PSH
Westerly Area Rest Meals Inc.	Charlestown Cottages	PSH
Crossroads Rhode Island	Crossroads - Permanent Supportive Housing - FY2024	PSH
Lucy's Hearth	LH Renewal PSH Program FY2024	PSH
Westerly Area Rest Meals Inc.	Greater Westerly Supportive Housing Project Renewal FY2024	PSH
Crossroads Rhode Island	Crossroads - Tower - Expansion - FY2024	PSH
House of Hope Community Development Corporation	Dean Street Studios- Renewal FY24	PSH
House of Hope Community Development Corporation	Access to Home- Renewal FY24	PSH
RIHousing	Senior PSH Project	PSH
Westerly Area Rest Meals Inc.	WARM New PSH Project for Seniors	PSH
Sojourner House	Sojo TH Grant #81	TH
Foster Forward	Your Way Home Transitional Housing	TH
Sojourner House	Sojo TH-YHDP Replacement	TH
Sojourner House	Sojo TH Grant #109, 110, 129, 130	TH
Foster Forward	YHDP Your Way Home Transitional Housing	TH
Haus of Codec	YHDP TH Replacement	TH
Crossroads Rhode Island	CRI Transitional Housing	TH
Community Care Alliance	Rhode to Independence	TH
Open Doors RI	SheThrivesTH-572 Elmwood (Women&Children)	TH
Youth Pride, Inc.	Youth Pride, Inc. RI0120Y1T002301	RRH
Domestic Violence Resource Center	DVRC-TH	TH
Crossroads Rhode Island	CRI-DV Transitional	TH
Sojourner House	Sojo-TH-New-DV	TH

**Attachment 1C-1f: List of CoC Program Projects and Number of Units that
require Substance Abuse Treatment**

Applicant Name	Project Name	Rank	Project Component	# of Units
Crossroads Rhode Island	Crossroads - Permanent Supportive Housing - FY2024	5	PH-PSH	103
Crossroads RI	CRI Transitional Housing	27	TH	17
Community Care Alliance	Rhode to Independence	28	TH	11
OpenDoors RI	SheThrivesTH-572 Elmwood(Women&Children)	34	TH	25
Crossroads RI	CRI - DV Transitional	44	TH	15

RICoC funds 171 units that require clients with untreated SUD to engage in treatment.

Attachment 1C-3: Language from Project Supportive Service Agreements.

RICoC provides two sample Project Supportive Service Agreements for TH, RRH, and PSH providers to use with participants. These templates give projects a consistent framework for outlining expectations, services, and participant responsibilities. Many providers have already indicated they will adopt the full agreements, while others have indicated they will adopt language from the samples to create their own participant agreements and share them with the Collaborative Applicant for review and approval. Sample Agreement 1 begins on page 1 of the document, and Sample Agreement 2 begins on page 4.

Sample 1: Service Agreement for CoC-Funded Housing Programs

This agreement explains what you and the housing program must do while you live in housing paid for by the RI Continuum of Care (CoC). By signing this, you agree to take part in the services you need to stay housed, and the housing program commits to providing these services and supports. The combination of services, supports, and affordable housing is designed to help all clients assume the full rights and responsibilities of tenancy.

This program aims to help every participant build and sustain a stable foundation in the community. Participants are encouraged to actively use the program's tools and supports and to connect with community resources that align with their goals for increased independence.

Participant Responsibilities (What You Agree to Do)

Meet With My Case Manager

My case manager will give me tools, teach me skills, and help me find resources that can make it easier for me to stay stably housed. They will also help me think about my goals and how I can become more independent. I agree to meet with my case manager on a regular schedule. My case manager will also talk with my landlord to help make sure I am following my lease and to help me fix any problems that come up.

We will talk about how this housing program can be a step toward other housing options and my long-term goals. Together, we will make a housing plan. At each meeting, we will check my progress, talk about any setbacks, and look for services or resources that can help me. I agree to meet with my case manager regularly and to use the services and resources they offer so I can be successful in my housing.

Work on My Housing Plan

I will work with my case manager on a housing plan. I will follow through on the tasks that help me stay housed, like going to appointments, following up on services, and working on income or stability goals. I will turn in papers and documents needed for recertification or other program rules on time. I know these are requirements for continuing to provide this housing program.

Use Supportive Services

I will take part in services the program offers or refers me to. These may include classes, support groups, counseling. Some services will be required for me to stay in the program.

Follow House Rules and Lease Terms

I will follow the rules for the building and my lease. I will respect neighbors, keep my unit clean, and not break the law. I will not let people stay in my unit without permission. I will allow staff to inspect my unit with proper notice. I understand that having a good record as a tenant and following the lease will give me more housing options in the future, such as a larger unit perhaps with family and friends.

Pay My Share of Rent (if I have one)

If I must pay part of the rent, I will pay it on time every month. This rule is part of all housing programs. I will let the program know if my income or the number of people in my household changes. My case manager will go over how rent is figured out and help make sure the amount I pay is correct.

Act Safely and Respectfully

I will treat staff and other tenants with respect. I will not use violence, threats, or unsafe behavior. I agree that everyone deserves to be treated with respect and to feel safe in their homes.

[Below language is for programs that count towards the treatment bed threshold only]

Engage in Substance Use Treatment

I will take part in any treatment, counseling, and/or recovery support services that my case manager or the program requires. I understand that taking part in these services helps me keep my housing and maintain my recovery.

Program Responsibilities (What the Program Agrees To Do)**Provide Support and Case Management**

The program will give me a case manager who will help me with my goals and connect me to services that can help me stay housed and reach my life goals.

Communicate Clearly

The program will explain the rules in simple language and give me written copies of the rules and this agreement. If I break a rule, staff will explain the problem and problem solve with each tenant on how to address the issue. The lease will be explained and the process to enforce the lease will be clear and consistent

Provide a Fair Grievance Process

I have the right to file a grievance (a complaint) if I disagree with a decision or feel I was treated unfairly. The program will review my grievance and will not punish me for speaking up.

Non-Compliance: Steps and Consequences

If I do not follow the rules or meet my responsibilities, the program will take the steps below to address the issue before moving to terminate my housing contract:

1. Verbal Warning and Problem-Solving

If the issue is a lease violation the landlord, property manager will provide me with a written notice of the lease violation. If it is a program issue the program will provide written notice of the issue. My case manager will talk with me about the issue, discuss why this is a problem, discuss what needs to change, and help me work on fixing it.

2. Written Warning and Action Plan

If the issue continues, I will get a written warning or an action plan. The plan will list the problem, steps I must take, and a timeframe for resolution.

3. Case Conference

If the problem continues, I will meet with my case manager and a supervisor. They will explain what must change and that my housing may be at risk.

4. Final Notice of Termination

If I still do not follow the rules or the plan, the program may end my housing assistance. I will get a written notice explaining why and how I can appeal. I may ask for a review by someone not involved in the first decision. If there is a safety emergency, I may have to leave right away, but I will still get written notice. The program will connect me to other resources if possible.

Termination will only happen after the program has tried to fix the problem through these steps.

Agreement and Acknowledgment

I have read this agreement (or had it explained to me). I understand what I must do to stay in the program. I can ask questions at any time if I need help.

Participant Name (Printed): _____

Participant Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____

SAMPLE 2 Participant Program Agreement Form-Recovery Focused

Participant Program Agreement

[PROGRAM NAME] provides services and support funding (application fees, apartment set-up, security deposit, utility arrearage, etc.) to assist participants with obtaining and maintaining permanent housing during recovery. Service providers will partner with you to create an individualized recovery plan. The recovery plan will be based on your case management assessment and acuity and may include:

- (1) maintaining recovery by engaging in services;
- (2) obtaining an apartment that you will lease directly from a private landlord, and
- (3) providing you with the skills to maintain stable housing.

Service providers will work with you to find an apartment, understand your lease obligations, and connect you to services in the community to meet your goals. You will review your recovery plan with staff at least quarterly to support your progress and update your plan as necessary.

I agree to:

- Take all necessary steps to accomplish the goals outlined in my recovery plan, based on the completion of the case management assessment and acuity and will explore all referral resources suggested to me by service staff to ensure my recovery and housing stability;
- Keep all appointments with service staff. I will meet with my case manager at least once a week to discuss progress on my recovery plan goals. If I am unable to keep an appointment (office visits, or home visits), I will call and reschedule the appointment within 24 hours. If I do not attend 3 consecutive appointments, my participation in the program, including my rental assistance may be discontinued;
- Participate in monthly face-to-face home visits with my case manager;
- Fulfill my obligations as outlined in the lease and maintain the rental unit including participating in health and safety visits and periodic inspections of the rental unit;
- Pay my portion of the rent on time. I will immediately inform service staff if there is a concern about me being able to pay my rent and/or I receive any communication from my landlord that affects continued tenancy; and,
- Provide all information and documentation (such as income documentation and changes to family composition) requested by service staff.

Program participant (Print): _____

Program participant (Sign): _____ Date: _____

Attachment 1C-10: Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety

This attachment summarizes evidence that the RCoC cooperates with—and does not impede—local efforts to advance all four public-safety objectives, and shows how CoC-funded providers support first responders in assisting people experiencing homelessness. Because the RCoC is a single statewide CoC covering all 39 municipalities, one set of policies guides coordination with every local police department, the Rhode Island State Police, and EMS.

The attachment is organized into four sections:

- (1) CoC policies that direct coordination with law enforcement;
- (2) the state and local laws the CoC operates alongside;
- (3) the programs through which coordination occurs; and
- (4) publicly available documents and news coverage demonstrating that coordination in practice

1. CoC Policies and Practices Directing Coordination with Law Enforcement

The RCoC Policies and Procedures, adopted by the RCoC Board of Directors (updated February 2, 2023), do not merely permit coordination with law enforcement; they direct CoC-coordinated street outreach to coordinate with law enforcement and emergency medical personnel, and the RCoC Governance Charter names law enforcement organizations as part of the CoC. Operative language is quoted below.

Policy / practice	Applicable text or operative practice	What it evidences
RCoC Policies and Procedures , Section 1, Outreach, Engagement and Assessment (updated Feb. 2, 2023)	“Outreach teams will coordinate with local shelters, drop-in centers, and other programs serving homeless people, law enforcement and emergency medical personnel.”	A Board-adopted directive that CoC-coordinated outreach work with police and EMS. Coordination is the required posture, not a local exception.
RCoC Policies and Procedures , Section 1	“The RCoC 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.”	Statewide coverage means any police department or first responder in any municipality has an outreach partner to call.
RCoC Governance Charter , Art. III.A (adopted by Membership Nov. 6, 2025)	Lists “Law enforcement organizations” among the relevant organizations eligible for RCoC membership; the RCoC Policies and Procedures likewise direct annual recruitment of law enforcement organizations as members.	Law enforcement has a standing place in CoC governance and planning.

Policy / practice	Applicable text or operative practice	What it evidences
Statewide street outreach coordination	Police notify the Statewide Street Outreach Coordinator (SSOC) when they identify new unsheltered individuals or encampments; the SSOC assigns the regional outreach team and reports back to police once contact is made. The SSOC holds weekly check-ins with outreach providers and maintains ongoing communication with municipalities and police departments in areas with unsheltered homelessness.	A closed-loop referral channel from law enforcement into outreach that assists officers with encounters they cannot resolve alone.
Encampment notice protocol	When a municipality issues a 30-day notice to vacate, the SSOC and outreach teams are alerted and engage residents throughout the notice period (service connection, housing problem-solving, shelter placement) ahead of the final 48-hour notice.	Outreach is timed to support, not delay, the municipality's clearance schedule.

2. State and Local Laws the RICoC Operates Alongside

The RICoC has adopted no policy or practice opposing, delaying, or obstructing enforcement of any authority below. Rows marked “Constraint” identify laws or conditions that limit the CoC’s ability to advance an objective, together with the CoC’s mitigation.

2.1 Objective 1 — Clearing tents and encampments on public property

Authority	Citation	Source link	Relevance
Willful trespass; remaining on land after warning	R.I. Gen. Laws §11-44-26	rilegislatore.gov — §11-44-26	State authority used to remove encampments from public land after notice, including state-owned highway land in Providence (see Section 4).
State parks and management areas — camping only in designated areas with written permission	250-RICR-100-00-1, §1.13(B)	rules.sos.ri.gov — 250-RICR-100-00-1	Statewide rule: “Camping is allowed only in designated areas with official written permission from individual park facility.”
Woonsocket — camping on city-owned public property prohibited	Woonsocket Ord. 25 O 21 (second passage May 5, 2025)	Citizen Portal — Woonsocket Council	Local ordinance example: at least 72 hours’ notice to vacate, municipal court summons and fines up to \$250 for subsequent offenses, and shelter placement prioritized where beds are available. RICoC outreach engages residents within the notice window.

Authority	Citation	Source link	Relevance
Municipal park-closure hours	e.g., Providence parks close at 9 p.m.	Boston Globe, Apr. 3, 2025	Police routinely ask people to leave parks after closing; outreach follows up on referrals.

2.2 Objective 2 — Decreasing public use of illicit drugs

Authority	Citation	Source link	Relevance
Possession and prohibited acts; simple possession of 10 grams or less reclassified as a misdemeanor	R.I. Gen. Laws §21-28-4.01; 2021-S 0188A / H 6083A (signed Sept. 28, 2021)	rilegislature.gov — §21-28-4.01	Preserves enforcement authority over public possession while supporting a treatment-first pathway at the point of police contact.
Police protective custody of persons intoxicated by drugs; emergency commitment	R.I. Gen. Laws §23-10.1-4	law.justia.com — §23-10.1-4	Police may take into protective custody a person “intoxicated by drugs other than alcohol” who “is likely to injure him or herself or others,” for emergency treatment. Outreach and shelter staff call on this authority rather than impede it.
Protective custody for persons incapacitated by alcohol	R.I. Gen. Laws §23-1.10-10	law.justia.com — §23-1.10-10	Police take the person to an approved treatment facility; “A taking into protective custody under this section is not an arrest.”
Good Samaritan Overdose Prevention Act	R.I. Gen. Laws §21-28.9-4	law.justia.com — §21-28.9-4	Encourages 911 calls during overdoses, creating more EMS and police contacts that outreach can follow up on.
Emergency department reporting of suspected opioid overdoses within 48 hours	216-RICR-20-20-5	RIDOH — Opioid Overdose Reporting	Near-real-time data identifies geographic clusters and drives Rhode Island Department of Health (RIDOH) overdose spike alerts that guide outreach deployment to hotspots.

2.3 Objective 3 — Standards addressing danger to self or others

Authority	Citation	Source link	Relevance
Emergency certification; peace officer custody and transport	R.I. Gen. Laws §40.1-5-7	law.justia.com — §40.1-5-7	Standard: “imminent likelihood of serious harm by reason of psychiatric disability.” On an applicant’s written request, “it shall be the duty of any peace officer” to take the person into custody and transport them to a designated facility. RICoC outreach staff are trained to recognize these criteria and alert responders and clinicians.
Civil court certification	R.I. Gen. Laws §40.1-5-8	law.justia.com — §40.1-5-8	Court-ordered certification valid for up to six months following emergency evaluation.
Emergency commitment for drug intoxication	R.I. Gen. Laws §23-10.1-4	See Section 2.2	Danger-to-self-or-others pathway where the crisis is drug-related.
24/7 mobile crisis with a defined law enforcement role	RI CCBHC Certification Standards, Program Year 3 (EOHHS, Aug. 26, 2026), §4.c.1	eohhs.ri.gov (PDF)	Certified Community Behavioral Health Clinics (CCBHCs) must field mobile crisis teams 24/7, arriving in person within one hour, and maintain “an established protocol specifying the role of law enforcement during the provision of crisis services.”

2.4 Objective 4 — Information sharing in accordance with SORNA

Authority	Citation	Source link	Relevance
Sexual Offender Registration and Community Notification Act	R.I. Gen. Laws ch. 11-37.1 (incl. §§11-37.1-3, -8, -9)	law.justia.com — ch. 11-37.1	Registration, address verification, and notification of local law enforcement of address changes; community notification by risk level assigned by the Sex Offender Board of Review.
Duty of shelters and homeless shelters to notify law enforcement of the presence of sex offenders	R.I. Gen. Laws §11-37.1-21 (P.L. 2017, ch. 233 and ch. 325)	law.justia.com — §11-37.1-21	Registrants must inform the shelter of their status and provide name and date of birth daily; the shelter must transmit this to local law enforcement (or the State Police) before midnight, subject to civil penalties of \$500 / \$1,000 / \$5,000. This makes RICoC shelters a nightly source of current location information for transient registrants.

Authority	Citation	Source link	Relevance
Rhode Island Sex Offender Registry (RISOR)	Managed by the Rhode Island State Police	risp.ri.gov — Sex Offenders	Public search, email alerts, and tip submission; providers verify registry status at intake and placement.

3. Programs Through Which Coordination Occurs

Program	Operator and law enforcement partner	Source link	How it coordinates with law enforcement
Statewide street outreach network	State-funded regional street outreach teams (8) and the Statewide Street Outreach Coordinator (SSOC); municipal police departments		Police notify the SSOC of new unsheltered individuals and encampments; the SSOC assigns the team and confirms contact back to police. Weekly coordination supports shared planning before any clearance.
City of Providence outreach teams	Two City-funded teams (diversion and housing problem-solving; treatment and recovery engagement), with a dedicated City coordinator		City staff coordinate with both teams and the SSOC to ensure consistent coverage in the area with the highest concentration of unsheltered homelessness, and to avoid duplication.
Regional Access Points (RAPs) and Coordinated Entry	Executive Office of Housing; RICoC providers	housing.ri.gov	Police, hospitals, and crisis responders refer people to RAPs, which divert, connect to shelter, or “connect unsheltered clients with one of the Street Outreach Teams who will meet the client in person.”
HOPE Initiative	Rhode Island State Police with municipal police departments; Rhode Island Police Chiefs Association; CODAC Behavioral Health clinicians	BHDDH — HOPE Initiative ; BJA award	Statewide law enforcement overdose-deflection program. Law enforcement shares overdose data through a connected statewide database that triggers alerts; plainclothes officers and CODAC clinicians reach out to people at high risk of overdose to encourage assessment and treatment.
BH Link and 988	Community Care Alliance; 975 Waterman Avenue, East Providence	hhpartners.org — BH Link	24/7 crisis receiving and stabilization center and Rhode Island 988 line; an alternative destination for people in crisis encountered by police, outreach, or shelter staff.

Program	Operator and law enforcement partner	Source link	How it coordinates with law enforcement
RIDOH overdose surveillance and spike alerts	RIDOH; emergency departments; first responders	RIDOH data hub	Spike alerts direct outreach, naloxone distribution, and first-responder attention to hotspots.

4. Published Documents and News Coverage Verifying Coordination

The following are independent or agency-published sources, not CoC self-report, showing law enforcement and RICO-aligned providers operating together.

Source	Date	Link	What it verifies
RINewsToday, “Homeless in RI: Encampment news ...” (Orms Street)	Sept. 29, 2023	rinewstoday.com	Removal of an encampment from state-owned land near Route 95. Providence’s written notice to vacate “includes referral information to Amos House, Crossroads and Project Weber Renew,” and the resident had been offered services multiple times.
Boston.com, “R.I. State House homeless encampment removed after legal fight”	Dec. 19, 2022	boston.com	After the Superior Court declined to block removal, the State cleared the encampment without arrests while opening a National Guard–run warming station and adding shelter beds.
Governor’s Office, “Rhode Island Surpasses 2030 Goal as Overdose Deaths Continue to Decline”	June 10, 2026	governor.ri.gov	Overdose deaths fell from 436 (2022) to 329 (2024) to 219 (2025); 55,557 naloxone kits distributed through centralized supply hubs in 2025.
U.S. DOJ Bureau of Justice Assistance, award 15PBJA-24-GG-00422-BRND	FY 2024	bja.ojp.gov	\$450,000 to the Rhode Island Police Chiefs Association and CODAC for the RI HOPE Initiative, a statewide law enforcement overdose-deflection program.
City of Providence, Smart Policing Initiative Behavioral Health Response Team	Current	providenceri.gov	Police Commissioner Paré: the partnership “has proven to be invaluable by providing treatment options for individuals who are suffering from drug and alcohol addiction or a mental health crisis and helping them avoid incarceration.”
Turn to 10, “Cranston police achieve national recognition for crisis intervention team”	Sept. 23, 2026	turnto10.com	Cranston is the first Rhode Island police department to earn CIT International Gold certification; documents the Gateway clinician co-response model across six municipalities.

Cover Sheet for Attachment 1D-1: Local Competition Scoring Tool

This attachment includes 6 tools:

1. Performance Evaluation Standards & Criteria for CoC Renewal Projects - all performance measures used to evaluate renewal projects funded with regular CoC dollars.
2. Performance Evaluation Standards & Criteria for CoC YHDP Renewal Projects - all performance measures used to evaluate renewal projects funded with YHDP funds.
3. Scoring Sheet for NEW SO/SSO Projects - the score sheet used to evaluate new street outreach and supportive-services-only proposals submitted through the New Projects RFP.
4. Scoring Sheet for NEW TH/RRH/PSH Projects - the score sheet used for new Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing proposals
5. Scoring Sheet for HMIS Projects – the score sheet used to evaluate new HMIS project proposals.
6. Scoring Sheet for CES Projects - the score sheet used to evaluate new Coordinated Entry System project proposals.

Agency Name:		TEMPLATE				
Performance Evaluation Standards & Criteria for CoC Renewal Projects FY2026						
Renewal Performance Evaluation Criteria FY2026 COC Competition	Universe	Source	Proposed Benchmark/ Standard		2026 Max Points	Type of Measure
Supportive Services			PSH	RRH	25	
1. Program will require client engagement with supportive services starting in FY2026 performance period.	CoC Program Supportive Service Requirements	CoC Provider Survey Filled out by Agency Contact	Yes = 15 or No = 0		15	OBJECTIVE, SUPPORTIVE SERVICE PARTICIPATION
2. Agency (or a partner the agency has an MOU with)has been reimbursed by Medicaid for the provision of any eligible supportive services or has a pending application with Medicaid requesting to become a provider of an eligible supportive service.	Medicaid eligible program participants	CoC Provider Survey Filled out by Agency Contact	Yes = 10 or No = 0		10	OBJECTIVE
Performance			PSH	RRH	85	
3. Percentage of participants with any earned income	All Participants	APR	5% or more = 20	20% or more = 20	20	SYSTEM PERFORMANCE, OBJECTIVE, EMPLOYMENT INCOME
4. Returns to Homelessness after PH Placement - 12 months	Participants - Leavers	SPM Report	Below 5% = 20**		20	SYSTEM PERFORMANCE, OBJECTIVE, RETURN TO HOMELESSNESS
5. Occupancy/Utilization	Average annual utilization rate (based on bed utilization)	HMIS Report	90%* or higher = 10		10	OBJECTIVE
6. 100% of admissions in program year were referred from Coordinated Entry	New entries during last program year	HMIS Report	100% = 5		5	OBJECTIVE,
7. Percentage of new admissions during last program year who have one or more disabling condition(s): Physical, Developmental, Chronic Health, HIV/AIDS, Mental Health, Substance Use, Survivor of Domestic Violence	New entries during last program year	CES Report	2 or more disabling conditions: greater than or equal to 50% = 5	1 disabling condition: greater than or equal to 50% = 5	5	OBJECTIVE,
8. Percentage of all participant leavers who exited to shelter, streets or unknown (including don't know/refused/no exit interview) during last program year	Participants - Leavers	CoC APR Q23c	Less than or equal to 5%** = 5		5	SYSTEM PERFORMANCE, OBJECTIVE, RETURN TO HOMELESSNESS
9. Percentage of all participants who remain in PH and/or exited to PH destination	All Participants	CoC APR Q23c	95% or above = 5	90% or above = 5	5	SYSTEM PERFORMANCE, OBJECTIVE
10. Increased non-employment cash income of at least 10% between program entry to reassessment/exit	All Participants	APR	10% or more = 5	20% or more = 5	5	SYSTEM PERFORMANCE, OBJECTIVE
11. Length of time from CE referral to move in date	New entries during last program year	CES Report	Scattered Site: 60 days or less = max points; 61 - 90 days = half points. Project-Based: 15 days or less = max points; 30 days or less = half points		10	SYSTEM PERFORMANCE, OBJECTIVE,
Financial Management			PSH	RRH	10	
12. Frequency of Funding Drawdowns	Funding Drawdowns in ELOCCS by Project	HUD provided CoC Spending Report	90 days or less between drawdowns = 5		5	OBJECTIVE
13. Grant Spending	Grant Spending by Project	HUD provided CoC Spending Report	90% Spent or Higher = 5		5	OBJECTIVE
HMIS			PSH	RRH	20	
14. HMIS Data Quality	All Participants	CoC APR Q6a & b	Data quality score of at least 95%		5	SYSTEM PERFORMANCE
15. HMIS Data Quality - Chronic Homelessness Questions	All participants	CoC APR Q6c and Q6d	Data quality score of at least 95%		5	SYSTEM PERFORMANCE
16. Attendance at Monthly Agency Manager Meetings and Individual Agency Manager Meetings	Agency HMIS Managers	Training Attendance Log (HMIS Lead)	Participation in 80%+ of meetings held since 7/1/2025 - present = 5		5	SYSTEM PERFORMANCE
17. Security Compliance Checklist	HMIS Participating Agencies	HMIS Lead Report	Security Checklist submitted to HMIS on or before February 17, 2026 deadline		5	SYSTEM PERFORMANCE
Cost Effectiveness			PSH	RRH	10	
18. Cost/Permanent Housing retention and/or PH Placement (Total project budget/number of all participants who remain in PH and exited to PH.)	Participants exiting to permanent housing destinations and remaining in permanent housing	APR	\$15,000 or less = 10 \$10,000 or less = 10		10	OBJECTIVE
Provider Capacity Building			PSH	RRH	10	
19. Agency's lowest paid full-time employee pay rate	COC Agency's Staff	CoC Provider Survey Filled out by Agency Contact	\$21 per hour = 1 \$26 per hour = 6 \$22 per hour = 2 \$27 per hour = 7 \$23 per hour = 3 \$28 per hour = 8 \$24 per hour = 4 \$29 per hour = 9 \$25 per hour = 5 \$30 per hour = 10		10	OBJECTIVE
Grand Total					160	
*If the program does not meet the threshold for this measure due to the outcome of a single client, it may submit an appeal describing the challenges the program faced meeting the occupancy/utilization threshold for consideration of partial or full points.						
**If the program does not meet the threshold for this measure due to the outcome of a single client, it may submit an appeal describing the reasons for this client's outcomes and how it tried to address their needs for consideration of partial or full points.						

Total Points Available: 160

Total SYSTEM
PERFORMANCE
Points Available: 90

Total
OBJECTIVE
Points
Available: 140

Total RETURNS TO
HOMELESSNESS,
EMPLOYMENT INCOME,
AND SUPPORTIVE
SERVICES PARTICIPATION
Points Available: 60
(approx. 37% of total)

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.

| Agency Name: | | TEMPLATE | | | | |
|---|---|--|---|---|--------------------|---|
| Performance Evaluation Standards & Criteria for CoC YHDP Renewal Projects FY2026 | | | | | | |
| Renewal Performance Evaluation Criteria
FY2026 COC Competition | Universe | Source | Proposed Benchmark/ Standard | | 2026 Max
Points | Type of Measure |
| Supportive Services | | | RRH | Other Project Types | 25 | |
| 1. Program will require client engagement with supportive services starting in FY2026 performance period. | CoC Program Supportive Service Requirements | CoC Provider Survey Filled out by Agency Contact | Yes = 15 or No = 0 | | 15 | OBJECTIVE, SUPPORTIVE SERVICE PARTICIPATION |
| 2. Agency (or a partner the agency has an MOU with)has been reimbursed by Medicaid for the provision of any eligible supportive services or has a pending application with Medicaid requesting to become a provider of an eligible supportive service. | Medicaid eligible program participants | CoC Provider Survey Filled out by Agency Contact | Yes = 10 or No = 0 | | 10 | OBJECTIVE |
| Performance | | | RRH | Other Project Types | 85 | |
| 3. Percentage of participants with any earned income | All Participants | APR | 20% or more = 20 | | 20 | SYSTEM PERFORMANCE, OBJECTIVE, EMPLOYMENT INCOME |
| 4. Returns to Homelessness after PH Placement - 12 months | Participants - Leavers | SPM Report | Below 5% = 20** | Below 20% = 20** | 20 | SYSTEM PERFORMANCE, RETURN TO HOMELESSNESS |
| 5. Occupancy/Utilization | Average annual utilization rate (based on bed utilization) | HMIS Report | 90%* or higher = 10 | N/A | 10 | OBJECTIVE |
| 6. 100% of admissions in program year were referred from Coordinated Entry | New entries during last program year | HMIS Report | 100% = 5 | N/A | 5 | OBJECTIVE |
| 7. Percentage of new admissions during last program year who have one or more disabling condition(s): Physical, Developmental, Chronic Health, HIV/AIDS, Mental Health, Substance Use, Survivor of Domestic Violence | New entries during last program year | CES Report | 1 disabling condition: greater than or equal to 50% = 5 | | 5 | OBJECTIVE |
| 8. Percentage of all participant leavers who exited to shelter, streets or unknown (including don't know/refused/no exit interview) during last program year | Participants - Leavers | CoC APR Q23c | Less than or equal to 5%** = 5 | | 5 | SYSTEM PERFORMANCE, OBJECTIVE, RETURN TO HOMELESSNESS |
| 9. Percentage of all participants who remain in PH and/or exited to PH destination | All Participants | CoC APR Q23c | 90% or above = 5 | N/A | 5 | SYSTEM PERFORMANCE, OBJECTIVE |
| 10. Increased non-employment cash income of at least 10% between program entry to reassessment/exit | All Participants | APR | 20% or more = 5 | 10% or more = 5 | 5 | SYSTEM PERFORMANCE, OBJECTIVE |
| 11. Length of time from CE referral to move in date | New entries during last program year | CES Report | Scattered Site: 60 days or less = max points; 61 - 90 days = half points.
Project-Based: 15 days or less = max points; 30 days or less = half points | N/A | 10 | SYSTEM PERFORMANCE, OBJECTIVE |
| Financial Management | | | RRH | Other Project Types | 10 | |
| 12. Frequency of Funding Drawdowns | Funding Drawdowns in ELOCCS by Project | HUD provided CoC Spending Report | 90 days or less between drawdowns = 5 | | 5 | OBJECTIVE |
| 13. Grant Spending | Grant Spending by Project | HUD provided CoC Spending Report | 90% Spent or Higher = 5 | | 5 | OBJECTIVE |
| HMIS | | | RRH | Other Project Types | 20 | |
| 14. HMIS Data Quality | All Participants | CoC APR Q6a & b | Data quality score of at least 95% | | 5 | SYSTEM PERFORMANCE |
| 15. HMIS Data Quality - Chronic Homelessness Questions | All participants | CoC APR Q6c and Q6d | Data quality score of at least 95% | | 5 | SYSTEM PERFORMANCE |
| 16. Attendance at Monthly Agency Manager Meetings and Individual Agency Manager Meetings | Agency HMIS Managers | Training Attendance Log (HMIS Lead) | Participation in 80%+ of meetings held since 7/1/2025 - present = 5 | | 5 | SYSTEM PERFORMANCE |
| 17. Security Compliance Checklist | HMIS Participating Agencies | HMIS Lead Report | Security Checklist submitted to HMIS on or before February 17, 2026 deadline | | 5 | SYSTEM PERFORMANCE |
| Cost Effectiveness | | | RRH | Other Project Types | 10 | |
| 18. Cost/Permanent Housing retention and/or PH Placement (Total project budget/number of all participants who remain in PH and exited to PH.) | Participants exiting to permanent housing destinations and remaining in permanent housing | APR | \$15,000 or less = 10
\$10,000 or less = 10 | Pulled but not scored | 10 | OBJECTIVE |
| Provider Capacity Building | | | RRH | Other Project Types | 10 | |
| 19. Agency's lowest paid full-time employee pay rate | COC Agency's Staff | CoC Provider Survey Filled out by Agency Contact | \$21 per hour = 1
\$22 per hour = 2
\$23 per hour = 3
\$24 per hour = 4
\$25 per hour = 5 | \$26 per hour = 6
\$27 per hour = 7
\$28 per hour = 8
\$29 per hour = 9
\$30 per hour = 10

Same as RRH | 10 | OBJECTIVE |
| YHDP Metrics | | | RRH | Other Project Types | 10 | |
| 20. YHDP Data Quality - School Status, Employed, Formerly a Ward of Child Welfare or Foster Care Agency fields | YHDP Funded Projects Only | APR | Data quality score of at least 95% | | 5 | SYSTEM PERFORMANCE, OBJECTIVE |
| Grand Total | | | | | 165 | 165 |
| *If the program does not meet the threshold for this measure due to the outcome of a single client, it may submit an appeal describing the challenges the program faced meeting the occupancy/utilization threshold for consideration of partial or full points. | | | | | | |
| **If the program does not meet the threshold for this measure due to the outcome of a single client, it may submit an appeal describing the reasons for this client's outcomes and how it tried to address their needs for consideration of partial or full points. | | | | | | |

Total Points Available: 165

Total SYSTEM PERFORMANCE Points Available: 90

Total OBJECTIVE Points Available: 145

Total RETURNS TO HOMELESSNESS, EMPLOYMENT INCOME, AND SUPPORTIVE SERVICES PARTICIPATION Points Available: 60 (approx. 36% of total)

Scoring Sheet for NEW SO/SSO PROJECTS ONLY
 Proposals for New CoC SO/SSO Projects FY2026

Instructions: Please complete one scoring sheet for each proposal you are reviewing. Please save an electronic version of

Name of Reviewer:
 Agency:
 Proposal title:
 Project Type: Street Outreach or Supportive Services Only

| Scoring criteria: | Description | Total Points Available: | Score: |
|-------------------|--|-------------------------|--------|
| (a) | For enhanced services projects, the applicant has a strategy to implement the required supportive services agreement and to coordinate with housing providers. For street outreach projects, the applicant has a strategy for providing outreach services that are consistent with the activity description at 24 CFR 578.53(e) and has a plan for helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing programs. | 10 | |
| (b) | Experience with proposed project type and homeless population or other relevant/related supportive service expertise, demonstrated outcomes in similar projects in terms of housing stability and increases in earned income. | 10 | |
| (c) | Demonstrate the capacity to appropriately manage state/federal funds and to leverage other funding | 5 | |
| (d) | Demonstrate that applicant has the organizational infrastructure and administrative/financial capacity to deliver the project as proposed | 5 | |
| (e) | Describe collaboration with other community partners to supplement resources available to clients within the program from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP | 10 | |
| (f) | For street outreach projects, the applicant demonstrates a plan to partner with first responders and law enforcement to engage people living in places not meant for habitation and connect them to emergency shelter, treatment programs, family reunification, transitional housing, or independent living. The applicant must cooperate with local law enforcement and first responders, avoid impeding enforcement of local laws, and be willing to assist first responders in their efforts to engage individuals experiencing homelessness. The purpose of this partnership is to provide education and support that encourages law enforcement to prioritize helping people access services rather than criminalizing homelessness while also supporting public safety. | 10 | |
| (g) | Program design is fully described, accessible, and appropriate to the project proposed and fits the needs of the target population. Core outcomes are discussed (examples: stable housing, employment and preventing returns to homelessness). | 10 | |
| (h) | Describe how the project will incorporate lived experience of homelessness in organizational governance, as well as in program design, implementation (including staffing) and evaluation/improvement. Includes discussion of compensation for expertise if that is applicable within the program. | 10 | |
| (i) | There is a reasonable timeframe to plan and implement the project and a quality staffing plan sufficient to implement proposed activities; includes justification of caseload range for each direct services position and description of strategies to ensure staff have lived experience of homelessness and/or reflect the identities of prioritized populations | 10 | |
| (j) | Proposed Supportive Services are adequate to support the target population; the strategies to engage and level of focus on priority subpopulations is described. | 10 | |
| (k) | Costs are reasonable, competitive, and activities listed are eligible. NOTE: the Recipient Approval and Evaluation Committee may tentatively approve a project with suggested budget changes | 10 | |
| (l) | Letters of support from at least one collaborating agency is submitted at the time of proposal submission (these letters are excluded from page count requirements and should be attachments separate from the proposal). No letters will be accepted after the proposal deadline. | 10 | |
| TOTAL | | 110 | 0 |

This tool was used to score new Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing project proposals

Scoring Sheet for NEW TH/RRH/PSH PROJECTS ONLY
Proposals for New CoC NEW TH/RRH/PSH Projects FY2026

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

Name of Reviewer:

Agency:

Proposal title:

Project Type (Transitional Housing, Rapid Rehousing, or Permanent Supportive Housing):

| Scoring criteria: | Description | Total Points Available: | Score: |
|-------------------|---|-------------------------|--------|
| (a) | The applicant presents a clear, person-centered approach to meeting HUD’s service participation requirements, with an emphasis on supporting housing stability. For transitional housing projects, the applicant outlines a comprehensive process for developing individualized service plans that include goals and timelines related to improved health and wellness, housing stability, and increased employment income to promote financial stability and self-sufficiency. Each service plan should specify the services to be provided, the frequency and method of service delivery, and the staff or partners responsible for providing the services. Services may include clinically driven, medically supervised treatment. For transitional housing projects, the applicant also describes a plan to implement the required 20 hours per week of services, except for program participants who are over age 62, individuals with handicaps as defined in 24 CFR 8.3, or individuals with developmental disabilities as defined in 24 CFR 578.2 | 10 | |
| (b) | Applicant has experience with the proposed project type and homeless population or other relevant/related supportive service expertise, with demonstrated positive outcomes in similar projects in terms of housing stability and increases in earned income (when available, applicants should include program data backing these positive outcomes). For Transitional Housing and Rapid Rehousing projects, applicants must have a plan in place to ensure that at least 50 percent of participants exit to a positive destination (preferably permanent housing) within 24 months and that at least 50 percent exit with employment income | 10 | |
| (c) | Applicant demonstrates the capacity to appropriately manage state/federal funds and to leverage other funding | 5 | |
| (d) | Applicant demonstrates that they have the organizational infrastructure and administrative/financial capacity to deliver the project as proposed | 5 | |
| (e) | Applicant clearly describes their collaboration with other community partners to supplement resources available to clients within the program from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP | 10 | |
| (f) | Program design includes provision of appropriate housing, and the type, scale, and location of the housing are adequate to meet the needs of the program participants described to be served. Application includes meaningful evaluation of the need for the project they are proposing, clearly mentions if housing units are already secured or not, and outlines their cultural/linguistic competency to serve the proposed population. Program design is fully described, accessible, and appropriate to the project proposed, and fits the needs of the target population. Core outcomes are discussed (examples: stable housing, employment, and preventing returns to homelessness). (10 points + an additional 5 bonus points if the units are demonstrated within this section to already be secured) | 15 | |
| (g) | Applicant describes how the project will incorporate people with lived experience of homelessness in organizational governance, as well as in program design, implementation (including staffing), and evaluation/improvement. Includes discussion of compensation for expertise if that is applicable within the program. | 10 | |
| (h) | There is a reasonable timeframe to plan and implement the project and a quality staffing plan sufficient to implement proposed activities; includes justification of caseload range for each direct services position and description of strategies to ensure staff have lived experience of homelessness and/or reflect the identities of prioritized populations | 10 | |
| (i) | Proposed Supportive Services are adequate to support the target population; the strategies and level of focus on priority subpopulations are described. | 10 | |
| (j) | Costs are reasonable, competitive, and activities listed are eligible.
NOTE: the Recipient Approval and Evaluation (“Funding”) Committee may tentatively approve a project with suggested budget changes | 10 | |
| (k) | Letters of support from at least one collaborating agency are submitted at the time of proposal submission (these letters are excluded from page count requirements and should be attachments separate from the proposal). No letters will be accepted after the proposal deadline. | 10 | |
| TOTAL | | 105 | 0 |

Maximum Points Total105

Comments:

Scoring Sheet For HMIS PROJECTS ONLY

Proposals for New CoC HMIS Projects FY2026

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

| |
|--|
| Name of Reviewer:
Proposal:
Agency:
Project Type : HMIS Expansion |
|--|

| Scoring criteria: | Description | Total Points Available: | Score: |
|-------------------|---|-------------------------|------------|
| (a) | Experience and Effectiveness | up to 55 | |
| | i. Experience in operating HMIS, ability to meet HUD deadlines | 15 | |
| | ii. HMIS Universal Data quality in HMIS (systemwide UDEs null/unknown error rate of less than 10% (systemwide UDEs null/unknown error rate of less than 10% = 10 points; less than 15% = 5 points) | 10 | |
| | iii. Chronic Homelessness data quality in HMIS (systemwide error rate of less than 10% = 10 points; less than 15% = 5 points) | 10 | |
| | iv. HMIS score on HMIS-related factors in 2024 CoC Application (85%-100% of possible HMIS points = 10 points, 60-84% = 5 points, less than 60% = 0 points) – up to 10 points | 10 | |
| | v. Does the proposed project build HMIS reporting capacity across the system-wide agencies involved in the RCoC, specifically the HMIS Lead, the Executive Office of Housing, and the Collaborative Applicant | 10 | |
| (b) | Financial | up to 20 | |
| | i. Audit – no issues or findings with most recent audit | 5 | |
| | ii. Match – source of match is documented and realistic | 5 | |
| | iii. Costs requested are reasonable allocable, and allowable | 10 | |
| (c) | Timeliness | up to 10 | |
| | i. Project plan demonstrates that project and/or expansion can be rapidly implemented | 10 | |
| (d) | Meeting Federal Requirements | up to 20 | |
| | i. At least 95% of prior grant funds expended | 10 | |
| | ii. No unresolved monitoring findings from HUD or the RCoC | 10 | |
| | | TOTAL | 105 |
| | | | 0 |

Scoring Sheet for CES PROJECTS ONLY

Proposals for New CoC CES Projects FY2026

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

Name of Reviewer:

Proposal:

Agency:

Project Type : Supportive Services Only - Coordinated Entry:

| Scoring criteria: | Description | Total Points Available: | Score: |
|-------------------|--|-------------------------|----------|
| (a) | Experience and Effectiveness | up to 50 | |
| | i. Applicant has experience operating coordinated entry, including conducting a standardized assessment process, and demonstrates ability to promptly make referrals to available housing interventions. | 20 | |
| | ii. CE: Applicant has a strategy to increase efficiency and speed of the CE process | 20 | |
| | iii. CE: Applicant provides a strategy for increasing access to the CE system that includes, but is not limited to, advertising CE that is specifically designed to reach households experiencing homelessness with the highest needs. | 10 | |
| (b) | Financial | up to 20 | |
| | i. Audit – no issues or findings with most recent audit | 5 | |
| | ii. Match – source of match is documented and realistic | 5 | |
| | iii. Costs requested are reasonable allocable, and allowable | 10 | |
| (c) | Timeliness | up to 10 | |
| | i. Project plan demonstrates that the project and/or expansion can be rapidly implemented | 10 | |
| (d) | Meeting Federal Requirements | up to 20 | |
| | i. At least 95% of prior grant funds expended | 10 | |
| | ii. No unresolved monitoring findings from HUD or the RCoC | 10 | |
| | | TOTAL | 0 |

Maximum Points Total

100

ATTACHMENT 1D-2c

Rhode Island Statewide (RI-500) CoC: Local Competition Selection Results

Priority List: This list includes all projects—both new and renewal—that were approved by the RICoC Board. Projects are organized into Tier 1 and Tier 2, and ranked according to their performance scores or new project application review score.

| | Applicant and Project Information | | | | | | |
|--------|---|---|-------|---------------------|------------|--------------------------|-------------------|
| Tier | Applicant Name | Project Name | Score | Status | Rank | Requested Funding Amount | Reallocated Funds |
| Tier 1 | Rhode Island Housing and Mortgage Finance | RIHousing Rental Assistance Program FY24 | 93% | Accepted | 1 | \$5,219,874.00 | \$0 |
| Tier 1 | Sojourner House | Constitution Hill Supportive Housing Renewal F | 91% | Accepted | 2 | \$572,759.00 | \$0 |
| Tier 1 | Sojourner House | Burnside Ave Permanent Supportive Housing R | 82% | Accepted | 3 | \$141,504.00 | \$0 |
| Tier 1 | Westerly Area Rest Meals Inc. | Rockville Mill - FY24 | 76% | Accepted | 4 | \$202,235.00 | \$0 |
| Tier 1 | Crossroads Rhode Island | Crossroads - Permanent Supportive Housing - f | 73% | Accepted | 5 | \$1,240,840.00 | \$0 |
| Tier 1 | Lucy's Hearth | LH Renewal PSH Program FY2024 | 71% | Reduced Reallocated | 6 | \$400,000.00 | -\$444,189 |
| Tier 1 | Westerly Area Rest Meals Inc. | Greater Westerly Supportive Housing Project R | 70% | Accepted | 7 | \$88,871.00 | \$0 |
| Tier 1 | Crossroads Rhode Island | Crossroads - Tower - Expansion - FY2024 | 69% | Reduced Reallocated | 8 | \$104,291.00 | -\$211,743 |
| Tier 1 | House of Hope Community Development Co | Dean Street Studios- Renewal FY24 | 65% | Accepted | 9 | \$222,983.00 | \$0 |
| Tier 1 | House of Hope Community Development Co | Access to Home- Renewal FY24 | 49% | Accepted | 10 | \$464,764.00 | \$0 |
| Tier 1 | RICoalition to End Homelessness | HMIS Renewal FY2024 | N/A | Accepted | 11 | \$178,739.00 | \$0 |
| Tier 1 | RI Coalition to End Homelessness | CES Renewal FY2024 | N/A | Accepted | 12 | \$166,437.00 | \$0 |
| Tier 1 | RI Coalition to End Homelessness | YHDP HMIS Renewal FY2024 | N/A | Accepted | 13 | \$98,170.00 | \$0 |
| Tier 1 | Foster Forward | YHDP-YWH Drop-in Center Renewal FY24 | 94% | Accepted | 14 | \$83,972.00 | \$0 |
| Tier 1 | Family Service of Rhode Island, Inc. | FSRI YHDP BasicCenter Expansion Renewal FY | 88% | Accepted | 15 | \$130,944.00 | \$0 |
| Tier 1 | Adoption Rhode Island | Adoption Rhode Island YHDP Renewal 2024 | 84% | Accepted | 16 | \$144,073.00 | \$0 |
| Tier 1 | Sojourner House | Sojourner House YHDP Navigation and Diversic | 79% | Accepted | 17 | \$117,844.00 | \$0 |
| Tier 1 | House of Hope Community Development Co | HYPE Youth Outreach- YHDP Renewal FY24 | 60% | Accepted | 18 | \$90,088.00 | \$0 |
| Tier 1 | RIHousing | Senior PSH Project | 87% | Accepted | 19 | \$777,887.00 | \$777,887 |
| Tier 1 | Westerly Area Rest Meals Inc. | WARM New PSH Project for Seniors | 85% | Accepted | 20 | \$81,028.00 | \$81,028 |
| Tier 2 | Sojourner House | Sojo TH Grant #81 | 88% | Accepted | 21 | \$1,410,333.00 | \$1,410,333 |
| Tier 2 | Foster Forward | Your Way Home Transitional Housing | 84% | Accepted | 22 | \$275,898.00 | \$275,898 |
| Tier 2 | Sojourner House | Sojo TH-YHDP Replacement | 82% | Accepted | 23 | \$381,150.00 | \$381,150 |
| Tier 2 | Sojourner House | Sojo TH Grant #109, 110, 129, 130 | 79% | Accepted | 24 | \$2,011,483.00 | \$2,011,483 |
| Tier 2 | Foster Forward | YHDP Your Way Home Transitional Housing | 70% | Accepted | 25 | \$193,815.00 | \$193,815 |
| Tier 2 | Haus of Codec | YHDP TH Replacement | 68% | Accepted | 26 | \$434,997.00 | \$434,997 |
| Tier 2 | Crossroads RI | CRI Transitional Housing | 66% | Accepted | 27 | \$519,224.00 | \$519,224 |
| Tier 2 | Community Care Alliance | Rhode to Independence | 60% | Accepted | 28 | \$275,071.00 | \$275,071 |
| Tier 2 | East Bay Community Action Program | EBCAP-Street Outreach | 95% | Accepted | 29 | \$210,001.00 | \$181,047 |
| Tier 2 | Foster Forward | FF-Employment Assistance Supportive Services | 92% | Accepted | 30 | \$125,248.58 | \$125,248.58 |
| Tier 2 | Family Service of Rhode Island | FSRI-SSO | 90% | Accepted | 31 | \$287,399.00 | \$0 |
| Tier 2 | Lucy's Hearth | Lucy's Hearth Supportive Services | 88% | Accepted | 32 | \$164,682.20 | \$0 |
| Tier 2 | Amos House | Integrated Stabilization and Self-Sufficieny Proj | 86% | Accepted | 33 | \$476,142.71 | \$0 |
| Tier 2 | Open Doors RI | SheThrivesTH-572 Elmwood(Women&Children | 85% | Accepted | 34 | \$529,799.00 | \$0 |
| Tier 2 | Newport Mental Health | NMH-Landlord Navigator | 84% | Accepted | 35 | \$152,000.00 | \$0 |
| Tier 2 | Newport Mental Health | NMH-Street Outreach | 84% | Accepted | 36 | \$427,563.00 | \$0 |
| Tier 2 | WARM | WARM-SSO | 82% | Accepted | 37 | \$95,931.00 | \$0 |
| Tier 2 | Rhode Island Coalition to End Homelessnes | Coordinated Entry DV Renewal FY2024 | N/A | Accepted | 38 | \$881,302.00 | \$0 |
| Tier 2 | Youth Pride, Inc. | Youth Pride, Inc. RI0120Y1T002301 | 76% | Reduced Reallocated | 39 | \$102,746.00 | -\$90,253.00 |
| Tier 2 | Crossroads Rhode Island | Crossroads - CES - Housing Problem Solving - F | 73% | Accepted | 40 | \$225,887.00 | \$0 |
| Tier 2 | RI Coalition to End Homelessness | HMIS Expansion | 90% | Accepted | 41 | \$146,293.34 | \$0 |
| Tier 2 | RI Coalition to End Homelessness | CES Expansion | 81% | Accepted | 42 | \$112,917.00 | \$0 |
| Tier 2 | Domestic Violence Resource Center | DVRC-TH | 89% | Accepted | 43 | \$203,761.45 | \$0 |
| Tier 2 | Crossroads RI | CRI-DV Transitional | 85% | Accepted | 44 | \$532,069.00 | \$0 |
| Tier 2 | Sojourner House | Sojo-TH-New-DV | 71% | Accepted | 45 | \$1,400,000.00 | \$0 |
| | RI Housing | *CoC Planning | N/A | Accepted | Not Ranked | \$877,275.00 | |
| | Community Care Alliance | CCA RRH Adult Renewal Project FY2024 | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$275,071 |
| | Crossroads Rhode Island | Crossroads - Rapid Rehousing Program - FY202 | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$519,224 |
| | East Bay Community Action Program | East Bay Coalition for the Homeless PH | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$47,789 |
| | Foster Forward | RRH for Former Foster Youth Renewal FY2024 | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$275,898 |
| | Foster Forward | Foster Forward - YHDP- YWH-TH-RRH Renewal | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$193,815 |
| | Haus of Codec | Haus of Codec YHDP TH/RH Renewal | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$434,997 |
| | House of Hope Community Development Co | Warwick PSH- Renewal FY24 | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$178,043 |
| | Housing Authority of the City of Pawtucket, R | PAW HA RRH Renewal FY2024 | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$158,198 |
| | Rhode Island Coalition to End Homelessnes | YHDP SOAR! Renewal FY2024 | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$34,996 |
| | Sojourner House | Rapid Rehousing for Undocumented Victims Re | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$443,807 |
| | Sojourner House | Sojourner House Bridge Rapid Rehousing Rene | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$630,209 |
| | Sojourner House | Sojourner House DCYF Rapid Rehousing Renew | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$526,903 |
| | Sojourner House | Young Adult Domestic Violence Crisis/Rapid Re | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$410,564 |
| | Sojourner House | Sojourner House Rapid Re-Housing Renewal 20 | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$1,410,333 |
| | Sojourner House | Sojourner House YHDP TH-RRH Project for YYA | N/A | Fully Reallocated | Not Ranked | \$0.00 | -\$381,150 |
| | | | | | | | |
| | | | | | | | |

*CoC Planning grant is not ranked in accordance to HUD-NOFO guidance

| | Amount available | Total requested |
|----------------|------------------|-----------------|
| Tier 1 Amount: | \$ 10,527,303.00 | \$10,527,303.00 |
| Tier 2 Amount: | \$ 11,785,858.45 | \$11,575,713.28 |
| New DV Bonus | \$2,919,711 | \$ 2,135,830.45 |
| | \$2,631,826 | \$ 2,421,681.25 |
| New CoC Bonus | | |
| CoC Planning | \$877,275.00 | \$877,275.00 |
| Total | \$ 23,974,317.00 | \$22,980,291.28 |

**Certification for Opportunity Zones
Preference Points**

**U.S. Department of Housing and
Urban Development**

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.

****Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

Applicant Organization: Rhode Island Housing and Mortgage Finance Corporation

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267, Continuum of Care Program

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

44007000200, 44007000600, 44007000800, 44007002500, 44007018000, 44009050801

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☐ 76% - 100%
- ☒ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The Rhode Island CoC (RI-500) concentrates its investment in the state's most economically distressed neighborhoods. Sixteen of the 47 projects in this year's Consolidated Application, representing \$14.26 million, or 61% of the total request, are located in qualified Opportunity Zones in Providence's South Providence, Smith Hill and downtown neighborhoods, downtown Woonsocket and Westerly. These projects support public and private investment in four ways:

1. Rental assistance flows to private landlords. Steady rent payments keep units occupied and maintained, which supports reinvestment in older housing stock.
2. CoC funding leverages other capital. RIHousing, the state's housing finance agency and CoC Collaborative Applicant, administers the Low-Income Housing Tax Credit and state housing bond funds. CoC services and rental assistance help make that development feasible.
3. Services build income. Case management, employment assistance and benefits enrollment increase participants' income and workforce participation in local economies.
4. Housing reduces public crisis costs. Stable housing lowers the use of emergency rooms, shelters, police and corrections, which frees public dollars for community development.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|---|---|
| ☐ Access to Capital | ☐ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☐ Community Capacity Building | ☐ Industrial development |
| ☐ Economic Development | ☐ Commercial or retail development |
| ☐ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure – streets, sidewalks, lighting |
| ☒ Health | ☐ "Below ground" infrastructure – water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☒ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☐ Public Safety | |

Certification of Authorized Representative for the Applicant:

****Under penalty of perjury, I certify on behalf of the Applicant that**

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

| | | | | | |
|---------------|--|-------------|--|--------------|----------------------|
| Prefix: | <input type="text"/> | First Name: | <input type="text" value="Elizabeth"/> | Middle Name: | <input type="text"/> |
| Last Name: | <input type="text" value="Bioteau"/> | | | Suffix: | <input type="text"/> |
| Title: | <input type="text" value="Director of Strategic Initiatives"/> | | | | |
| Organization: | <input type="text" value="Rhode Island Housing and Mortgage Finance Corporation"/> | | | | |
| Signature: | <input type="text" value="EBioteau"/> | | | | |
| Date: | <input type="text" value="09/29/2026"/> | | | | |



Attachment 3A-DP: RICOc Statement on Advancing Recovery

September 30, 2026

The Rhode Island Continuum of Care (RICOc) supports participant access to treatment and recovery services while preserving provider flexibility in program design.

Prohibited Activities

RICOc affirms that none of the housing projects included in this application:

1. operate drug injection sites or "safe consumption sites."
2. knowingly distribute drug paraphernalia on or off property under their control.
3. knowingly permit the use or distribution of illicit drugs on property under their control.
4. conduct, permit, encourage, facilitate, or allow any of the activities described above under the pretext of "harm reduction."

All project applicants and recipients must comply with all HUD certifications and assurances required in the applicable CoC Program Competition.

Recovery and Treatment Services

The CoC encourages strong connections to substance-use-disorder treatment and recovery supports. Many CoC providers operate treatment or recovery programs or partner with detox services, MOUD providers, recovery community centers, and recovery housing to help participants stabilize and succeed in permanent housing. This statement does not restrict or prohibit CoC-funded projects that require sobriety or treatment participation, as permitted under 24 CFR 578.

Participant Rights

Nothing in this statement requires participants to be sober or in treatment to receive assistance, nor does it require projects to automatically evict, terminate, or exit a participant for a first-time drug-related violation. Projects may establish and enforce program rules and lease requirements consistent with 24 CFR 578, fair-housing laws, disability-rights protections, and due-process requirements. Projects may choose to require sobriety or treatment participation, but the CoC does not mandate these conditions.

Declining a housing opportunity in a sobriety-required or treatment-required program does not affect an individual's position on the Coordinated Entry Housing Queue.

Compliance and Remedies

The CoC will monitor compliance with this policy through its established monitoring and compliance oversight processes. If a CoC-funded housing project is found to be engaging in a prohibited activity, the CoC will take corrective action. This includes issuing written notice, requiring immediate remediation, offering technical assistance, and, if the issue is not resolved, reducing the provider's standing in the local competition or reallocating funds. This approach



maintains accountability while ensuring continued access to housing and services for participants.

Applicability

This policy applies to all housing projects the CoC submits for Continuum of Care Program funding, and to all recipients and subrecipients operating CoC-funded projects in the RICoC's geographic area, beginning with projects funded through the FY 2026 CoC Program Competition.