

PFS PSH Pilot Program Program Operations Model

Set forth below are key elements of the Rhode Island Pay for Success (PFS) Permanent Supportive Housing (PSH) Pilot Program operations model inclusive of roles, responsibilities, and relevant definitions. This document is intended as a point of reference for Service Providers, RICEH, and the Executive Steering Committee with regards to Program implementation and ongoing operations.

Service Delivery Overview

The Program's core service delivery activities are carried out by contracted Service Providers and include the following:

- Finding and engaging/enrolling the eligible individuals "assigned" to the Service Provider.
- Providing support and assistance that enables enrolled individuals to obtain permanent housing, including housing navigation and assistance accessing resources like housing vouchers and rental subsidies.
- Maintaining enrolled individuals' engagement in the Program.
- Identifying and providing and/or coordinating the wide variety of supportive services individuals might require to remain housed.

Such supportive services may include, but are not limited to: Substance use disorder services; psychiatric/mental health services; treatment planning and monitoring; accompaniment to medical and dental appointments; help to order and manage medications; representation at court hearings; help with managing money and paying bills; help to grow confident with housekeeping, shopping, cooking, and transportation; help enrolling in benefits like SSI/SSDI; help with finding and keeping a job or enrolling in GED, training, or similar programs; and help obtaining documentation such as proper identification that may be required for jobs or housing

Contracted Service Providers have wide discretion as to their approach to implementing these core service delivery activities, including with regards to staffing models, outreach methods, partnerships, and similar details. However, all service delivery activities implemented under the Program must reflect the following underlying philosophies:

- **Person-Centered-Care** – An approach in which engagement in services is voluntary, customized, and comprehensive, reflecting the individual needs and preferences of people experiencing homelessness.
- **Trauma-Informed Care** – An approach to care that acknowledges the impact of trauma on people seeking services. Under this approach, services are designed and delivered in

such a way that they emphasize safety, trustworthiness, client choice, collaboration, and empowerment.

- **Harm Reduction** – A model of substance-use intervention that focuses on helping people better manage substance use and reduce the harmful consequences of substance use to themselves and others, including working to prevent evictions. The harm reduction philosophy means that individuals do not have to be sober to be eligible to enter housing and are not evicted solely for a failure to maintain sobriety.

Housing Units/Lease Definition

Contracted Service Providers are responsible for supporting the eligible individuals whom they enroll in the PFS PSH Pilot Program to locate, move into, and successfully maintain housing.

A wide range of types of housing units are acceptable for purposes of the Program, provided that enrolled individuals formally enter into a written “lease” agreement that fits one of the following categories:

- Standard lease agreement
- Sponsored lease agreement
- Other written occupancy agreement for a unit in a special housing type that meets Housing Quality Standards set forth by the U.S. Department of Housing and Urban Development. Such units are subject to inspection by a Service Provider and must be approved in writing by RICEH.

Housing units for which enrolled individuals enter into a lease must also be “affordable” to the greatest extent possible, meaning that no enrolled individual should pay more than 30% of their household income towards rent and utilities.

Eligibility Criteria

Per the terms of the FY 2022 State budget appropriations for the Program, 75 PFS PSH slots must be filled by Medicaid high utilizers; the remaining 50 PFS PSH slots must be filled by individuals with high Department of Corrections (DOC) involvement and/or by those who are high utilizers of homeless services based on data recorded in Rhode Island’s Homeless Management Information System (HMIS). The State budget language recognizes that there may be significant overlap between these three groups. Per the terms of the U.S. Department of Housing and Urban Development (HUD)/Department of Justice PFS Demonstration grant that supported PFS PSH planning, a minimum of 100 PFS PSH slots must be filled by individuals with high DOC involvement, a history of homelessness, and high service utilization.

To ensure compliance with State budget and HUD/DOJ terms, the Program leverages data from Rhode Island Medicaid, HMIS, and DOC to identify a population of high utilizers eligible for the Program. The criteria by which high utilizers of each State system are identified are as follows:

- Medicaid high utilizers are defined as the top 3% of Medicaid high utilizers based on overall Medicaid spending and Medicaid spending on inpatient hospitalization and emergency department utilization over a five-year lookback period. Individuals who are less than eighteen (18) years of age and individuals living in long term care facilities (i.e., skilled nursing facilities and assisted living facilities) are excluded from the PFS PSH Medicaid high utilizer population.
- DOC high utilizers are defined as individuals who have been incarcerated for a total of 186 days or more over a six-year lookback period, irrespective of consecutive periods of incarceration or current status (i.e., awaiting trial or sentenced).
- HMIS high utilizers are defined as those individuals with the highest number of points based on a scoring metric in which points are assigned as follows: Chronic homelessness or a disability (per HUD criteria), 5 points. Persons with a current living situation of a Place Not Meant for Habitation, 5 points; if they are sheltered, they receive 2.5 points. The remaining points are given based on the number of days enrolled in Street Outreach, Emergency Shelter and Services. Points are based on cumulative days served by these projects, for every sixty (60) days served, 1 point is assigned for a total maximum number of points in this category of 18.

In addition to meeting the above Medicaid, HMIS, and DOC utilization criteria, individuals must also meet the following eligibility criteria:

- Adult (aged 18 years or older)
- Physically present in Rhode Island
- Experiencing homelessness according to the HUD Category 1 or Category 4 definition of homelessness

DOC high utilizers, only, are required to sign a Release of Information (ROI) to be eligible for the Program.

Identification of Eligible Individuals and Assignment to Service Providers

The Rhode Island Coalition to End Homelessness (“RICEH”) is responsible for collecting the relevant high utilizer data from Rhode Island Medicaid, DOC, and HMIS and for integrating that data to produce a single “Eligibility Assignment List” of approximately 300 individuals who meet the eligibility criteria for the Program. The Eligibility Assignment List incorporates high utilizers across all three (3) State systems; typically, individuals must be identified as a high utilizer in at

least two of the three PFS PSH high utilizer categories in order to be included on the Eligibility Assignment List. In addition to the first and last name of each eligible individual, the Eligibility Assignment List must include at least one (1) personally identifiable data field to assist contracted Service Providers in locating and engaging the eligible individuals assigned to them.

RICEH will produce an initial Eligibility Assignment List prior to the launch of the Program. The Eligibility Assignment List will then be updated on an at least annual basis for Medicaid and HMIS high utilizers and on a rolling basis for DOC high utilizers as signed ROIs are obtained from individuals identified as having high DOC involvement.

Individuals on the Eligibility Assignment List are distributed, or “assigned,” to contracted Service Providers for outreach, engagement, enrollment, and service delivery based on numerous criteria, including, but not limited to, the following:

- Existing relationships with Service Providers
- Match between Service Provider expertise and an individual’s unique circumstances
- Preference of the eligible individual
- Service Provider preference
- Geographic proximity

Assignment of eligible individuals to contracted Service Providers will be based on the above factors and managed through collaborative discussion with Service Providers. If RICEH and Service Providers collectively have no knowledge of any of the above factors for an individual on the Eligibility Assignment List, RICEH will make best efforts to assign the individual to a Service Provider based on Service Provider capacity and expertise.

Assignment of eligible individuals to contracted Service Providers will generally reflect a 2:1 ratio with regards to the number of PFS PSH slots awarded to the Service Provider, as follows:

# PFS PSH Slots Awarded	# Eligible Individuals Assigned
25	50
50	100

RICEH will continually monitor the assignment of eligible individuals to contracted Service Providers to ensure that PFS PSH is well positioned to 1) meet the ratio of high utilizers enrolled in the program mandated by the State budget language, and 2) comply with the HUD/DOJ requirement that at least 100 program enrollees are individuals with high DOC involvement, a history of homelessness, and high service utilization.

Alternative Referral Pathway

Service Providers and other community partners in Rhode Island, including but not limited to shelters, re-entry programs, hospitals, and health centers, may request that RICEH include select individuals in the population of eligible individuals assigned to contracted Service Providers. RICEH will evaluate such requests based on the most up-to-date high utilizer data received from Medicaid, DOC, and HMIS. If the individual is found to be a high utilizer of any one of these three (3) State systems based on the high utilizer criteria described above, and if there are still unfilled PFS PSH slots remaining among the contracted Service Providers, RICEH will assign the individual to a contracted Service Provider using the assignment criteria described above. If the neither of these conditions are met, RICEH will make reasonable efforts to connect the individual with a program capable of meeting their needs. No more than 10% of available PFS PSH slots at each Service Provider may be filled by individuals referred to the Program via the Alternative Referral Pathway unless the Executive Steering Committee provides prior written approval.

Engagement and Enrollment of Assigned Individuals

Service Providers are expected to leverage their experience and expertise to outreach to, engage, and enroll the eligible individuals assigned to them in accordance with the following terms:

- **Minimum Outreach Period:** Contracted Service Providers are expected to make a genuine, dedicated, and active effort to locate and engage each individual assigned to them until they have either: 1) enrolled the individual, 2) demonstrated that the individual cannot or should not enroll in PFS PSH at this time, 3) made a convincing case that the individual cannot be found, or 4) filled all of the PFS PSH slots awarded to them with eligible individuals who have enrolled in the Program. In most cases, thirty (30) calendar days will be the minimum period of active effort considered “reasonable” with regards to meeting this expectation; Service Providers also have the option of continuing their efforts to locate and engage a particular individual beyond a 30-day period and for as long as they deem appropriate, if they so desire. Contracted Service Providers shall document their efforts to locate and engage the eligible individuals assigned to them on a weekly basis in a format to be determined by RICEH until all of the PFS PSH slots awarded to them are filled. Service Providers shall also document their reasons for seeking to cease efforts to locate and engage a particular eligible individual in a format to be determined by RICEH. Service Providers need not initiate outreach to the eligible individuals assigned to them all at once and may initiate outreach to such individuals in the order they deem most appropriate.
- **Minimum Engagement Period:** Once a Service Provider has contacted an eligible individual assigned to them, the Service Provider is expected to engage with that individual for a minimum of thirty (30) calendar days in order to attempt to enroll the individual in the Program. If, following thirty (30) calendar days of attempted engagement, the Service Provider is unable to enroll the eligible individual, the Service Provider may cease

engagement activities for that individual. Service Providers also have the option of continuing engagement and enrollment efforts for a particular individual beyond the 30-day period, if they so desire.

- **Enrollment in the Rhode Island Coordinated Entry System (CES):** Service Providers are expected to attempt to enroll eligible individuals with whom they are successfully engaged in the Rhode Island Coordinated Entry System, regardless of whether such individuals choose to enroll in the Program. In keeping with the philosophy of person-centered care, all individuals have the right to refuse enrollment in CES, and no individual may be required to enroll in CES as a condition of enrollment in the Program.
- **Consent and Participant Rights:** Service Providers must ensure that all eligible individuals have a signed “Enrollment Consent Form” and “Participant Rights Form,” as well as a signed “General Authorization to Release Information” and “Authorization to Release Information Related to Behavioral Health Diagnosis, Treatment, and Services” that complies with the requirements contained in 42 CFR Part 2 on file prior to their enrollment in the Program. RICEH will provide these forms to all Service Providers, and only forms provided by RICEH will be considered acceptable for meeting this requirement. Eligible individuals who choose not to sign a General Authorization to Release Information should not be enrolled in the Program, but may be served through an alternative housing program. Signed Consent Forms and signed Participant Rights Forms must be maintained in client files for all enrolled individuals and must be made readily available to RICEH upon request. Signed General Authorizations to Release Information and Authorizations to Release Information Related to Behavioral Health Diagnosis, Treatment, and Services must be provided to RICEH, which will in turn transfer them via a secure mechanism to EOHHS for record keeping.
- **Individuals Requiring a Higher Level of Care:** Service Providers are expected to refer any eligible individual assigned to them whom they locate, engage with, and deem to require a higher level of care than the Program is able to offer—for example, the type of care available through an assisted living facility or a nursing home—to a care facility capable of meeting their needs. The Service Provider’s rationale for making such a determination and the steps taken to make the referral must be clearly documented in writing and maintained on file; such written rationales must be made readily available to RICEH upon request. Such referrals must also be recorded as part of standard data collection for the program in accordance with the Program data collection protocols.
- **New Eligible Individual Assignments:** In the event that a Service Provider is unable to locate and enroll enough eligible individuals to fill the total number PFS PSH slots awarded to them based on their initial assignment of eligible individuals, RICEH will assign

additional eligible individuals to them using the most up-to-date Eligibility List. RICEH may also assign eligible individuals to Service Providers on an ad-hoc or rolling basis in accordance with new eligibility data received from DOC, the Alternative Referral Pathway, or the semi-annual Eligibility List update process.

Delivery of Services to Enrolled Individuals

Service Providers are expected to leverage their experience and expertise to deliver, manage, and coordinate high quality housing navigation and supportive services to the individuals they enroll in the Program in accordance with the following terms:

- From the time of initial contact with any eligible individual assigned to them, Service Providers will assess the person's housing needs, work to establish and implement an appropriate housing search and housing stability plan with them, and work with the person to access and maintain appropriate housing.
- Service Providers will ensure that a comprehensive housing navigation plan is developed with every enrolled individual and updated at least monthly during the housing search process for that individual. Similarly, Service Providers will ensure that a comprehensive housing stability plan is developed for every enrolled individual who becomes housed and updated at least monthly until the individual leaves housing or leaves the program or until the program ends, whichever comes first.
- The housing placement and support services provided by Service Providers will include but not be limited to: searching for housing, contacting landlords, teaching housing skills, negotiating leases, establishing housing stability plans, and other key functions.
- Service Providers will actively engage and offer services to all enrolled individuals, including those that are housed, are seeking housing, and have been housed but left housing, in an effort to maximize their tenure in housing. Such services will include but not be limited to assistance with: maintaining their household and finances; independently performing activities of daily life; developing community living skills; maximizing tenant safety and security; guarding against predatory guests and illegal activity in their units; and upholding the terms of their lease in general.
- Service Providers will conduct brief weekly in-person visits with all enrolled individuals who become housed during their first nine (9) months of housing to verify that such individuals remain housed and to identify and intervene in any situation that may threaten their housing stability, to the extent possible. In-person visits may be made less than weekly once an individual has been stably housed for nine consecutive months per the discretion of the Service Provider.

- Service Providers will actively communicate with landlords and property managers to advocate on behalf of enrolled individuals who have become housed in order to prevent avoidable evictions and to intervene in and mitigate crisis situations.
- Service Providers will use reasonable efforts to ensure that enrolled individuals apply for housing units that are “affordable,” meaning that no enrolled individual should pay more than 30% of their household income towards rent and utilities. No enrolled individual shall be encouraged to enter into a lease for which it is estimated that more than 50% of household income would be required for rent and utilities, unless the individual’s Service Provider applies to RICEH for an exception and RICEH approves in writing to grant the exception. RICEH will notify the Executive Steering Committee in writing of any such exceptions granted.
- From the time of initial contact with any eligible individual assigned to them, Service Providers shall identify barriers to housing stability and shall work with the person to obtain all necessary documentation and identification needed to become housed. If clinical documentation is needed, the Service Provider shall engage the appropriate clinical staff within their organization or at a partner organization as part of their work with the individual.
- Service Providers shall provide, manage, and coordinate supportive services for all enrolled individuals whether or not those individuals have become housed. Such services will be designed to help enrolled individuals: address barriers to housing stability; manage mental illness and other disabling conditions; reduce interactions with the justice system; reduce avoidable emergency department utilization and avoidable hospitalizations; and improve health outcomes. Supportive services provided, managed, or coordinated by Service Providers shall include but not be limited to: crisis intervention; substance use counseling; mental health treatment; peer support; skills building; and connection to primary care.

Service Delivery Period

The service delivery period for each eligible individual will begin upon that individual’s enrollment in the Program, as evidenced by the individual’s signature of the Enrollment Consent Form and Participant Rights Form. Service Providers will deliver housing navigation and supportive services for an enrolled individual for up to three (3) years from the date program enrollment or the end of the program, whichever comes first.

Data Collection Requirements

Contracted Service Providers shall enter data into HMIS for each enrolled individual in accordance with the final Evaluation Plan and related Service Provider data collection protocol. RICEH shall provide the final Evaluation Plan and Service Provider data collection protocol to contracted

Services Providers prior to the start of the Program. RICEH shall also make training and technical assistance available to Service Providers to support Service Provider efforts to collect, enter, and maintain complete and accurate data over the life of the program.

Regular Meetings

Service Providers are expected to be active and engaged participants in regular meetings convened by RICEH for the following purposes:

- Manage the assignment of eligible individuals to Service Providers,
- Manage the allocation of PFS PSH funds for housing support to Service Providers based on the characteristics and needs of the individuals enrolled at each Service Provider.
- Provide a forum for case conferencing to support outreach and engagement efforts across Service Providers and ensure high quality service delivery for eligible and enrolled individuals.
- Provide a forum for the discussion of data on program-wide engagement, enrollment, and outcomes for eligible and enrolled individuals in order to promote shared learning and joint problem solving among Service Providers and advance the ongoing improvement of the Program overall.

Such meetings are expected to be held weekly or bi-weekly during the first year of the Program and to diminish in frequency as program operations reach steady state.

Cumulative Enrollment and Lease-Up Schedule

The targets identified in the following cumulative enrollment and lease-up schedule are intended to ensure that contracted Service Providers remain reasonably on track with regards to major service delivery milestones.

RICEH will monitor and discuss progress towards these targets with Service Providers on an at least monthly basis. The working assumption is that, even with expected attrition, enrollment and housing will reach a reasonably steady state within 24 months of program launch.

Time Period	# New Enrollments Per Service Provider	# New Leases Per Service Provider	Total # Enrollments Per Service Provider	Total # Leases Per Service Provider
Service Providers Awarded 25 PFS PSH Slots				
10/01/23 – 03/31/24	5	2	5	2
04/01/24 – 09/30/24	5	5	10	7
10/01/24 – 03/31/25	7	8	17	15
04/01/25 – 09/30/25	8	10	25	25

Service Providers Awarded 50 PFS PSH Slots				
10/01/23 – 03/31/24	10	4	10	4
04/01/24 – 09/30/24	10	10	20	14
10/01/24 – 03/31/25	14	16	24	30
04/01/25 – 09/30/25	16	20	50	50
All Service Providers				
10/01/23 – 03/31/24	25	10	25	10
04/01/24 – 09/30/24	25	25	50	35
10/01/24 – 03/31/25	35	40	85	75
04/01/25 – 09/30/25	40	50	125	125