



Interagency Council on Homelessness

May 22, 2025

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Interagency Council on Homelessness

Agenda

- Call to Order
- Introductions
- Vote to approve minutes from April 24, 2025 meeting
- Opening Remarks and Department of Housing Updates
- Presentation: Alvarez & Marsal Consulting Group
 - Statewide Housing and Homelessness Mapping – Findings and Key Opportunities for Interagency Collaboration
- Public Comment
- Adjourn

Interagency Council on Homelessness

Quorum

1. Chief of Office of Housing & Community Development
2. Director of the Department of Administration
3. Chair of the Housing Resources Commission
4. Director of Department of Human Services
5. Director of the Department of Health
6. Director of Children, Youth & Families
7. Director of Healthy Aging
8. Director of Behavioral Healthcare, Developmental Disabilities and Hospitals
9. Director of Department Of Labor & Training
10. Director of Corrections
11. Commissioner of the Department of Elementary and Secondary Education
12. Director of the Rhode Island Housing and Mortgage Finance Corporation
13. Director of the Rhode Island Emergency Management Agency
14. Representative from the Rhode Office of Veterans Services
15. Office of the Public Defender
16. Medicaid Director with the Department of Human Services
17. Secretary of the Executive Office of Health and Human Services
18. Office of the Lieutenant Governor
19. Ex-officio member from the Providence Veterans Administration
20. Ex-officio member who shall be from the interagency council on homeless advisory council (see 40-17-5, Advisory council established)

Interagency Council on Homelessness

Approval of Minutes

- Review of April 24, 2025 Draft Minutes
- Approval of Minutes





Welcome

Opening Remarks

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Updates

Department of Housing


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Alvarez & Marsal



Statewide Housing and Homelessness Mapping Findings and Key Opportunities for Interagency Collaboration

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Department of Housing Assessment of Statewide Systems – *Final Report*

May 22, 2025

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Agenda

- Project Scope & Sources
- Phase 1 Assessment
- Phased Recommendations
- Next Steps

A&M's Project Scope

A&M's scope is focused on mapping statewide resources, assessing at-risk funding, defining non-government stakeholders' roles in the continuum, and exploring cost-sharing and client handoff opportunities

- **Resource Mapping & Authority:** Confirm and map resources allocated toward housing and homelessness across the state, including government and non-government entities
- **At-Risk Resources:** Assess federal funding vulnerabilities under the new administration for direct and indirect funding
- **Non-Government Role:** Define current role of non-government stakeholders involved in statewide housing and homelessness initiatives
- **Cost-Sharing & Efficiency Strategies:** Identify opportunities for funding collaboration and efficiencies across sister agencies and community partner programs to enable improved funds deployment
- **Seamless Service Handoffs:** Determine client handoff opportunities to sister agencies based on eligibility and specialized support needs

A&M Research Sources (n=68)

Primary Research		Secondary Research	
Expert Interviews (n=35)		Research Sources (n=32)	
Government Agencies (n=25) <ul style="list-style-type: none"> BHDDH (2) DCYF (3) DHS (1) DLT (2) DOA (1) DOC (1) EMA (2) EOHHS (2) HSG (3) GOV (1) LTGOV (1) OHA (1) OMB (2) RIPD (1) RIDOH (1) VETS (1) 		Case Based Evidence (n=1) <ul style="list-style-type: none"> 'Million Dollar Murray' case study via Gladwell, 2006 (1) 	
Community Providers (n=6) <ul style="list-style-type: none"> Amos House (1) Crossroads (1) OpenDoors (1) WARM (2) WDC & HOC (1) 		State Financial Data Sources (n=7) <ul style="list-style-type: none"> USA spending (1) State budget narrative (1) RI budget formulation (BFM) report (1) RIFANS supplier portal (1) Statewide subawards (1) Medicaid Claims data match, 2019 (1) Annual Medicaid Expenditure Report, 2018 (1) 	News & Policy (n=11) <ul style="list-style-type: none"> Washington Post (1) Brookings Institute (1) GovExec (1) OMB (1) National Low Income Housing Coalition (1) CNN (1) USA Today (1) White House (1) CNBC (1) KATU News (1) San Jose Mercury News (1)
Not-for-Profit Organizations (n=4) <ul style="list-style-type: none"> Housing Network (1) RI Foundation (2) RI Housing (1) 		Government Reports (n=4) <ul style="list-style-type: none"> Kaiser Family Foundation (1) U.S. Census Bureau (1) Center for American Progress (1) Maine Housing (1) 	Statewide Housing Strategic Plans (n=3) <ul style="list-style-type: none"> RI Housing 2022-2027 Strategic Plan Update (1) RI Foundation Five-Year Action Plan (1) Housing Supply & Homelessness in RI (1)
Government Sources (n=1)		Provider Financial Disclosures (n=2) <ul style="list-style-type: none"> Community provider financial disclosures via ProPublica (1) Community provider agency contractual documentation (1) 	RI Government Reports (n=4) <ul style="list-style-type: none"> Long-Term Care report, BHDDH (1) Strategic Overview for Housing, EOHHS (1) Housing organizational plan report Dec '24 (1) RI Legal Services work on eviction process, HSG (1)
Interagency Reports (n=1) <ul style="list-style-type: none"> Interagency Council on Homelessness, January report (1) 			

Phase 1: Assessment

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Homelessness Programs by Continuum *(per interviews)*

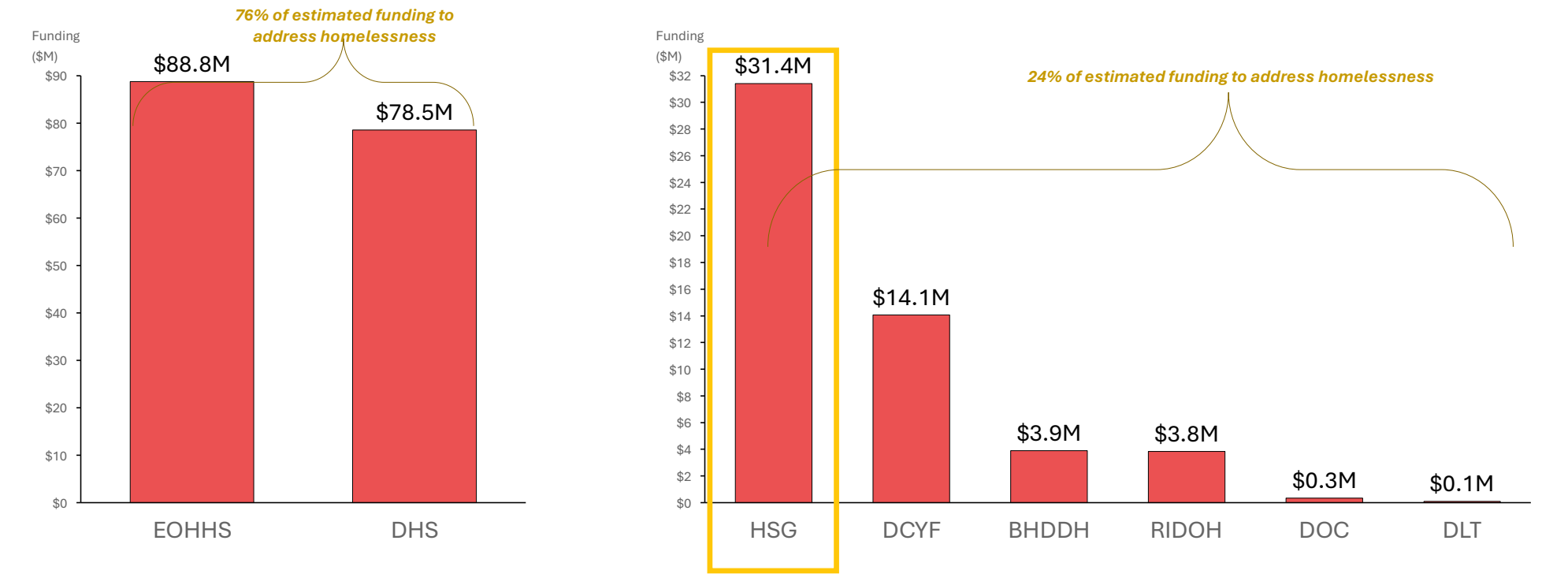
Interviews with RCH members identified 97 homelessness-focused programs totaling \$117M in direct program funding, excluding select federal funding sources (e.g., Medicaid, SNAP) and HSG

Organization	Prevention (40 \$27M)		Sheltering (22 \$21M)		Housing (16 \$17M)		Multiple (19 \$52M)		Total (97 \$117M)	
BHDDH	6	\$ 3.6M	1	\$ 2.9M	1	-	1	\$ 0.3M	9	\$ 6.9M
DCYF	3	\$ 0.3M	1	\$ 7M	-	-	-	-	4	\$ 7.3M
DHS	-	-	-	-	2	\$ 0.3M	1	\$ 0.7M	3	\$ 1.0M
DLT	-	-	-	-	-	-	2	-	2	-
DOA	1	-	2	-	2	-	-	-	5	-
DOC	2	-	-	-	-	-	-	-	2	-
EMA	-	-	-	-	-	-	-	-	-	-
EOHHS	5	\$ 5.4M	4	\$ 0.2M	2	\$ 0.3M	4	\$ 2.2M	15	\$ 8.3M
LTGOV	1	-	-	-	-	-	-	-	1	-
OHA	3	-	-	-	-	-	1	\$ 0.1M	4	\$ 0.1M
RIPD	3	-	-	-	-	-	-	-	3	-
RIDOH	3	\$ 8.7M	3	-	-	-	1	\$ 1.4M	7	\$ 10.2M
VETS	3	\$ 0.7M	2	-	2	\$ 5.1M	1	-	8	\$ 5.8M
RI Housing	3	\$ 3.3M	-	-	-	-	1	\$ 4.9M	4	\$ 8.2M
RI Foundation	-	-	-	-	-	-	4	\$ 40.1M	4	\$ 40.1M
Partners*	7	\$ 4.3M	9	\$ 11.1M	7	\$ 10.7M	3	\$ 2.1M	26	\$ 28.4M

Funding Relevant to Homelessness by ICH Member

ICH members have an estimated \$220M in direct or indirect resources allocated to address homelessness, issues related to homelessness, or overlapping housing insecure populations – all figures are preliminary and subject to change from federal and state budgetary processes and confirmation from ICH agency leadership and finance staff

RI ICH members funding by source, FY26 Governors Recommendation (\$M)

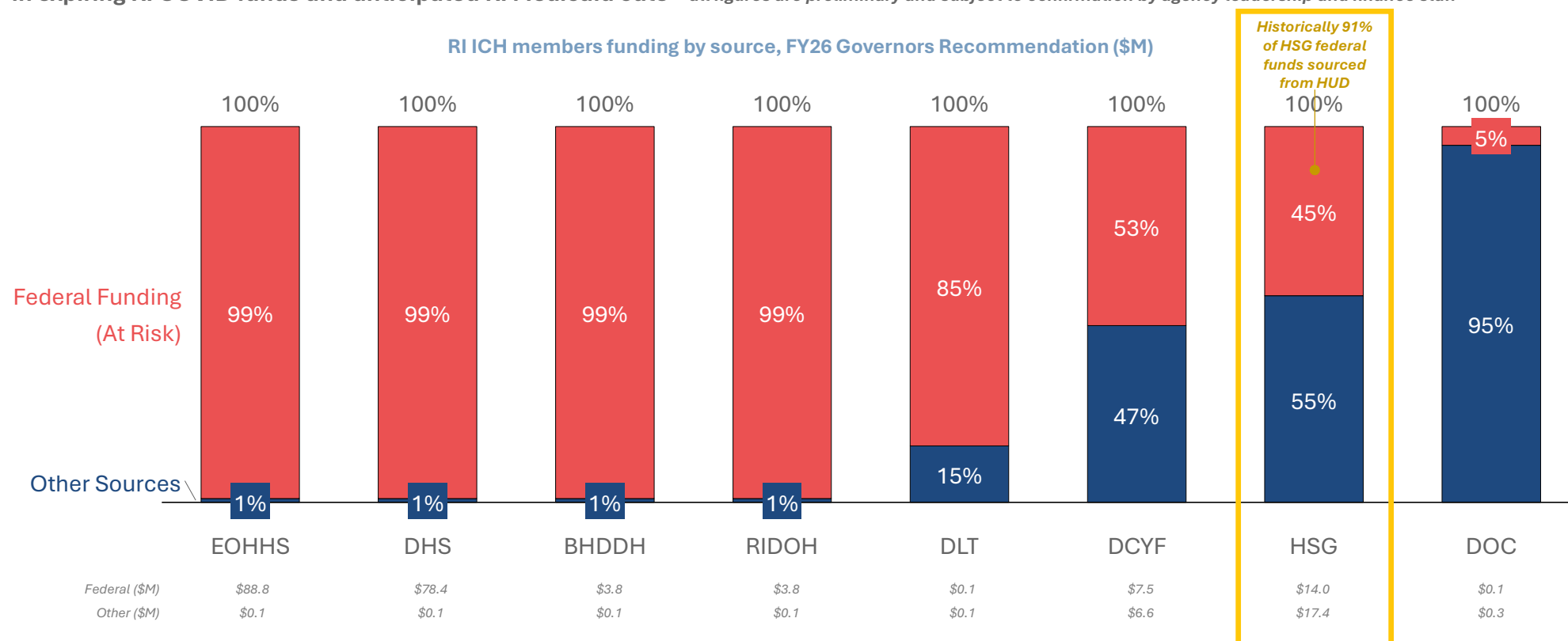


At-Risk Budgetary Resources



ICH members reliant on federal funding—averaging 73% of budgets—face significant risk from looming federal pullbacks, including \$71.7M in expiring RI COVID funds and anticipated RI Medicaid cuts – *all figures are preliminary and subject to confirmation by agency leadership and finance staff*

RI ICH members funding by source, FY26 Governors Recommendation (\$M)



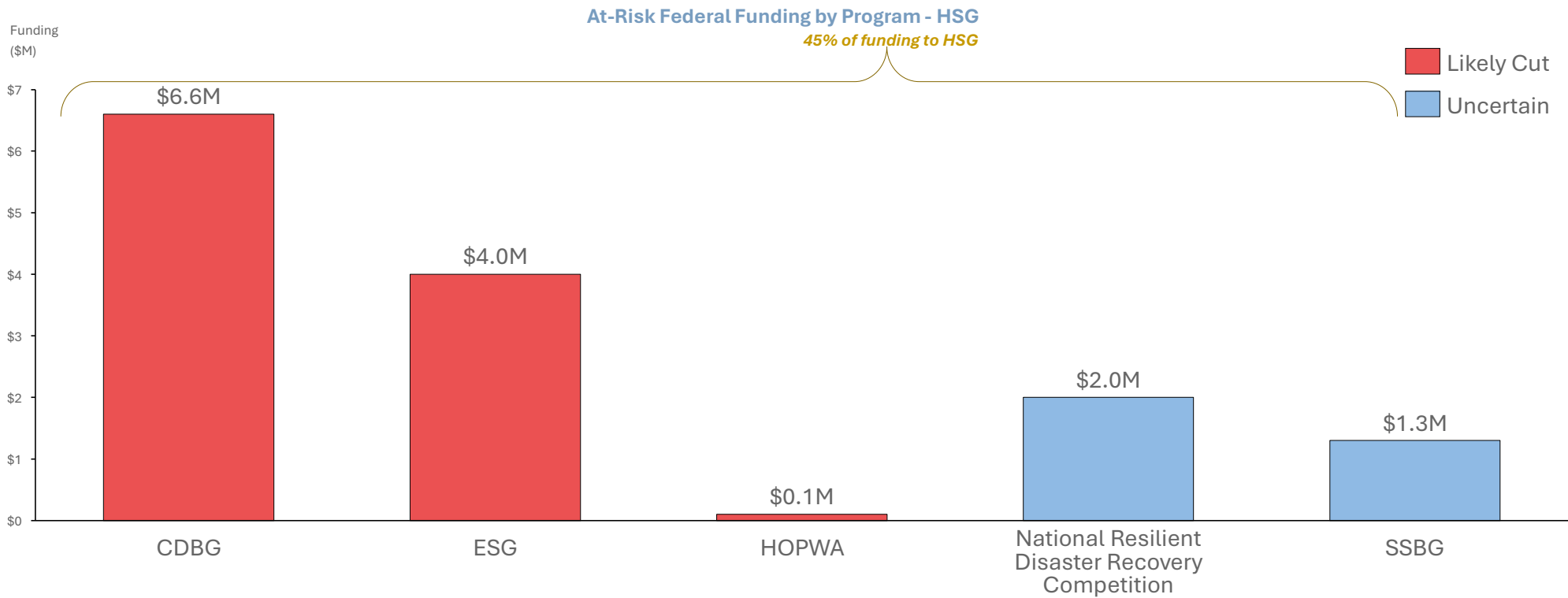
Updated Federal Funds Risk Analysis

Using the Trump administration-proposed FY26 Discretionary Budget Request (“skinny budget”), A&M conducted analysis to identify which federal funds are potentially at risk of reduction from ICH members - *all figures are preliminary and subject to change from federal and state budgetary processes and confirmation from ICH agency leadership and finance staff*

- A&M analyzed the Trump administration’s proposed discretionary budget and compared to Phase 1 analysis which identified funds from ICH agencies relevant to housing and homelessness
- Previously identified **federal funds** relevant to housing and homelessness were placed in two groups:
 - **Likely Cut** – These programs are explicitly called out in the budget request for either reduction, consolidation, or total elimination
 - **Uncertain** – These programs were not explicitly called out in the budget request but may be subject to reduction or consolidation in the future

Updated Federal Funds Risk Analysis - HSG

HSG faces risks to CDBG and ESG, among other funding sources. Trump administration-proposed FY26 Discretionary Budget Request also calls for consolidation of the CoC program into a reduced ESG program – *all figures are preliminary and subject to change from federal and state budgetary processes and confirmation from ICH agency leadership and finance staff*



Updated Federal Funds Risk Analysis - EOHHS

Resource
Map

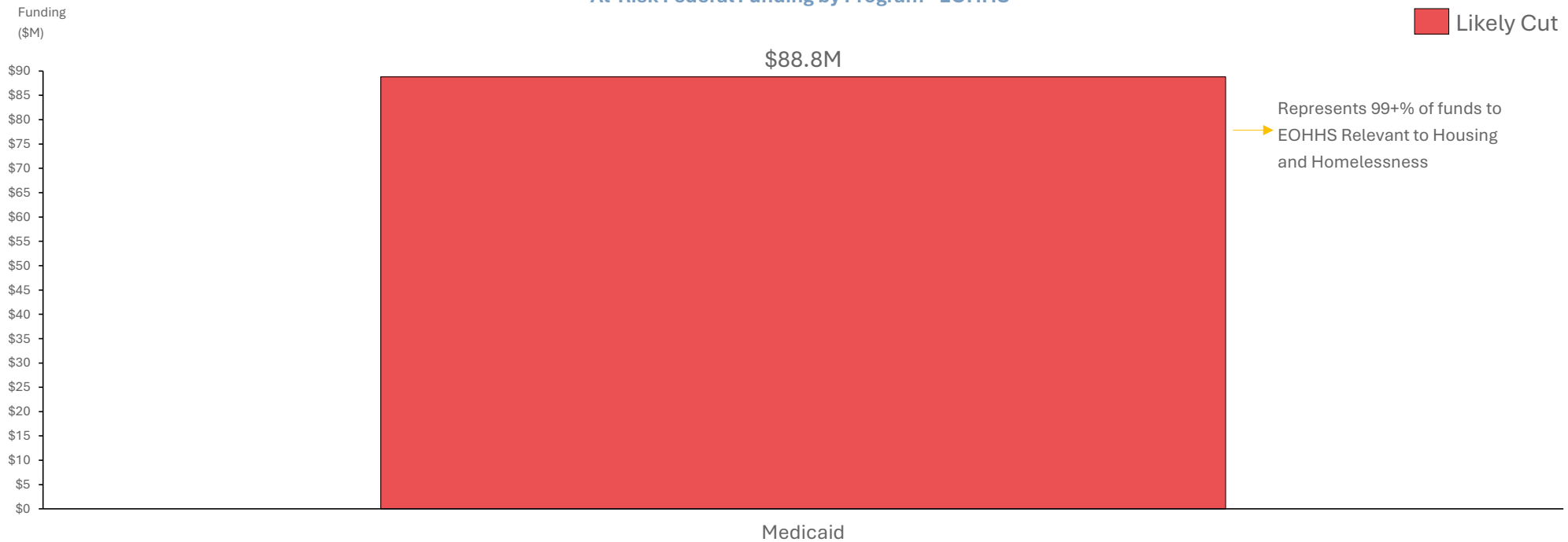
Non-Gov.
Role

Cost-Share &
Efficiency

Service
Handoff

The Trump administration-proposed FY26 Discretionary Budget Request calls for significant cuts to Medicaid, aiming to cut nearly \$1T in spending over the next decade – all figures are preliminary and subject to change from federal and state budgetary processes and confirmation from ICH agency leadership and finance staff

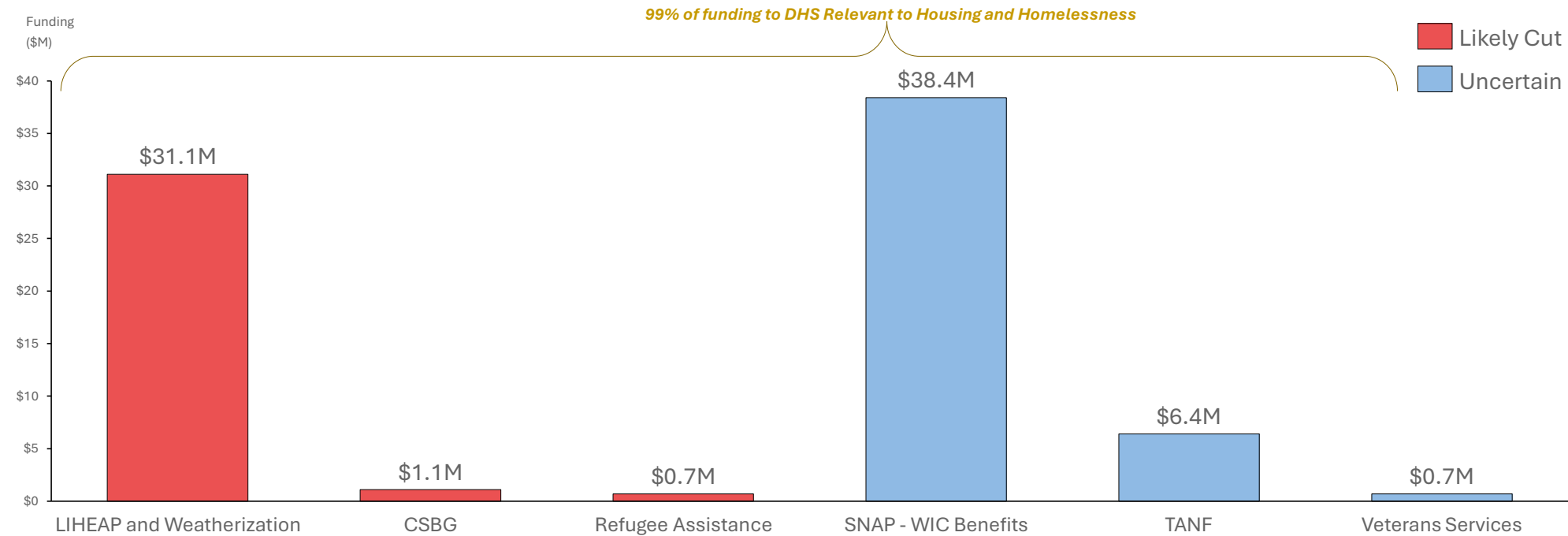
At-Risk Federal Funding by Program - EOHHS



Updated Federal Funds Risk Analysis - DHS

The Trump administration-proposed FY26 Discretionary Budget Request calls for the elimination of LIHEAP and CSBG. TANF and SNAP are not mentioned for cuts – all figures are preliminary and subject to change from federal and state budgetary processes and confirmation from ICH agency leadership and finance staff

At-Risk Federal Funding by Program - DHS



Updated Federal Funds Risk Analysis - RIDOH

Resource
Map

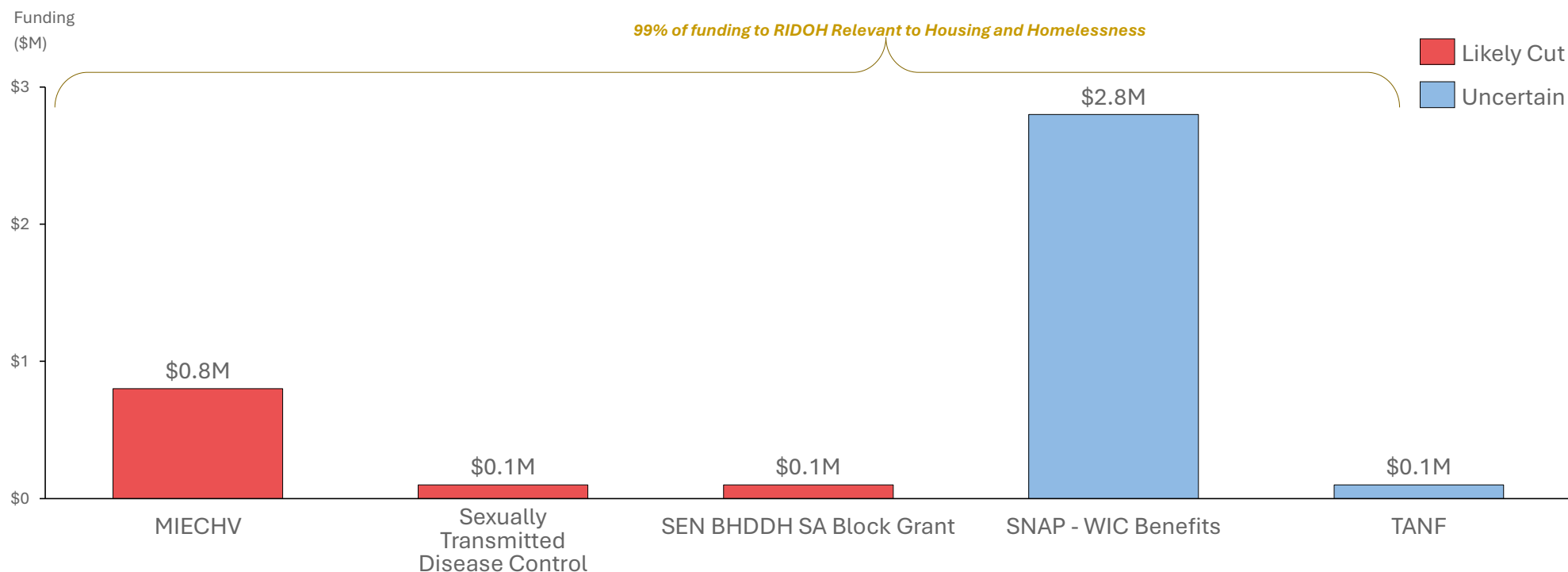
Non-Gov.
Role

Cost-Share &
Efficiency

Service
Handoff

The Trump administration-proposed FY26 Discretionary Budget Request calls for consolidation of programs formerly under HRSA and SAMHSA – all figures are preliminary and subject to change from federal and state budgetary processes and confirmation from ICH agency leadership and finance staff

At-Risk Federal Funding by Program - RIDOH



Updated Federal Funds Risk Analysis - BHDDH

Resource
Map

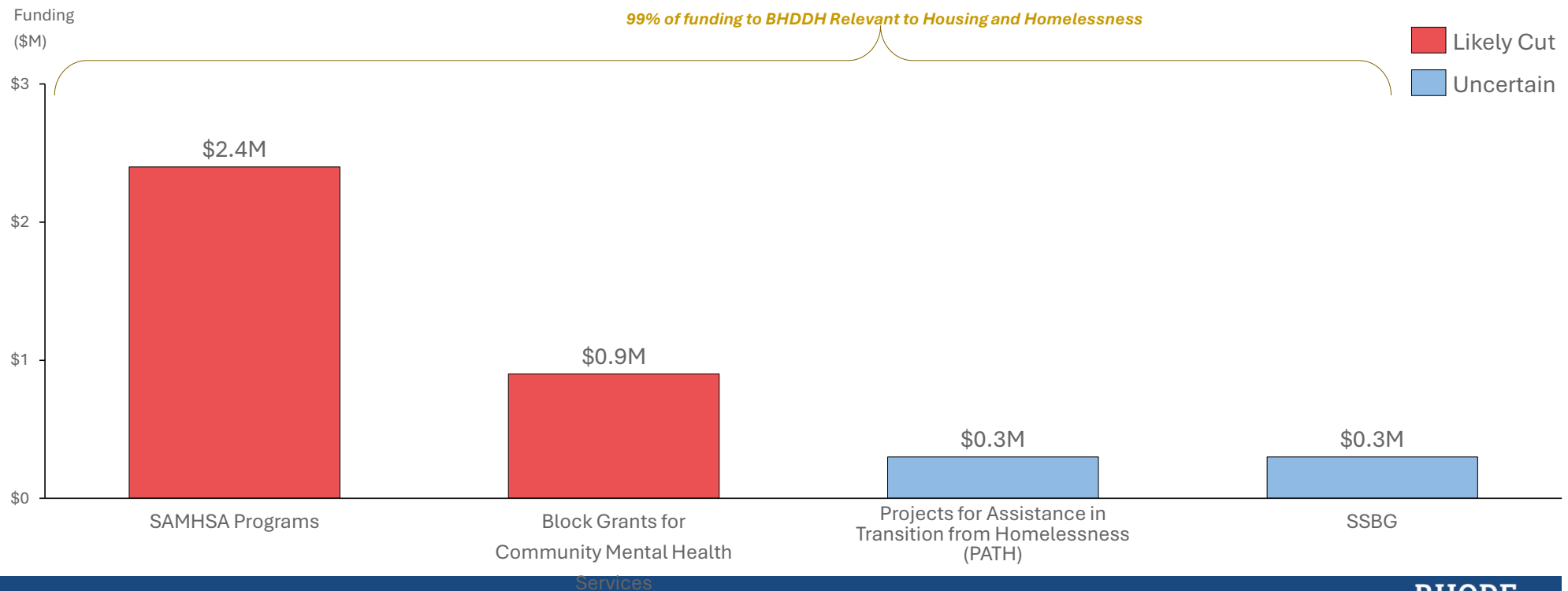
Non-Gov.
Role

Cost-Share &
Efficiency

Service
Handoff

The Trump administration-Proposed FY26 Discretionary Budget Request calls for significant consolidation of programs formerly under HRSA and SAMHSA. PATH and SSBG funds are not explicitly called out for cut or consolidation— all figures are preliminary and subject to change from federal and state budgetary processes and confirmation from ICH agency leadership and finance staff

At-Risk Federal Funding by Program - BHDDH



Updated Federal Funds Risk Analysis - DCYF

Resource
Map

Non-Gov.
Role

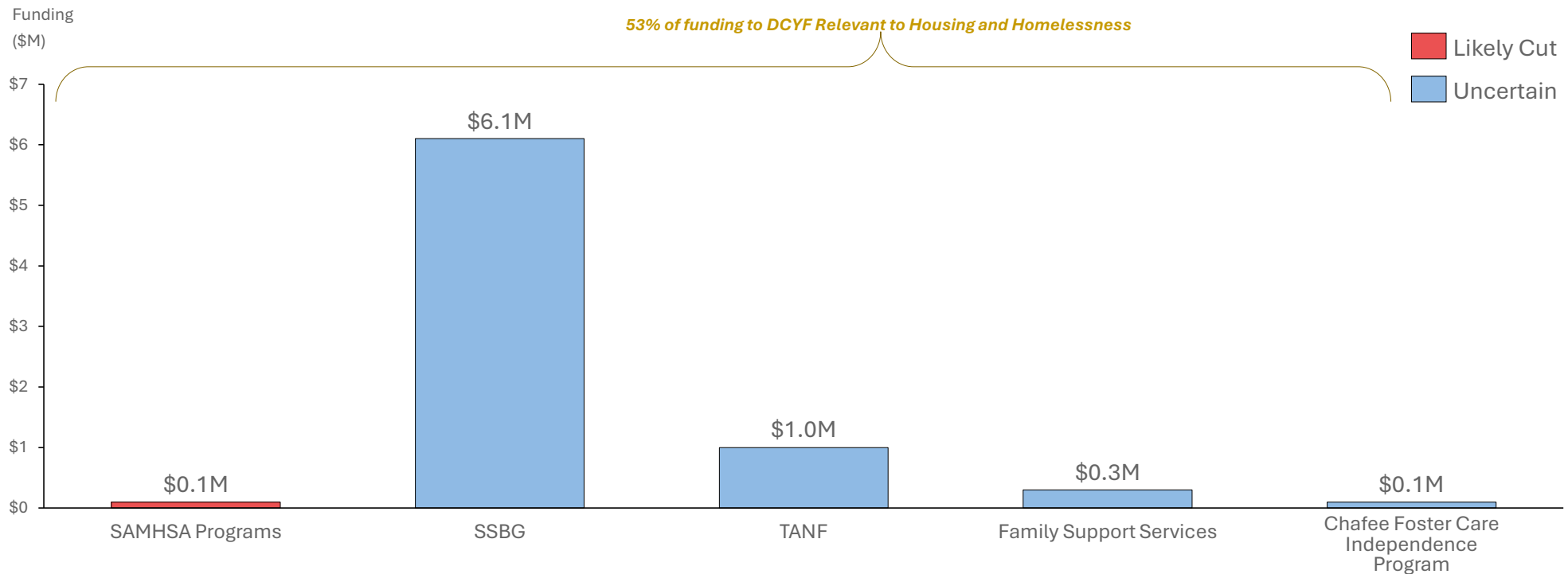
Cost-Share &
Efficiency

Service
Handoff

The Trump administration-proposed FY26 Discretionary Budget Request calls for consolidation of programs formerly under SAMHSA. SSBG, TANF, and other support programs are not explicitly called out for reductions or consolidation— all figures are preliminary and subject to change from federal and state budgetary processes and confirmation from ICH agency leadership and finance staff

At-Risk Federal Funding by Program - DCYF

53% of funding to DCYF Relevant to Housing and Homelessness



Updated Federal Funds Risk Analysis - DOC

Resource
Map

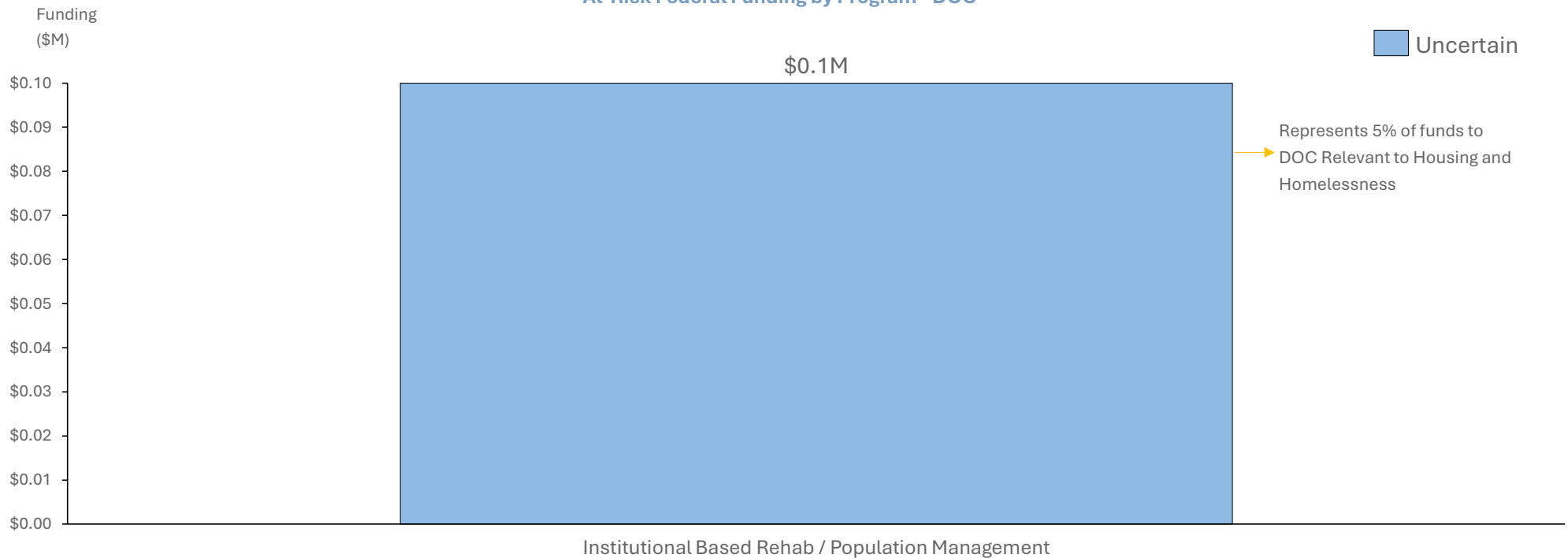
Non-Gov.
Role

Cost-Share &
Efficiency

Service
Handoff

The Trump administration-proposed FY26 Discretionary Budget does not explicitly mention consolidation or reduction of DOC programs– *all figures are preliminary and subject to change from federal and state budgetary processes and confirmation from ICH agency leadership and finance staff*

At-Risk Federal Funding by Program - DOC



Updated Federal Funds Risk Analysis - DLT

Resource
Map

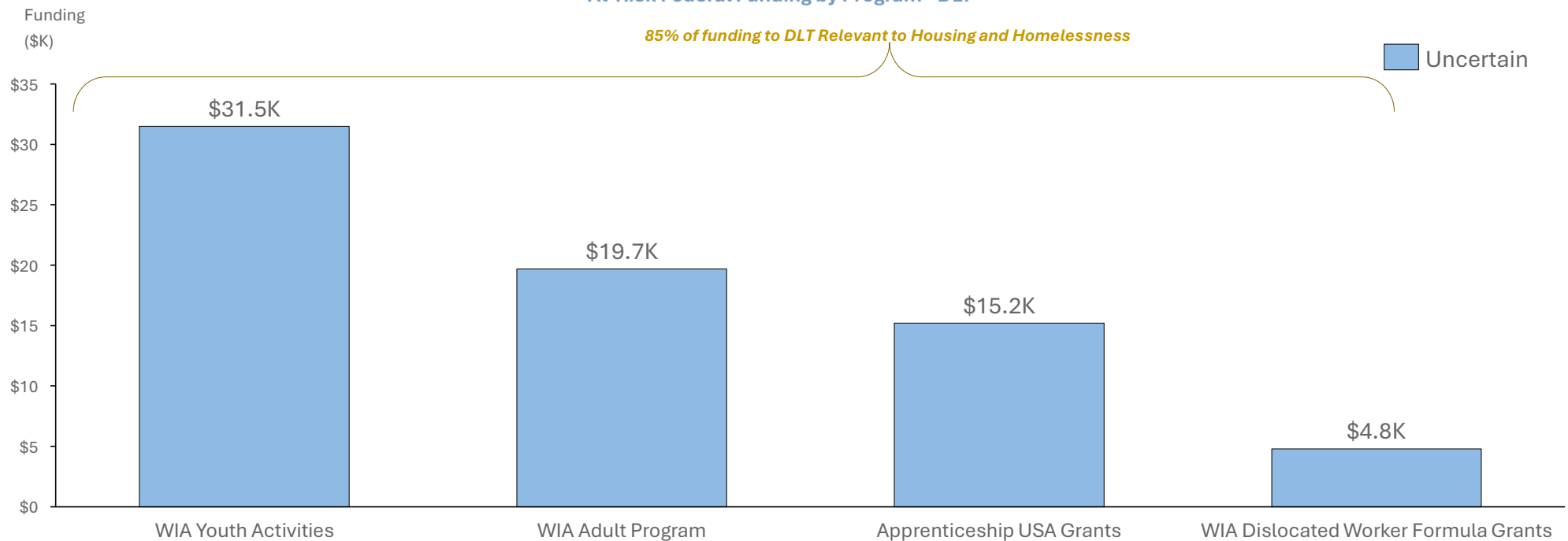
Non-Gov.
Role

Cost-Share &
Efficiency

Service
Handoff

The Trump administration-proposed FY26 Discretionary Budget Request calls for select consolidation of workforce development and training grants but does not explicitly mention programs operated by DLT— all figures are preliminary and subject to change from federal and state budgetary processes and confirmation from ICH agency leadership and finance staff

At-Risk Federal Funding by Program - DLT



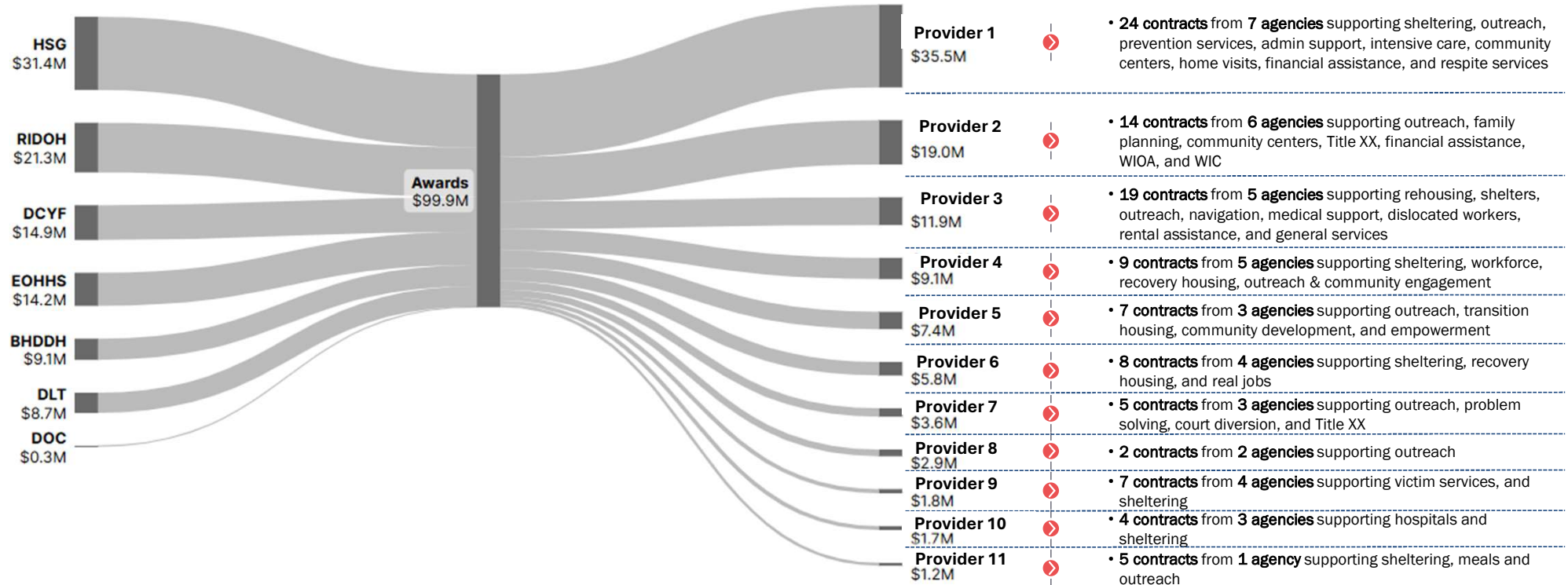
ICH Member Active Community Partner Awards



100+ active POs totaling \$100M span 2025–2027, issued by 7 ICH Members (including HSG) to 11 select community partners* - *does not reflect the full scope of community provider funding for the fiscal year, and is not limited to funds identified for housing and homelessness*

ICH Member agency active awards to community partners (\$M) for contracts expiring 2025-2027

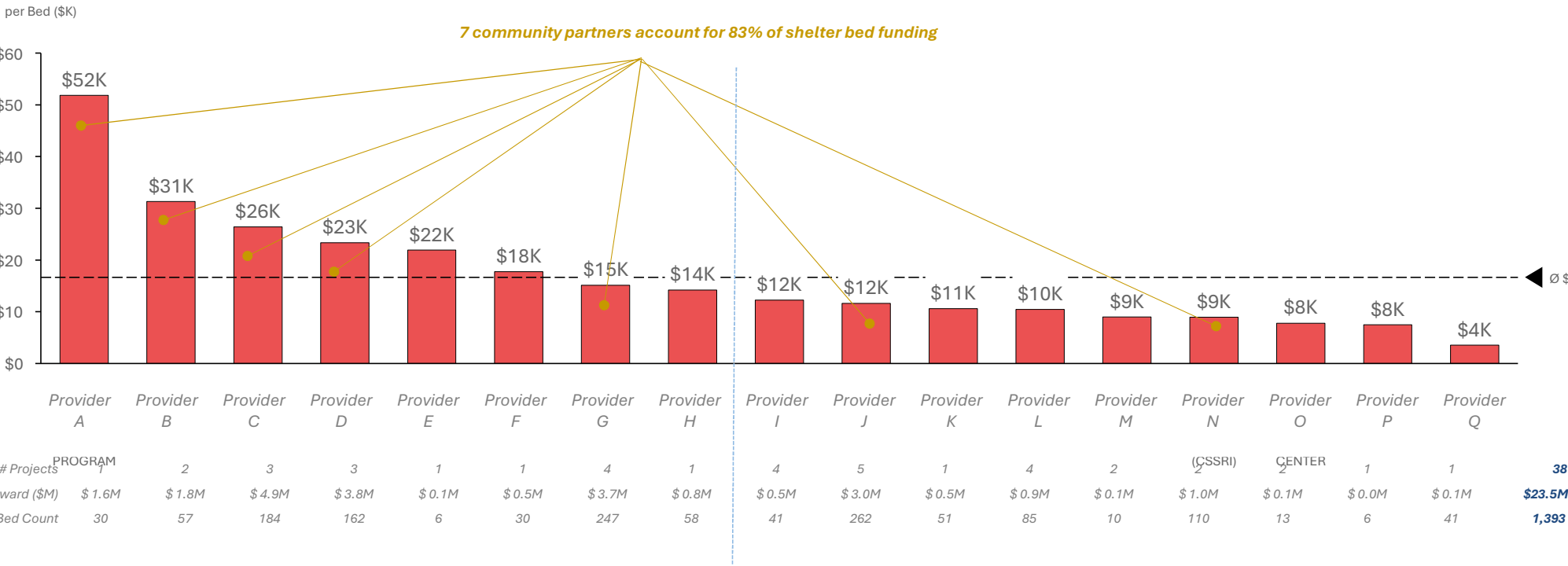
Contract & Agency Commentary



Community Partner Cost per Shelter Bed to RI

Shelter bed costs per partner (funded by HSG) vary widely—while the average is \$16.9K statewide*, the most cost-efficient half of providers deliver 44% of state bed capacity at \$10.2K each, while the least efficient half cost \$22.2K per bed for the remaining 56% of

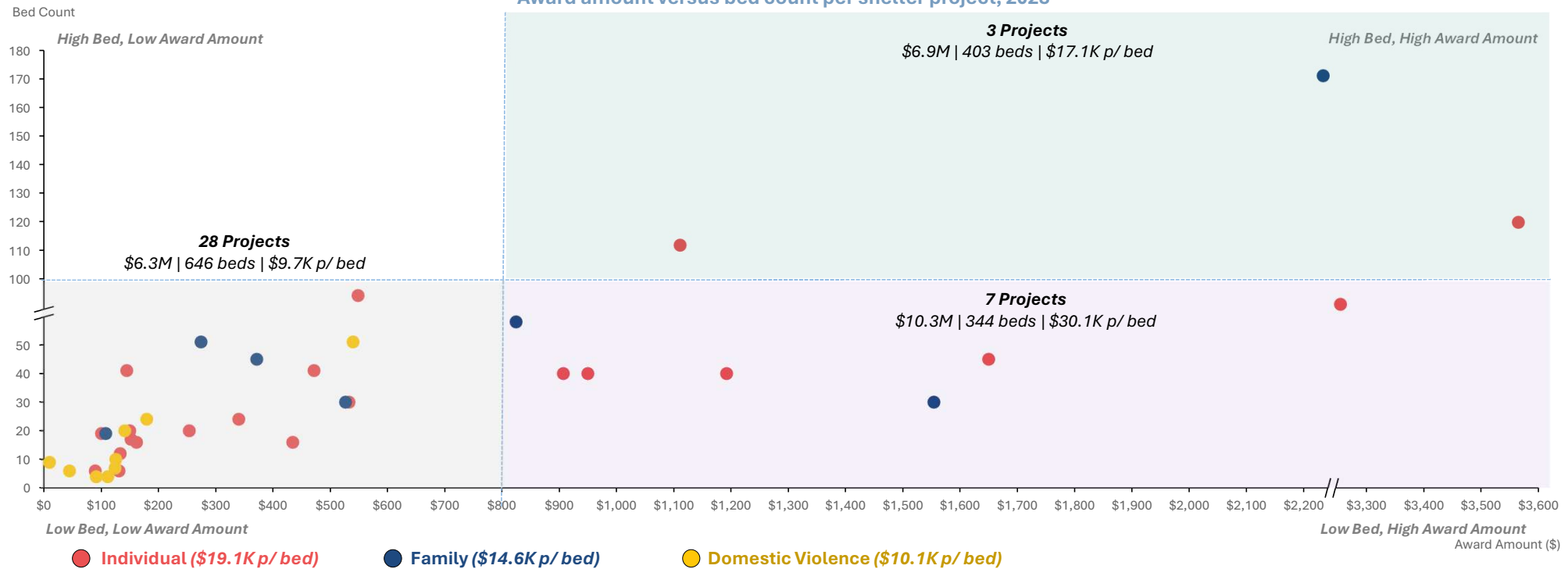
bed capacity – does not reflect direct federal award or private funding



Community Partner Cost per Shelter Bed to RI

38 shelter projects (1.3k beds, \$23.5M) funded by HSG deliver a \$16.9K avg. cost p/ bed*, ranging from \$1.1K to \$51.8K — 3 projects deliver 403 beds at \$17.1K each, 28 mid-range projects deliver 646 beds at \$9.7K each, 7 high-cost projects deliver 344 beds at \$30.1K — *does not reflect direct federal awards or private funding*

Award amount versus bed count per shelter project, 2025



Cost-Sharing & Efficiency Strategies

82 of 97 programs reside in four categories—half focusing on Sheltering & Housing or Healthcare & Medical—highlighting opportunities to coordinate across agencies to stretch funding and reduce cost per outcome



Sheltering & Housing

- **# Programs:** 27
- **Programs:** Emergency shelters, transitional housing, rental assistance, housing vouchers, property management, and warming centers
- **RI Organizations:** BHDDH, DCYF, DHS, DOA, EOHHS, RI HOUSING, VETS
- **Efficiencies:** Co-location & shared procurement; examination of high cost per bed shelters; cross-agency capital investment



Healthcare & Medical

- **# Programs:** 21
- **Programs:** Medical respite, stabilization units, Medicaid enrollment support, health clinics, recovery coaching, and shelter-based healthcare
- **RI Organizations:** BHDDH, DHS, EOHHS, OHA, RIDOH, VETS
- **Efficiencies:** Co-located clinics & Medical respite partnerships with shelters to share staff and rent as well as reduce emergency room use



Coordination & Policy

- **# Programs:** 19
- **Programs:** Case coordination, outreach teams, toolkits, interagency planning, and public campaigns
- **RI Organizations:** BHDDH, DCYF, DOA, DOC, LTGOV, OHA, RI HOUSING, RIDOH, RIPD, VETS
- **Efficiencies:** Shared outreach & case management approach; cross-agency coordinated initiative planning; workforce development and planning; data sharing



Financial Support

- **# Programs:** 15
- **Programs:** Grants, loans, subsidies, eviction prevention payments, and financial resource access programs to reduce economic barriers
- **RI Organizations:** DHS, DOC, EOHHS, RI FOUNDATION, RIDOH, VETS
- **Efficiencies:** Coordinated funding across Resource Providers; braided funding strategy to reduce administrative burden



Employment & Training

- **# Programs:** 7
- **Programs:** Community-run businesses, employment readiness support, job coaching, financial literacy, and education-to-employment pipelines
- **RI Organizations:** BHDDH, DLT
- **Efficiencies:** Co-funded navigators; workforce partnerships amongst agencies



Food Security

- **# Programs:** 3
- **Programs:** Soup kitchens, mobile distribution, and nutrition-specific initiatives
- **RI Organizations:** DHS, RIDOH
- **Efficiencies:** Centralized food distribution hubs to serve shelters or communities with joint purchasing cooperative



Legal Services

- **# Programs:** 3
- **Programs:** Workshops, legal representation, and services focused on tenant rights, benefit appeals, and resolving legal issues
- **RI Organizations:** OHA, RIPD
- **Efficiencies:** Expanded attorney networks with law students, interns, & volunteers to scale workshops and tenant legal support



Transportation

- **# Programs:** 2
- **Programs:** Targeted mobility programs and travel assistance for reunification
- **RI Organizations:** DCYF, VETS
- **Efficiencies:** Partnership with transit agency for subsidized passes; shared ride service or shuttle contracts

Service Handoffs and Identified Entry Points

A&M identified key points of entry into homelessness and areas for enhanced coordination between ICH member agencies - improved coordination and handoffs would reduce inflow into homelessness

	DOC <i>Incarceration Discharge</i>	BHDDH & EOHHS <i>Select Medical Facility Discharge</i>	DCYF <i>Family Hoteling Program</i>	RIPD <i>Pretrial Delays</i>
Entry Point	<ul style="list-style-type: none"> In CY24, 5.5% of sentenced DOC admissions self-identified as homeless or housing insecure <ul style="list-style-type: none"> An <i>unconfirmed number of these individuals were discharged into homelessness upon completing their sentence</i> Each correctional resident costs ~\$1K per night (per DOC and BHDDH interview) 	<ul style="list-style-type: none"> Individuals discharged from select medical facilities are deprioritized on the CES list, as hospitalization of varying length is classified as “housed” Systems gap where medical inpatient care may become entry point into homelessness Each hospital bed costs ~\$1.9K per night (per BHDDH interview) 	<ul style="list-style-type: none"> Urgency to wind-down hoteling program drives demand for family units Added pressure from youth aging out of foster care or opting out of voluntary extension of care (VEC) program DCYF houses 95-102 families in hotels at any given time, peaking at 150 during winter COVID surge (per DCYF interview) 	<ul style="list-style-type: none"> Pre-trial delays of a week or more leave individuals stranded in limbo, risking job loss and housing instability DOC’s discharge-planning services exclude sentences under 30 days, leaving short-term inmates unprepared for reentry
Opportunity	<ul style="list-style-type: none"> DOC identifies individuals at risk of discharging into homelessness and ICH members may intervene Discharge occurs at known times and locations plus scheduled follow ups with parole or probation officers Proactively supporting individual's re-entry reduces likelihood of recidivism and lowers long-term DOC costs 	<ul style="list-style-type: none"> Reclassify medical facility discharge within HMIS and RI CoC systems Establish “pause and preserve” rules: allow temporary holds on waitlist during respite stay without disqualification Engage with case manager or navigator to protect housing status during respite stay to avoid deprioritized action 	<ul style="list-style-type: none"> Embed dedicated workforce navigators and DLT resources into family hoteling program Measure gap in family housing units versus families housed across various mediums to assess supply shortage 	<ul style="list-style-type: none"> Expand DOC’s reentry services to cover sentences under 30 days by partnering with community reentry hubs Identify annual population of individuals impacted by pretrial delays and average length of delays to determine support program requirements

Phase 2: Systemwide Alignment

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Phase 1 Assessment & Phase 2 Alignment Deliverables

Phase 1 mapped Rhode Island's homelessness ecosystem and identified key risks, setting the stage for Phase 2 to align on shared metrics, funding strategies, and coordinated action

Phase 1 Assessment Deliverables

- **Mapped Programmatic Ecosystem:** Cataloged 97+ homelessness programs across Prevention, Sheltering, and Housing actions
- **Quantified Aggregate Investment:** Identified federal and state financial resources to address homelessness, and developed process to further refine estimates
- **Measured Financial Vulnerability:** Flagged at-risk federal funding including COVID-era rollbacks, Medicaid changes, and federal cuts as outlined in the Trump-administration Discretionary budget proposal.
- **Estimated Cost per Bed:** Assessed macro-level cost across 40 shelter projects (\$16.9K avg/bed), segmented by shelter type and population served
- **Highlighted Synergy Opportunities:** Identified 8 clusters of similar programs, concentrated primarily in two segments
- **Identified Inflow Points:** Pinpointed four entry points into homelessness highlighted by statewide agencies
- **Delivered Actionable Roadmap:** Outlined phased HSG plan to close data gaps, prioritize programs, structure communications, and align future funding

Phase 2 Alignment Goals

- **Funding Transparency:** Reconciliation of BFM financial data at program level with additional insight into the quantity of private funding
- **Priority Metrics Framework:** A defined set of standardized metrics to measure homelessness program effectiveness impact, along with an action plan to ensure accurate data entry and routine data quality monitoring
- **Data Agreement Support:** Document and facilitate MOUs with and data sharing agreements with agencies, enabling secure and consistent data sharing among ICH members with HSG
- **Program Prioritization Report:** Data-driven analysis to identify underperforming programs and prioritize scalable, high-impact investments
- **Shelter Cost Standardization:** A standardized cost-per-bed analysis across RI shelters, enabling in-state comparisons and national benchmarking
- **Coordinated Funding Strategy:** Integrated recommendations to streamline funding requirements and align resource provider contributions

Alvarez & Marsal

Closing Remarks

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Next Meeting:

Thursday, June 26

9:00am

Department of Administration
Conference Room 2

Street parking available (metered)

Public Discussion



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Adjournment



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