



RHODE ISLAND PAY FOR SUCCESS ACT

Annual Report to the Governor and General Assembly

Reporting Period: Calendar Year 2025
Prepared December 23, 2025

REPORTING REQUIREMENT:

Relating to State Affairs and Government – Rhode Island Pay for Success Act

Rhode Island General Laws Section 42-160-3

webserver.rilegislature.gov//Statutes/TITLE42/42-160/42-160-3.htm

The Executive Office of Health & Human Services (EOHHS), in collaboration with the Rhode Island Coalition to End Homelessness (RICEH), shall provide yearly progress reports to the general assembly beginning no later than January 30, 2022, and annually thereafter until January 30, 2027. These reports will include recommendations on a proposed structure for entering into pay for success contracts, for administering the program, and for any and all matters related thereto that the EOHHS deems necessary to administer future pay for success projects at the conclusion of the pilot program in 2026. As a condition of this project, HUD requires that a third party conduct a transparent and rigorous evaluation of the intervention to determine whether the outcomes have indeed achieved success. The evaluation results will be reported yearly to the governor and general assembly.

=====

I. EXECUTIVE SUMMARY

Background

The Pay for Success (PFS) Permanent Supportive Housing (PSH) pilot program uses a social finance approach to fund a permanent supportive housing (PSH) intervention, which aims to house people experiencing homelessness and provide additional services and supports for these clients to remain successfully housed. A robust evaluation plan is a pillar of pay for success programs. Evaluation results directly determine how much money the government will repay the private investors. RICEH contracted with EOHHS to execute this program in accordance with passed legislation naming the RICEH as the lead implementation partner. In this social finance model, capital funds to support service delivery, program administration, and evaluation are raised from private, non-state government investors. The PFS PSH pilot program in Rhode Island is expected to interact with over 125 homeless individuals who are high utilizers of the state's healthcare, housing, and criminal justice systems over the four years of the program, with the goal of ultimately enabling 125 such individuals find and maintain housing. For additional background, please see the previous calendar year reports submitted each December.

Current State

In 2025, PFS has almost completed its second full year of program operations, successfully enrolling 95 individuals and housing 49 of those individuals. There are 88 people currently enrolled in the Pay for Success program as of 12/11/25 with 44 currently housed. Eight clients have exited the program—with one re-enrolled into the program. As program enrollments have steadily grown, increasing 11.4% from 79 total enrollments at the end of 2024 to 88 current total enrollments, several of the service providers have recently expressed capacity to take on additional clients which will result in additional outreach, enrollment, and engagement.

The program's independent evaluator completed three separate quarterly evaluation reports, which yielded approvals for a total of \$1,247,788.64 in outcome payments to Maycomb Capital, the program's lead investor. The Rhode Island Foundation (RIF), which served as a guarantor in PFS's first year, recently committed to serve as the program's subordinate (or secondary) investor for years two through four. As of 12/18/2025, RIF signed a loan agreement with RICEH in the amount of \$500,000 and has provided a grant to RICEH in the amount of \$200,000. Importantly, PFS leaders and service providers also leveraged numerous "lessons learned" from the day-to-day work of serving clients to implement ongoing program improvements, thus laying the groundwork for sustained success for the rest of the program.

II. SUMMARY OF CALENDAR YEAR 2025 ACHIEVEMENTS

During calendar year 2025, the Rhode Island PFS Program demonstrated progress in program implementation, as well as success and outcome measures, despite numerous leadership transitions. These achievements stem from a rigorous process of program planning and active collaboration with partners, showcasing the program's commitment to success and effective implementation.

Planning and Design (RICEH) Achievements

1. Governance and Oversight

The PFS governance and oversight structure continued to evolve with the program in 2025. To that end, the committee structure that had contributed to the success of the program implementation continued to evolve to better align with needs to continue program operations and provide interim guidance during a period of transition from July 2025 to December 2025. The current governance and oversight structure is as follows:

- PFS Management Committee met every two weeks from January 2025 - August 2025 to receive program updates, provide thought partnership, and weigh in on decisions that do not rise to the level of Executive Steering Committee review and approval.
- Executive Steering Committee held three meetings in the period from January 2025–December 2025 to receive program updates, ask questions, and provide guidance per PFS governance procedures. Additional invitations to join the Executive Steering Committee were extended to seven state government and community leaders in December 2024 to expand the membership.
- In addition to the current governance, a series of modifications were made to improve program direction and operations during a period of transition where RICEH

has several staff departures (including the Chief Financial Officer, Chief Strategy and Data Officer, Executive Director, PFS Program Director, and PFS Consultant). These interim changes include:

- A. PFS Leadership Touchpoints, added weekly, have ensured strategic and operational coordination across priorities and upcoming milestones. Attendees include RICEH, each of the four service providers, investors, and EOHHS as the outcome payor. Weekly meetings provide an avenue to report on the status of the program—including funding and staffing updates—and review the upcoming landscape and any forecasts with service providers.
- B. Service Provider Listening Sessions were held with each of the service providers throughout October and November 2025 to discuss successes, pilot pain points, and technical assistance requests to inform the 2026 technical assistance agenda. Results from these sessions include:
 - i. One of the primary challenges regarding maintaining housing for PFS participants involves lack of consistent client engagement with case managers, indicating a need for technical assistance on engaging clients, building trust, and developing relationships.
 - ii. Another challenge identified was communicating with clients, especially once the clients became housed in the program, and conducting continued follow-up as part of the intervention—both of which indicate a need to highlight best practice strategies.
 - iii. Another challenge reported was clients who are perceived to be lost to follow-up (unless the client became re-incarcerated in the DOC) which indicates a need to provide both process expectations, strategies, and additional resources to locate and engage with clients (e.g., checking with healthcare facilities).
 - iv. Service providers also discussed the need for there to be more transparent and proactive communication about the program, specifically prior to those who are released from the DOC, as many eligible individuals were released to the streets without a referral to the service providers.
- C. PFS Funders Forum and Site Visits have been initiated where both Maycomb Capital and Rhode Island Foundation receive key updates, progress towards outcomes, and a summary of achievements on a monthly basis. Maycomb Capital also recently conducted site visits with the service providers.
- D. EOHHS Oversight and Performance Management Meetings, initiated in October 2023, occur at least monthly and focus on three main areas to ensure the program operates with fidelity: (1) performance indicators and program data; (2) quality improvements and corrective actions; and (3) monthly status reporting. **Appendix B** presents PFS performance measure data through December 2025.

2. Evaluation Plan, Reports, and Contract¹

Faulkner Consulting Group (FCG), the PFS independent evaluator, completed the PFS evaluation plan in August 2023 that was later approved by HUD/DOJ in August 2024. The Annual Evaluation Report was conducted for the first full program year (October 2023 to September 2024) and the second-year evaluation is underway. As of December 11, 2025, FCG had completed four quarterly evaluation reports for 2025, and is in the process of completing an additional report with an expected completion date of December 31, 2025:

- October 1, 2024 – December 31, 2024
- January 1, 2025 – March 31, 2025
- April 1, 2025 – June 30, 2025
- July 1, 2025 – September 30, 2025

3. Service Providers Engagement²

The structure for engaging with and supporting the four PFS service providers continued to evolve throughout calendar year 2025. The four PFS service provider agencies are: Crossroads Rhode Island, East Bay Community Action Program, House of Hope Community Development Corporation, and OpenDoors Rhode Island. Standing service provider meetings are as follows:

- Weekly Case Conferencing with all four service provider teams as a group. These were initiated in 2023 and held throughout January 2025 – August 2025. Weekly meetings have become an essential space for shared learning and decision making, joint problem solving, and mutual support across all four service provider teams. These were put on pause while a search for a new PFS Program Director began.
- Bi-Weekly Service Provider Meetings with each service provider team individually. These were initiated in April 2024 and continued through August 2025 to allow for additional problem-solving for specific clients, including but not limited to providing assistance with referrals to local resources like medical respite, prenatal care, support for hoarding behavior, and long-term care. These were also put on pause while a search for a new PFS Program Director began.
- Quarterly Learning Community Meetings held in-person with all four service provider teams as a group. These were initiated in June 2024 to provide a forum for more in-depth discussions about program practices among all four service provider teams, as well as a space to hear from outside subject-matter experts on critical resources available to support clients. These meetings were held until August 2025 when EOHHS held one-on-one service provider listening sessions to revamp technical assistance.
 - A. More specifically, the revised strategy for the technical assistance is to expedite achieving outcomes of the program and to have more targeted, frequent, and better case management support for the service providers.
 - B. The provision of technical assistance will shift in 2026 from convening quarterly meetings to one-hour weekly standing meetings with service providers. Each meeting will focus a portion of the meeting on case conferencing to address client barriers and a second portion of the meeting

¹ Appendix A - Contract Structure

² Appendix A – Contract Structure

on new resources, review of processes, introductions to additional supports or partners, and updated policy approaches.

- C. Example of topics that were raised by the service providers include navigating existing Federal subsidies or vouchers, improving landlord relations, and overdose and harm reduction supports.

4. Eligibility Criteria and Program Participant Identification

Eligibility for the program is pre-determined through the alignment of two governing directives: (1) 2022 RI Pay for Success Act and (2) U.S. Department of Housing and Urban Development (HUD) PFS Demonstration Grant Terms. See previous reports for details on the requirements for eligibility related to high Medicaid utilization, high justice-involvement, and chronic homelessness.

- RICEH remains 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 List” of approximately 300 individuals who met the eligibility criteria for the program. Individuals had to be identified as a high utilizer in at least two of the three PFS PSH high utilizer categories to be included on this list.
- In Program Year 2, PFS completed its second full year of program operations, now having reached a total of 95 clients across all service providers. This year, program enrollments have steadily grown, increasing 11.4% from 79 total enrollments at the end of 2024 to 88 current total enrollments. Several of the service providers have recently expressed capacity to take on additional clients which will result in additional assignments from the eligibility list maintained by RICEH. Of the 88 current enrollments:
 - A. 78 (88.67%) were Medicaid high utilizers;
 - B. 73 (82.9%) were DOC high utilizers; and
 - C. 1 (1.1%) was referred by the alternative pathway and is a DOC high utilizer.
- The alternative referral pathway, developed in 2023, enables service providers and other community partners in Rhode Island to request that up to 10% of enrollees come from select individuals, even when these individuals did not appear on the pre-determined Eligibility List. As such:
 - A. Referred individuals would need to be a high utilizer of at least one of the three state systems (Medicaid, DOC, and HMIS) to enroll in the program and enrollments via the alternative referral pathway would be capped at 10% of total enrollments for each service provider.
 - B. Service providers and other community partners in the state, including but not limited to shelters, re-entry programs, hospitals, and health centers, may request that the Coalition include select individuals in the population of eligible individuals assigned to contracted Service Providers.
 - C. This alternative Referral Pathway is intended to (1) acknowledge the extremely high bar set for the program and the data matching process used to build the Eligibility List; and (2) provide a means to engage individuals with service needs that have escalated more recently than perhaps Medicaid claims (which lag) would show.
 - D. The updated alternative referral pathway, which is included in the approved evaluation plan, will open PFS enrollment to individuals with high utilization

of Medicaid, DOC, and HMIS over a shorter look-back period in order to capture individuals whose level of need may have intensified in recent years through updated data use agreements (DUAs) with state agencies and corresponding data pulls from each agency in calendar year 2026.

- RICEH and EOHHS continue to 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 high utilizers of DOC.

Investment Progress and Achievements

1. HUD Demonstration Grant

\$1,405,753.51 in HUD/DOJ funds were awarded to RICEH to implement this planning work from 2016 to 2023. As of December 31, 2023, RICEH has spent the entirety of the planning funds and will have spent any remaining evaluation and consultant support funds by December 31, 2025.

2. Maycomb Capital

RICEH signed an initial loan agreement with Maycomb Capital as the primary investor in June 2023 for 100% of year one funding. These funds (\$721,038.75) were transferred to RICEH in August 2023. RICEH then finalized the next loan agreement with Maycomb Capital in December 2025 for 80% of the remaining program funding. A total of \$1,200,000 in funds were transferred from Maycomb to RICEH in calendar year 2025. Maycomb Capital's total funding commitment is \$4,271,000.

3. Rhode Island Foundation

RIF chose to serve as a guarantor for year one, assuming 20% of the risk with a \$307,500 grant, instead of an investment. In November 2025, RICEH received an additional grant from RIF in the amount of \$200,000 for second year operations conducted until the RIF Board would be in session to vote on being the secondary investor with an additional loan. As of December 2025, RICEH signed a loan agreement with RIF for the remaining 20% of the capital investment needed to operate the program in the amount of \$500,000. RIF's total funding commitment (inclusive of the year one and two grants) is \$1,007,500.

4. EOHHS Funds

\$1,331,382.00 in outcome payments funds were transferred to RICEH in April 2023 for year one, \$1,331,305.00 in August 2023 for year two, and \$1,331,305.00 in June 2025 for year three. The interest on these funds as of 2023 (April – December) is \$46,739.29. Year four outcome payment funds will be transferred from EOHHS to RICEH by June 2026.

5. Outcome Payments

A total of \$1,247,788.64 in outcome payments were transferred from RICEH to Maycomb Capital in calendar year 2025. Outcome payments were as follows:

- Outcome Payment 4 (02/04/25): \$196,305.35
- Outcome Payment 5 (04/04/25): \$182,396.18

- Outcome Payment 6 (07/17/25): \$299,406.11
- Outcome Payment 7 (10/21/25): \$292,337.00
- Outcome Payment 8 (10/21/25): \$277,344.00

6. Additional Fundraising

In 2025, RICEH has been successful in raising private funds to provide additional support for PFS operations. To that end, RICEH received a \$225,000 grant from Point32Health for PFS in 2023, as well as a \$750,000 Congressional earmark in 2024. In 2025, no additional funds (outside of the two investors and EOHHS) were received for the PFS program.

- As a reminder, the percentage housed is contingent partially upon having dedicated PFS units and currently there are no actual housing units assigned to the program. Thus, the program must build relationships with landlords and leverage units that are currently in existence and “on the market” to house clients.
- Dedicated PFS units, moving forward, would be extremely helpful to achieving program outcomes, but will require additional commitment and resources.
- Without additional funding, PFS funds only cover approximately 50% of the costs of rental payments due to increased costs of rent in today’s housing market compared to the pre-COVID 2017 feasibility study and due to the fact that Federal subsidies and vouchers are in low quantity and high demand post-COVID.
- In calendar year 2026, RICEH aims to raise an additional \$381,428 to assist with this programmatic funding need.

7. Audit

As of December 2025, RICEH is in the process of completing the audit from the previous year with the firm PPA.

Staffing and Contracting

1. RICEH Staff and Consultants

RICEH continued program operations in 2025 despite significant personnel turnover and programmatic transitions. RICEH primarily continued program implementation through July 2025 with a skilled consultant (Tara Murphy), supplemented by support from other internal RICEH staff and EOHHS since the initial PFS Program Manager departed from the Coalition in February 2024. Other notable transitions included:

- RICEH PFS Program Manager vacancy from February 2024 to June 2025 due to lack of qualified candidates;
- Departure of RICEH leadership staff in 2024/2025 including the Chief Financial Officer, Chief Strategy Office (who also served as Chief Data Lead), and other support positions;
- Offboarding of primary consultant, Tara Murphy, and transitioning of function to a newly hired RICEH PFS Program Manager in June-July 2025; and
- Departure of both the RICEH Executive Director and the newly hired PFS Program Manager in August 2025.

2. RICEH Board Engagement

Due to the departure of multiple key staff members at RICEH, including the Executive Director, the RICEH Board stepped up on PFS as one of the Coalition’s most critical programs and took the lead with working directly with EOHHS to continue the oversight of PFS.

- Board Vice Chair Kimberly Rohm and Board Treasurer John DiBari became the EOHHS points-of-contact during this transition period and met once to twice per week to ensure program operations continued. RICEH Board members also identified two key staff members to work with EOHHS on the PFS program.
- From August 2025 to present, EOHHS stepped in to assist with the transition of the overall program management of PFS including governance facilitation, technical assistance provision, ongoing communications with service providers and funders, performance monitoring, and operational coordination of the program.
- As of December 2025, RICEH had identified a potential candidate for the Executive Director position and will begin seeking candidates for the PFS Program Manager.

3. EOHHS Pay for Success Staff Position

The EOHHS FTE dedicated to this complex program departed for a promotion in January 2025. EOHHS Director of Strategy and Innovation was designated lead for the program until the position could be re-hired.

- EOHHS hired Ashley Robinette in October 2025 from the Rhode Island Department of Health (RIDOH). She has extensive experience in program administration, contract management, and evaluation.
- Ashley will continue to play a pivotal role in monitoring the program through contract management, evaluation efforts, hands-on program management, and technical assistance coordination.

4. EOHHS-RICEH Contract³

Since January 2023, EOHHS and RICEH entered a contract with deliverables necessary to execute the program—including third party evaluation, service provision, outcomes monitoring, and outcome repayment. The RICEH contract was extended through calendar year 2025 and EOHHS is in the process of modifying the contract for calendar year 2026.

- Given the start-up delays resulting from recruiting two investors and solidifying both loans and repayment schedules, hiring staff, setting up the eligibility list and evaluation, and procuring service providers, the program would benefit from an extended timeframe to implement all programmatic operations and to achieve all potential outcome repayments.
- To address this delay, EOHHS initially focused quality improvement activities to be on: (1) consultant support for operations; (2) service provider technical assistance; and (3) fundraising capacity.
- In September 2025—building upon these quality improvement activities and in response to the recent leadership transitions—EOHHS designated additional

³ Appendix A – Contract Structure

performance improvement activities to be focused on: (1) leadership and communications; (2) fiscal and project oversight; and (3) expanded partnerships.

5. Data Use Agreement (DUA) and Memorandum of Understanding (MOU)

RICEH continues to partner with both EOHHS and the Department of Corrections (DOC) to maintain the Eligibility List and to ensure client referrals happen with fidelity.

- The RICEH-EOHHS DUA from January 2023 that allows for the transfer of data from EOHHS Medicaid Management Information System (MMIS) to RICEH has been retained to continue to build out the eligibility list includes data from MMIS, the DOC, and the Homeless Management Information System (HMIS).
- Additionally, during fall/winter 2025, RICEH worked with DOC on an updated MOU that delineates roles when contacting eligible PFS participants through June 2026.

Program Implementation and Outcome Achievements

1. Formal Evaluation Outcomes⁴

The PFS independent evaluator completed three quarterly evaluation reports during the calendar year 2025, which together covered the period September 1, 2024–June 30, 2025. Note that the Evaluation Plan measures outcomes in two categories: (1) Progress Outcomes, which identify key benchmarks that must be achieved in order for an eligible individual to become housed; and (2) Program Outcomes, which quantify the impacts the program is intended to achieve for the individuals it serves. Investors and program leaders alike were extremely pleased with the outcomes documented by the first three progress reports, which were as follows:

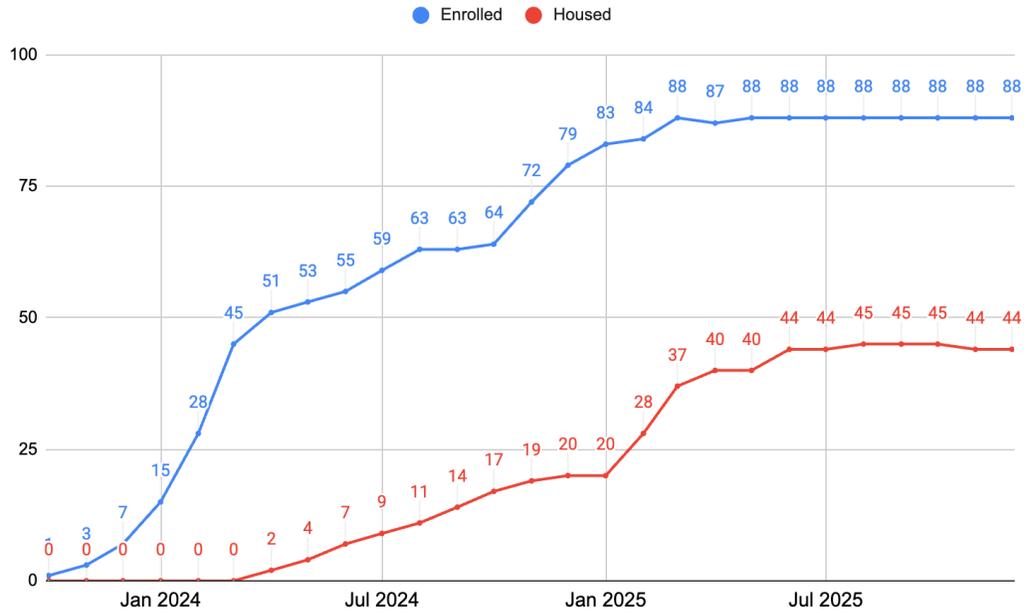
- In Program Year 2, PFS completed its second full year of program operations, bringing the total number of housed clients to 41 (with another 3 clients having secured leases and expecting to become housed shortly).
- This doubles the number of clients housed compared to last year and demonstrates the continued success of the program.
- The Coalition's service provider partners are now engaged with a total of 95 clients.
 - A. To date, there have been eight “exits” (disenrollments) from PFS including: four due to client deaths; two due to ineligibility discovered after enrollment (the client reported being homeless when they were housed); one due to longer term incarceration; and one person was exited but has since been re-enrolled.
 - B. **Note:** In cases where clients have lost housing, a new assessment has been created to collect data related to these scenarios. Service providers are working to enter data historically for these situations and this assessment will be incorporated into the evaluation moving forward.

Outcomes Monitoring

⁴ Formal evaluation reports take approximately three-to-four months to prepare following the close of each quarter. Data regarding program enrollments and engagement in leases is therefore tracked separately at the program level to facilitate data-driven program management, including but not limited to active management of program and service provider performance.

PFS routinely uses program-level data tracking to measure progress towards meeting established performance targets for each individual performance measure, as well as for the program overall. Performance targets are formally assessed at six-month intervals.

- **As of December 11, 2025, 51.1% of the clients whom PFS had enabled to become housed had successfully remained housed.** The chart below reflects PFS enrollments and lease-ups over the life of the program to date:



Key Progress Outcomes

Progress Outcomes	As of 12/31/24	As of 03/31/25	As of 06/30/25	Total
Program enrollment	11	16	10	37
Housing navigation plan completion	11	19	9	39
Housing navigation plan monthly update	3	19	21	43
Document-ready for housing	6	9	1	16
Engagement in a lease	7	8	20	35
Referral to long-term residential care	0	0	0	0

Key Program Outcomes

Program Outcomes	As of 12/31/24	As of 03/31/25	As of 06/30/25	Total
Months housing stability	27	64	83	174

Percent increase in “days in community” above an established baseline*	21.4%	25.8%	14.8%	N/A
Percent decrease in Emergency Department utilization below an established baseline**	28%	N/A	N/A	N/A

**Days in community is the inverse of days incarcerated. This outcome is calculated for clients with high DOC involvement, only. As of 12/31/25, no individuals with high DOC involvement had enrolled in PFS PSH. **This outcome is calculated annually rather than quarterly. The % decrease in Emergency Department utilization below an established baseline over the period September 1, 2023 – September 30, 2024 will thus be identified in the next evaluation report, which is expected in mid-January 2026. This outcome is calculated for clients with high Medicaid utilization, only.*

2. Client Vignettes

By design, PFS engages individuals with exceptionally complex health and social needs. The client vignettes below are intended to: (1) provide a window into the enormous variety that characterizes those needs; and (2) highlight how PFS service providers are working with clients to help them find housing and then support them to remain housed, all within the context of each client’s unique priorities and circumstances. **Note:** No personal identifiers are included in the client vignettes and details in each have been changed or obscured, given the highly sensitive nature of the content.

- **Client A:** This client enrolled into the Pay for Success Program in spring 2024 after experiencing chronic homelessness, criminal justice involvement, and other behavioral health symptoms. As a result of being placed in permanent supportive housing through PFS, the client has since been housed. This permanent supportive housing placement has resulted in the client entering into recovery from substances and maintenance of their mental health conditions. The client’s proudest moment was the day that they were handed keys to their very own fully furnished apartment. These keys to a “home” now hang around their neck from a lanyard that they proudly have in a photo.
- **Client B:** The client entered the Pay for Success program in early 2024 after spending several years cycling between local shelters and living outdoors in a tent. Despite significant and recurring health setbacks, they were able to build a trusting relationship with a PFS case manager and gather all their vital records to become permanent housed. They were also able to finalize their Social Security application process, leading to them getting approved for housing moving into a unit in late 2025 in a location of their choice and surrounded by community resources meeting their desire to be integrated into local community supports. The client reports feeling supported in their new home and expresses genuine appreciation for the apartment’s accessibility features, including handrails that make navigation easier. They have shown progress in managing complex health needs and now access their medical providers independently. Overall, they are thriving in their new environment.

- **Client C:** A client in their 30s has been in and out of incarceration as a result of the challenges of having substance use and mental health disorders. With everyone's recovery journey being unique and non-linear, this client has been working with Pay for Success since 2024 when a Case Manager first met this client at a recovery house. Soon after their first meeting, the client had a reoccurrence and was reincarcerated for about six months. The PFS Case Manager was able to assist the client in obtaining placement at a recovery house upon release. Since being released from incarceration, this client has since moved on from recovery housing and has maintained their recovery for over a year. The client has also obtained his driver's license through a license reinstatement program, bought a car, is working full time and has since moved into a Master leasing program in which the client rents a room in a shared apartment. During this period, this client has used all the resources available to them and has overcome barriers and difficult times, like a miscarriage with a significant other and then the end of a long-term relationship with a significant other. PFS Case Manager assisted this client to apply for college and they are starting toward a bachelor's degree in 2026.
- **Client D:** A client in their 50s, was already residing at a transitional recovery house when assigned to a PFS Case Manager. This client really struggled with transitioning from the recovery house due to past trauma and fear of change. Through continued relationship and trust building with their PFS case manager, the client found their perfect unit. This client moved into her very first two-bedroom apartment in summer 2025 and has since reunited with their teenage son. PFS Case Manager continues weekly support and guidance to this client as they navigate living independently.

3. Lessons Learned

The second full year of PFS operations brought with it numerous insights about challenges, facilitators, and what does and doesn't work with regards to engaging, enrolling, and housing clients and helping clients remain housed. Key lessons learned observed over the past year are summarized below:

- **Ensuring Transparency, Communication, and Partnership:**

During the second year of the program, there were major transitions that occurred with RICEH which ultimately impacted implementing PFS. Throughout the transition period, EOHHS discovered that there was a need for a more coordinated communication across the program, including EOHHS, RICEH, and service providers. Additionally, the need for partnership between the organizational chart of the program and the need for continued transparency on program operations signaled the decision to create additional opportunities for communication.

 - A. EOHHS started instituting weekly touch base meetings with service providers including Executive Directors of the service provider agencies, as well as the funders forum.
 - B. EOHHS sent a memorandum focused on expectations for coordinated partnerships and program delivery in November 2025. The memorandum emphasized the importance of communication with a heightened sense of transparency, as it is the key to rebuilding trust with RICEH and ensuring the sustainability of PFS.

- **Navigating Change and Quality Improvement:**

With some abrupt departures for multiple positions within the Coalition, including the Executive Director, PFS Program Manager, and the PFS Consultant, EOHHS stepped in with the Board leadership to navigate a changing environment and to facilitate program management of PFS.

- A. Due to the vacancy in the Program Manager role for the program, EOHHS took the lead with oversight of the program and worked directly with the Board as well as the Coalition’s staff that remained.
- B. Additionally, during this period, EOHHS instituted performance improvement activities with RICEH and currently, EOHHS remains in supporting program facilitation duties of PFS.
- C. In December 2025, EOHHS developed an interim management plan to navigate the transition and continue to move the program towards outcomes.
- D. Lastly, RICEH and EOHHS are exploring the need for a transition consultant (contingent upon the projected timing for filling RICEH leadership roles) that would focus on: (1) interim process management; (2) performance reporting; (3) new stakeholder outreach; (4) governance change management; and (5) assisting with program administration and review of policies and procedures.

- **Revising Governance and Bolstering Operations:**

During the second year of the implementation of PFS, EOHHS identified that the governance structure for the program could be improved—as evidenced during the recent transitions. In partnership with RICEH and the service providers, the following changes are being made for 2026:

- A. Adding a level of governance between the Executive Steering Committee and the Program Management Committee to be focused on operational coordination and strategic leadership across providers;
- B. Formalizing the funders forum and weekly technical assistance (the latter of which is inclusive of case conferencing); and
- C. Restructuring communications to include more frequent review and report outs of performance indicators, monthly status reports, and financial details.

- **Reviewing Program, Policy, and Operational Agility:**

In the second year of the program, EOHHS has focused on the specific needs of stakeholders, however in this next year, a focus on the broader environment and policy changes Federally is needed:

- A. Making sure that the PFS program continues to support clients during a changing Federal landscape related to permanent supportive housing is critical.
- B. Without a state-funded housing subsidy, the PFS program will need to explore ways to expedite operational wind-down when the program ends—including transitioning clients from rental units back to shelters or other living arrangements.
- C. Ongoing alignment with the newly formed Executive Office of Housing (EOH) remains a key priority for calendar year 2026.

Next Steps and Key Milestones for 2026

1. Near-Term Milestones

The following near-term milestones are set for 2026, in partnership with RICEH:

- Hire an Executive Director and PFS Program Manager at RICEH;
- Launch revised service provider technical assistance and case conferencing strategy;
- Revise and reinstate paused governance processes—including additional meetings;
- Review the second annual evaluation for September 1, 2024–June 30, 2025;
- Update all DUAs/MOUs, Eligibility Lists, and Service Provider Sub-Contracts; and
- Continue performance management, outcomes monitoring, and fundraising.

2. Long-Term Milestones

The following program milestones are set for the completion of the pilot:

- PFS achieves full targeted enrollment (125 clients enrolled);
- PFS reaches 80% of the target for housed clients (100 clients housed); and
- PFS off-boarding plan and/or sustainability plan is fully executed successfully.

3. Final Year Considerations

As the program approaches the final year of operations, there are several considerations that must be taken into account in the program as it relates to fully achieving outcomes:

- **Aligning Local Timelines:**
Since PFS launched, Rhode Island passed a housing bond and EOH has begun prioritizing PSH development. As such, however, several years are needed to bring new units from pipeline to market. Extending PFS to align with the emergence of these units given the housing shortage may be advantageous, if permitted. Similarly, Federal mid-term elections are nearing which may or may not bring about changes to the availability of more long-term Federal subsidies and vouchers for PFS clients.
- **Transitioning Beyond a PFS Pilot:**
Although PSH is a valuable and effective tool that is evidence-based for reducing healthcare costs and homelessness among the state’s most vulnerable populations, in Rhode Island, PFS was only a five-year pilot and as such, RICEH must consider the transition period beyond PFS. Eventually, some program participants may reach a point where they no longer require as much intensive social services, however, a need for operating support through the program’s flexible housing fund (in the absence of housing subsidies or vouchers) will remain essential to keep clients leased up in their units. Should the program not continue with additional funding, a successful transition to shelter or other arrangements will require intensive case conferencing and a significant wind-down period.
- **Addressing Gaps and/or Needs for Permanent Supportive Housing:**
Despite the need for PSH, one of the main concerns with fully meeting program outcomes is the lack of available housing (where service providers are still housing clients but at a slower rate than expected during the feasibility study). Additionally, the high housing costs, landlord concerns over the PFS populations, and negative public perceptions of PSH in specific communities are also challenges.

- **Factoring in Federal Policy Changes and Other Success Factors:**
Current federal funding changes, particularly HUD funding, may further challenge housing service providers ability to cover the costs to keep PFS participants housed and receive case management. Further, high client caseloads and challenging policy environments can lead to housing service provider burnout and staffing turnover.

III. REPORT CORRESPONDENCE

For additional information related to Pay for Success in Rhode Island, please contact the following report authors:

JAMES C. RAJOTTE, MS | DIRECTOR OF STRATEGY AND INNOVATION
Email: James.C.Rajotte@ohhs.ri.gov | Phone: (401) 479-8218

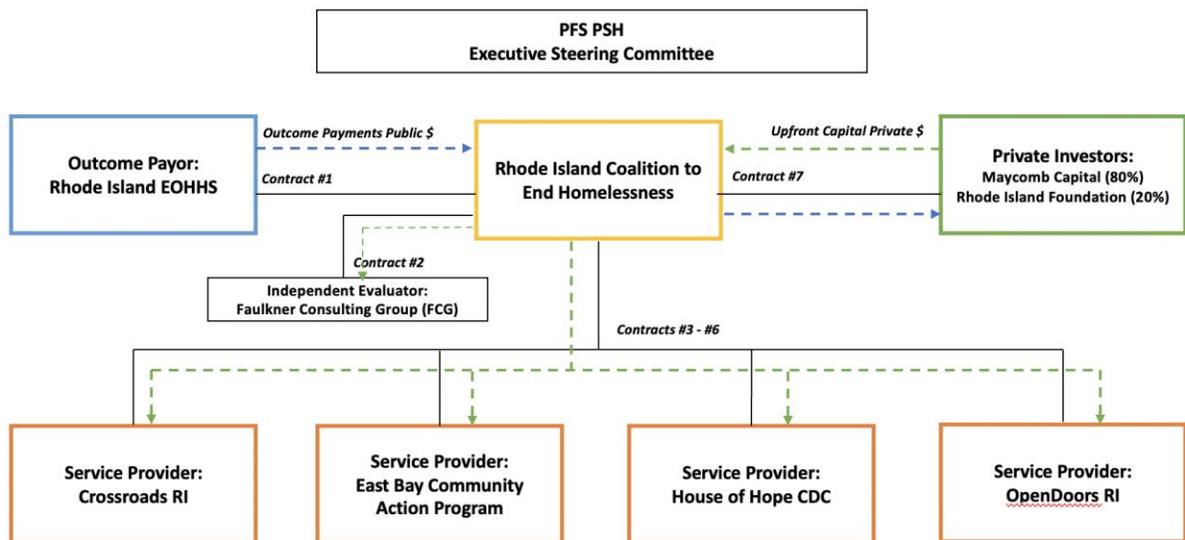
ASHLEY E. ROBINETTE, MPH | CHIEF HEALTH PROGRAM EVALUATOR
Email: Ashley.E.Robinette@ohhs.ri.gov | Phone: (401) 462-0962

EOHHS thanks the service providers and the following RICEH staff for their contributions:

- Susan Gunter, Board Chair
- Kimberly Rohm, Board Vice Chair
- John DiBari, Board Treasurer
- Joshua Jones, RICEH Finance Director
- Jenna Lutz, RICEH HMIS Data Coordinator

IV. APPENDICES

APPENDIX A: Program Structure



[End of Report]