

## **Rhode Island Pay for Success Permanent Supportive Housing Program**

### **Program Evaluation: Performance Year 1**

*October 1, 2023 – September 30, 2024*

#### **INTRODUCTION**

*About Rhode Island’s Pay for Success Permanent Supportive Housing Program*

Rhode Island’s Pay for Success (PFS) Permanent Supportive Housing (PSH) program is administered by the Rhode Island Coalition to End Homelessness (the Coalition) on behalf of the Rhode Island Executive Office of Health and Human Services (EOHHS).

PSH is an evidence-based intervention that combines affordable housing assistance with supportive services to address the needs of chronically homeless individuals. PFS is an innovative approach to financing social problems where private investors pay upfront program costs, and government repays the investors to the extent that the program achieves desired outcomes.

*About this Program Evaluation*

This report summarizes key metrics for the first year of the PFS PSH program, including program participation, payment measures, and learning measures as specified in the PFS PSH evaluation plan. Performance Year 1 (PY1) is the period from October 1, 2023, to September 30, 2024. Grant Porter, PhD, of Faulkner Consulting Group, conducted the PY1 evaluation in March 2025 on behalf of the Coalition and has also previously provided quarterly PFS PSH evaluations to the Coalition. This report is based on data provided to the evaluator on February 25, 2025.

## PROGRAM PARTICIPATION

During PY1, 68 Rhode Islanders were enrolled in the PFS PSH program. Through September 30, 2024, 12 of these clients were permanently housed. 51 had a history of high involvement with the Rhode Island Department of Corrections (RIDOC) and 60 had a history of high utilization of Medicaid. PSH services are provided by four Service Providers – Crossroad Rhode Island, East Bay Community Action Program (CAP), House of Hope, and Open Doors RI.

### PY1 PFS PSH Participation

	<b>Count</b>
<i>Total PFS PSH Participants</i>	68

### PY1 Participants by Population Group

	<b>Count</b>	<b>Percent</b>
<i>High RIDOC-Utilizing Participants</i>	51	75%
<i>High Medicaid-Utilizing Participants</i>	60	88%

### PY1 Participants by Service Provider

	<b>Count</b>	<b>Percent</b>
<i>Crossroads Rhode Island</i>	14	21%
<i>East Bay CAP</i>	17	25%
<i>House of Hope</i>	18	26%
<i>Open Doors RI</i>	19	28%
	68	

### PY1 Participants by Gender

	<b>Count</b>	<b>Percent</b>
<i>Male</i>	53	78%
<i>Female</i>	15	22%
	68	

### PY1 Participants by Race/Ethnicity<sup>1</sup>

	<b>Count</b>	<b>Percent</b>
<i>White</i>	41	60%
<i>Black</i>	13	19%
<i>Multi-Racial</i>	12	18%
<i>Other</i>	2	2%
	68	

Note 1. Race/Ethnicity information is from the HMIS. Data is not subject to validation.

## PAYMENT MEASURES

Payment Measures are metrics that assess the extent to which service providers and/or program participants achieve objectives established for the program. Payment measures determine repayment to the investor.

### I. Program Engagement

Program engagement is defined as the completion of specific benchmarks and/or engagement activities between the Service Provider and the Program Participant.

	Q1 Oct-23 → Dec-23	Q2 Jan-24 → Mar-24	Q3 Apr-24 → Jun-24	Q4 Jul-24 → Sep-24	PY 1 Oct-23 → Sep-24
[1] New enrollment into the PFS	7	39	11	11	68
[2] Completion of housing plan	0	25	9	11	45
[3] Document ready	4	17	7	6	34
[4] Updates to housing plan	0	9	5	3	17
[5] Engagement in a lease	0	1	4	7	12
[6] Referral to non-PFS program	0	0	0	0	0
<b>Total engagement measures:</b>	<b>11</b>	<b>91</b>	<b>36</b>	<b>38</b>	<b>176</b>

### II. Housing Stability

“Housing stability” is defined as a Program Participant maintaining a Lease each month without an intervening long-term physical absence.

	Q1 Oct-23 → Dec-23	Q2 Jan-24 → Mar-24	Q3 Apr-24 → Jun-24	Q4 Jul-24 → Sep-24	PY 1 Oct-23 → Sep-24
Number Housed at <u>Start</u> of Quarter	0	0	2	6	6
Number Housed at <u>End</u> of Quarter[1]	0	0	6	11	11
Months of Stable Housing	0	0	13	27	40

### III. Days in the Community

“Days in the community” is defined as the number of days that a Program Participant resides in the community and not in custody at the Rhode Island Department of Corrections (RIDOC). This is measured only for Program Participants who have been identified as High RIDOC utilizers.

**Goal:** To increase the number of days in the community in comparison to the baseline.

**Baseline** | 65.5 days per Quarter

#### All Program Participants Identified as RIDOC High Utilizers:

	Q1 Oct-23 → Dec-23	Q2 Jan-24 → Mar-24	Q3 Apr-24 → Jun-24	Q4 Jul-24 → Sep-24	PY 1 Average Oct-23 → Sep-24
Days in the community	92	86.8	76.9	79.5	80.6
% Change over Baseline	40.5%	32.5%	17.4%	21.4%	23.1%
<i>n</i>	2	32	9	8	51

*n* = number of participants identified as RIDOC high utilizers

**Informational – PFS Housed Participants Identified as RIDOC High Utilizers:**

	Q1 Oct-23 → Dec-23	Q2 Jan-24 → Mar-24	Q3 Apr-24 → Jun-24	Q4 Jul-24 → Sep-24	PY 1 Average Oct-23 → Sep-24
Days in the community:	n/a	n/a	91.0	92.0	91.5
% Change over Baseline	n/a	n/a	38.9%	40.5%	39.7%
<i>n</i>			3	5	8

*n = number of participants identified as RIDOC high utilizers in a lease*

**Note:** There were no incarcerations among housed participants.

**IV. Emergency Department Visits**

*Emergency Department (ED) Visits are defined as any outpatient emergency department claim paid by Medicaid. This is measured only for Program Participants who have been identified as high Medicaid utilizers and only on an annual basis.*

**Goal:** To decrease the number of ED visits in comparison to the baseline.

**Baseline** | **3,375 visits per 1,000**

**All PFS Program Participants Identified as Medicaid High Utilizers:**

	Year 1 Oct-23 → Sep-24
ED Visits per 1,000	4,182
% Change over Baseline	23.9%

*n = 60 participants identified as high Medicaid-utilizers*

**Informational – Among PFS Housed Participants Identified as Medicaid High Utilizers:**

	Year 1 Oct-23 → Sep-24
ED Visits per 1,000	2,710
% Change over Baseline	-19.7%

*n = 11 participants (with 31 months enrollment) identified as high Medicaid-utilizers in a lease*

## LEARNING MEASURES

Learning measures are metrics that do not have any payments associated with them but serve to provide feedback for program improvement and inform a broader evaluation of PSH-related services and PFS initiatives of interest to the Coalition and other stakeholders.

### Shelter Stays among PFS Program Participants

	<i>During PFS</i>		<i>12 -months prior to PFS Enrollment</i>
	<i>After Housing</i>	<i>Prior to Housing</i>	
<i>Total PFS participants</i>	12	68	68
<i>Clients with at least one shelter stay</i>	0	25 (37%)	10 (15%)
<i>Total nights in shelter</i>	0	1,522	623
<i>Median number of nights in shelter (among those with at least one stay)</i>	0	41.5	22.5

### Inpatient Hospital and Residential Treatment Days<sup>1</sup> among High Medicaid Utilizers

	<i>During PFS</i>		<i>12 -months prior to PFS Enrollment</i>
	<i>After Housing</i>	<i>Prior to Housing</i>	
<i>Total PFS participants</i>	12	68	68
<i>High Medicaid users</i>	10	61	61
<i>High Medicaid users with an IP stay</i>	1	32	44
<i>Total IP days</i>	4	448	1,164
<i>Median number of days (among those with at least one stay)</i>	4	11	18.5

Note 1. Although the metric was intended to measure inpatient hospital stays, the data also includes residential stays—for example for substance use disorder (SUD) treatment. Residential stays are expected to have a longer length of stay than hospital stays.

### Other Medicaid-related Metrics:

- **Health home participation:** 31 clients (of the 60 PFS clients identified as high Medicaid utilizers) were enrolled in one of the State’s health home programs (either the Opioid Treatment Program, Integrated Health Home, or Assertive Community Treatment). Many, if not all, of these clients will be transitioning into the state’s new behavioral health delivery system of Certified Community Behavioral Health Centers (CCBHC) that began on October 1, 2024.
- **Preventative Care Utilization** was also identified as a RI PFS PSH Learning Measure. Preventive visits are expected to occur once every 12 months. With an average PFS enrollment of less than 6 months, it is inappropriate to report this measure in year 1 as an indicator of program performance.

### Note on Data Quality

- The data presented in this report is based on the information available at the time of collection. While efforts have been made to ensure accuracy, there may be limitations or inconsistencies in the data due to various factors such as self-reporting, data entry errors, or incomplete/conflicting records.