

Open, EOHHS-Solicited Rolling Grant Process: Homelessness Prevention for Priority Populations

I. INTRODUCTION

Through this open rolling grant process, The Executive Office of Health and Human Services (EOHHS) invites applications from eligible and qualified applicants for the implementation of supportive service enhancement activities, leveraging resources provided by the Opioid Settlement funds and Home and Community-Based Services (HCBS) enhanced Federal Medical Assistance Percentage (e-FMAP) funds.

II. OVERVIEW

The [Governor's Overdose Task Force](#) is a statewide alliance of peers, professionals, State agency partners, and community harm reduction and recovery partners. Since 2015, the Task Force has maintained the goal of preventing overdoses and saving lives. The Task Force works with a strong racial equity lens and a commitment to addressing the root causes of overdose, including the foundational social determinants of health. The Governor's Overdose Task Force has set forth the following outcomes:

1. *To end the overdose crisis,*
2. *Ensure racial equity is embedded across all pillars,*
3. *Change lives and uplift community voices,*
4. *Use data to drive change, and*
5. *Build connections to care.*

The Task Force is committed to addressing the root causes of overdose including the socioeconomic factors—such as housing—that influence health. The key components of the Task Force Strategic Plan aim to respond to the ever-changing landscape of overdose trends and emerging issues across Rhode Island. The 2023 Strategic Refresh is based on the original four pillars of the Governor's Task Force, with the addition of five elements that, collectively, support a robust and equitable response to the overdose epidemic:

- *Racial equity is a fundamental component of the work of the Task Force and remains a priority for all the pillars.*
- *Addressing the social determinants of health is a foundational element that affects all pillars as well and must be prioritized to improve population health outcomes.*
- *Data capacity and effective surveillance are critical tools that facilitate rapid understanding of what is needed to implement effective life-saving activities.*
- *A strong governance structure with accountability measures, authentic community engagement, and transparent processes is critical to expanding on our public-private partnerships.*

- *The ability to pivot or infuse additional resources quickly, across the right pillars at the right times, is essential to ensure flexible and rapid emergency responses that address the changing epidemic.*

Furthermore, to improve positive health outcomes for individuals and families impacted by overdose—including opioid, substance use, and criminal justice involvement, this special enhancement activity aims to address the housing needs and systemic challenges facing this population.

- As a foundational social determinant of health, the Opioid Settlement Advisory Committee (OSAC) staffed by the Executive Office of Health and Human Services, designated housing investments as a priority recommendation.
- Specifically, funds are being allocated to a variety of tasks to improve housing capital, operating, supportive services and transitional supports, and policies to save lives, prevent homelessness, and support ongoing recovery.

III. COMMITMENT TO EQUITY AND POPULATION OF FOCUS

The Opioid Settlement Advisory Committee (OSAC) has specifically required that all procurements focus on equity. Therefore, the Department of Housing and Executive Office of Health and Human Services request that all applicants pay close attention to, address, and resource meeting the following:

EOHHS acknowledges the history of institutional and structural racism and its impact on health. We are committed to improving the quality of life for all Rhode Island residents while eliminating the inequities that threaten the lives of low-income and communities of color who are disproportionately affected by substance use, chronic diseases, and their risk factors. Vendors for Opioid Settlement-funded projects will be expected to be able to describe in detail how their organization acknowledges and addresses institutional and structural racism, and how their project aims to improve the health of Rhode Island's BIPOC and LGBTQ+ communities, as well as people with disabilities and veterans – and how it seeks to eliminate these disparities through programming and policies.

Additionally, aligned with EOHHS' commitment to equity and as required by the Americans with Disabilities Act (ADA) and the Culturally and Linguistically Appropriate Services (CLAS) standards, the vendor must ensure equal access to services. This includes ensuring access for people with disabilities, including those who are Deaf/deaf or hard of hearing, or others who require other accessibility supports, as well as individuals who best understand a language other than English.

Populations of Focus

These funds are restricted to supporting the following priority populations who may be homeless, at-risk of homelessness, transitioning between the medical and housing systems, and housing unstable **AND**:

- Those who have experience and/or are at-risk of an overdose,

- Individuals with Opioid Use Disorder (OUD) and/or Substance Use Disorder (SUD),
- People Who Use Drugs (PWUD),
- Individuals formerly or currently engaged with the criminal justice system,
- Individuals in all-levels of substance use treatment,
- Individuals who are in recovery

Applicants **must have an intentional focus** on eliminating racial inequities and health disparities by prioritizing communities of color, linguistic-diversity, and disproportionality impacted communities within the population of focus. All applications should address:

- *Strategies for eliminating health disparities and approaching race equity*
- *Approaches to ensuring compliance with CLAS and ADA requirements*
- *Abilities to collect and report performance measures and data to reduce known disparities*
- *Expenditures in budget required to ensure CLAS, ADA, and Housing First compliance*

Additionally, applicants must maintain a focus on serving Medicaid-eligible individuals in the least restrictive setting—including home- and community-based settings.

IV. ESTIMATED FUNDING AMOUNT

Contingent on the budget, approximately \$1.75 million in funds are being made available through Opioid Settlement Funds and approximately \$500,000 through the Home and Community-Based Services (HCBS) e-FMAP funding for Homelessness Prevention initiatives for Priority Populations in year one. Additional funding is planned through the duration of the grant process as both additional settlements are realized, OSAC allocations are made, or other priority population funds are braided into these efforts. **Total estimate for year one is: \$2,250,000.**

V. ELIGIBLE APPLICANTS AND JOINT APPLICATIONS

Eligible Applicants

Applicants must meet at least one of the following criteria:

- Medical, behavioral health, and community-based organizations including community mental health clinics, federally qualified health clinics, hospitals, substance use treatment centers, and other healthcare providers—such as home stabilization services providers. These organizations should have experience and expertise in addressing OUD/SUD and related health conditions.
- Housing policy organizations that work towards promoting affordable housing, developing housing strategies, and implementing homelessness prevention initiatives. These organizations should have a demonstrated understanding of the intersection between housing instability and OUD/SUD.

- Harm reduction organizations that focus on harm reduction strategies and services, including but not limited to syringe exchange programs, naloxone distribution, overdose prevention, and overdose prevention centers. These organizations should have expertise in harm reduction interventions related to OUD/SUD populations.
- Health Equity Zone partners, community-based organizations, and coalitions that aim to reduce health disparities and improve access to care for underserved populations. These organizations should have a track record of working with OUD/SUD populations and/or addressing health inequities.
- Current and past CHF applicants—such as homeless service providers and shelter operators—who have previously applied for and received funding from the CHF or other relevant funding sources for homelessness response or prevention. Applicants should demonstrate their experience and success in implementing effective programs or interventions for individuals with OUD/SUD and housing instability.
- Criminal justice-serving organizations that provide services to individuals involved in the criminal justice system, such as re-entry programs, diversion programs, or alternatives to incarceration. These organizations should have a demonstrated understanding of the unique challenges faced by individuals with OUD/SUD who are transitioning from correctional facilities.
- Other non-profit organizations, especially those led by individuals with lived experience of OUD/SUD and/or who represent minority communities. These organizations should have a focus on addressing health disparities and providing culturally competent services to diverse populations affected by OUD/SUD and homelessness.

Partnerships and Joint Applications

Collaboration and coordination among various stakeholders are vital for the success of homelessness prevention initiatives for individuals with OUD/SUD. Partnerships can enhance the comprehensive nature of the proposed programs and services and ensure a holistic approach to addressing the complex needs of the target population. Partnerships can take various forms, such as joint program development, sharing resources and expertise, providing Medicaid billing capacity, referral networks, data sharing, and coordinated service delivery.

Joint applications are permitted and strongly encouraged to meet the following expectations:

- Applicants are expected to establish partnerships across the healthcare and housing sectors.
- Applicants should prioritize the development of place-based partnerships that address specific geographic locations from a whole-person approach.
- Applicants should outline their existing or intended partnerships and describe how these collaborations will contribute to the overall goals and outcomes of the proposed initiatives.

Partnerships between sectors are strongly encouraged and preferred. Preference may be given to past or present Consolidated Homeless Fund recipients with

demonstrated performance serving this target population. Supportive service and healthcare organizations are also strongly encouraged to apply.

VI. DEFINITIONS

- **At-Risk of Homelessness:** Refers to individuals or households who are facing circumstances or conditions that increase their vulnerability and likelihood of experiencing homelessness. These circumstances may include precarious housing situations, financial instability, lack of support networks, or other factors that put them in jeopardy of losing their housing.¹
- **BIPOC:** BIPOC stands for Black, Indigenous, and People of Color. It is an inclusive term used to collectively refer to individuals and communities who are racially and ethnically diverse and have historically been marginalized and underrepresented.²
- **CLAS:** Culturally and linguistically appropriate services guided by a set of standards nationally that are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.
- **Housing First:** An approach to addressing homelessness that prioritizes providing individuals experiencing homelessness with immediate access to safe and stable housing. It is based on the belief that housing is a fundamental human right, meeting people where they are at with no prerequisites to safe housing, and that people are better able to address other challenges, such as mental health or substance use issues, when they have a stable place to live.³
- **Overdose (OD):** An overdose refers to the consumption or exposure to a substance or drug in quantities that exceed the body's ability to handle it, resulting in harmful effects or even death.⁴
- **Opioid Use Disorder (OUD):** A medical condition characterized by problematic patterns of opioid use, leading to significant impairment or distress. It is diagnosed based on specific criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).⁵
- **Recovery:** The process through which individuals with substance use disorders or mental health conditions are able to improve their overall well-being, manage symptoms, and achieve a meaningful and fulfilling life.⁶

¹HUD Exchange "At Risk of Homelessness." Available at [Criteria for Definition of At Risk of Homelessness - HUD Exchange](#)

² Merriam-Webster Dictionary - "BIPOC." Available at [BIPOC Definition & Meaning - Merriam-Webster](#)

³ National Alliance to End Homelessness - "Housing First." Available at [Housing First - National Alliance to End Homelessness](#)

⁴ National Institute on Drug Abuse (NIDA) - "Overdose Death Rates." Available at [Drug Overdose Death Rates | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

⁵ American Psychiatric Association (APA) - "Opioid Use Disorder." Available at [Psychiatry.org - Opioid Use Disorder](#)

⁶ SAMHSA - "Recovery and Recovery Support." Available at [Recovery and Recovery Support | SAMHSA](#)

- **Substance Use Disorder (SUD):** A diagnostic term used to describe a pattern of substance use that leads to clinically significant impairment or distress. It encompasses a range of substances, including alcohol and drugs.⁷
- **Supportive Services:** A range of services and resources provided to individuals to address their specific needs and promote stability. These services may include case management, counseling, access to healthcare, employment assistance, and other supports tailored to the individual's circumstances.⁸ These include the following service needs:

TIER	SERVICE NEED	EXAMPLE PARTNER
1	Translational Services and Multi-Lingual Supports (including American Sign Language)	Community-Based Organizations
1	Medical Care and Infectious Disease Supports	Federally-Qualified Health Center
1	Medicated Assisted Treatment	Substance Use Provider
1	Behavioral Health / Trauma-Informed Services	Community Mental Health Center
1	Harm Reduction, Mobile Outreach, and Peer Recovery Supports	Harm Reduction Organizations
1	Criminogenic Supports	Justice-Serving Organization
1	Hospital Coordination and Assistance	Local Hospital System
1	Emergency Medical Services (EMS) – Local EMS	Local Public Safety Organization
1	Place-Based Community Supports	Health Equity Zones
2	Veterans Supports	Veterans-Focused Organization
2	Benefits Enrollment	SNAP Outreach Providers
2	Medicaid Home Stabilization Services	Home Stabilization Providers
2	Employment Assistance Providers	Job Coaching Agencies
2	Nutritional Services	WIC Centers
2	Healthy Aging Supports	Community-Based Organizations
2	Transportation Services	Ride Share or Public Transit
2	Family and Child Supports, If Needed	Family Care Community Partnership
2	Pet Care and Service Animal Supports	Local Veterinarian

- **Stigma:** The negative attitudes, beliefs, and stereotypes held by individuals or society towards a particular group or individuals who possess certain characteristics or experiences, often leading to discrimination and social exclusion.⁹
- **Systemic Oppression:** Systemic oppression refers to the pervasive and institutionalized patterns, structures, and practices within a society or social system that result in the unjust treatment, discrimination, and marginalization of certain groups or individuals based on their social identities, such as race, ethnicity, gender, or socioeconomic status.¹⁰

⁷ Substance Abuse and Mental Health Services Administration (SAMHSA) - "Substance Use Disorders." Available at [Mental Health and Substance Use Disorders | SAMHSA](#)

⁸ United States Interagency Council on Homelessness (USICH) - "Supportive Services." Available at [United States Interagency Council on Homelessness \(USICH\)](#)

⁹ World Health Organization (WHO) - "Stigma and Discrimination." Available at [Speaking out on the stigma of mental health \(who.int\)](#)

¹⁰ American Civil Liberties Union (ACLU) - "Systemic Oppression." Available at [To End Systemic Racism, Ensure Systemic Equality | ACLU](#)

VII. INELIGIBLE ACTIVITIES

The allocated Opioid Settlement funds are intended to support initiatives, programs, and services directly related to addressing the impacts of the opioid crisis, supporting individuals with OUD/SUD, and preventing homelessness. The following grid contains the allowable uses of these funds:

Per the Settlement agreement, priority shall be given to the following core abatement strategies:

Strategies
<ul style="list-style-type: none"> • Naloxone Or Other FDA-approved Drug To Reverse Opioid Overdoses • Medication-assisted Treatment (“MAT”) • Distribution And Other Opioid-related Treatment • Pregnant & Postpartum Women • Expanding Treatment For Neonatal Abstinence Syndrome (“NAS”) • Expansion Of Warm Hand-off Programs And Recovery Services • Treatment For Incarcerated Population • Prevention Programs • Expanding Syringe Service Programs • Evidence-based Data Collection And Research Analyzing The Effectiveness Of The Abatement Strategies Within The State

Per the Settlement agreement, Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Priority 2: Allowable Uses
<p>Treatment:</p> <ul style="list-style-type: none"> • Treat Opioid Use Disorder (OUD) • Support People In Treatment And Recovery • Connect People Who Need Help To The Help They Need (Connections To Care) • Address The Needs Of Criminal Justice-involved Persons • Address The Needs Of Pregnant Or Parenting Women And Their Families, Including Babies With Neonatal Abstinence Syndrome <p>Prevention:</p> <ul style="list-style-type: none"> • Prevent Overprescribing and Ensure Appropriate Prescribing And Dispensing of Opioids • Prevent Misuse Of Opioids • Prevent Overdose Deaths And Other Harms (Harm Reduction) <p>Other Strategies:</p> <ul style="list-style-type: none"> • First Responders • Leadership, Planning And Coordination • Training • Research

Opioid Settlement Funds may not be used for expenses or purposes that do not align with the allowable uses as summarized above and further described as requirements set forth in Exhibit C of the [Opioid Settlement Agreement](#).

Any expenses or uses that are deemed ineligible or outside the scope of the allowable uses for these funds will not be considered for funding. Applicants are advised to review the guidelines and eligibility criteria carefully and ensure that proposed expenditures are directly related to addressing the opioid crisis, OUD/SUD, and homelessness prevention.

Lastly, HCBS e-FMAP funding may only be used to meet the needs of Medicaid-enrolled and Medicaid-eligible clients in home and community-based settings.

VIII. ENHANCEMENT ACTIVITIES AND TASKS

Task 1: **Statewide Mitigation Fund**

Description of Activity: Develop and implement a statewide mitigation fund for landlords to provide monetary protections and improve landlord/tenant relationships specifically for people that are facing barriers due to past and present OUD/SUD, including criminal and civil backgrounds barriers, past evictions, etc.

Rationale for Activity: Improve landlord-tenant relationships to increase rental options for and reduce barriers associated with SUD/OUD and those that are or have been involved in the justice system.

Anticipated Outcomes:

- Increased number of permanent supportive housing units set aside for housing OUD/SUD populations
- Reduced turnover for OUD/SUD population due to unanticipated landlord costs (e.g., damages to property)
- Increased physical and safety accommodations to tenants with OUD/SUD-related needs (e.g., ADA compliance)
- Increased rates of recovery and decreased rates of homelessness among the target population

Deliverables: Provide protections to landlords in the event of damages to property or renovations to ensure availability of units dedicated to those that are existing prison or transitioning from recovery housing or long-term treatment.

Performance Measures:

- Number of landlords participating in the mitigation fund
- Amount of funds allocated to landlords through the mitigation fund
- Number of instances where monetary protections were utilized to address damage to property or renovations
- Number of units supported by the mitigation fund
- Location of unit
- Size of unit support (1 bed/2 bed/3 bed)
- Percentage of categories that funds are being used including, but not limited to appliances, drywall, electrical, water, flooring, wood repair, clean up/ junk removal, glass, doors, landscaping, heating/air, furnishings, egress damage, roof, fire damage, paint other with explanation
- Number of individuals with OUD/SUD or other notable barriers who remain housed as a result of the fund
- Number of individuals living within the unit that will remain housed
- Number of individuals that have left the unit that is being supported by the fund
- Feedback from landlords regarding the effectiveness and benefits of the mitigation fund
- Testimonials or success stories from individuals with past barriers who have been housed or helped through the fund

Funds Available: \$50,000--\$100,000

Task 2: Landlord Incentives for Housing Priority Populations

Description of Activity: Provide incentives to landlords who make units available to individuals with an OUD/SUD that are criminal justice involved or have a history of homelessness.

Rationale for Activity: Stigma and barriers associated with SUD and those that are or have been involved in the justice system affect discrimination in rental preferences and landlord-tenant relationships which continues marginalization.

Anticipated Outcomes:

- Increased availability of new units for target population through the provision of landlord incentives
- Improve unit availability for individuals transitioning from the DOC, residential treatment, or from recovery housing.
- Reduce rate of individuals entering the homelessness system when transitioning from the Department of Corrections, recovery settings, residential treatment and/or other institutional settings

Deliverables: Increase the availability of units and beds for individuals transitioning from corrections, residential treatment, or recovery housing to permanent housing through an incentive per unit.

Performance Measures:

- Number of new units made available to individuals with OUD/SUD who are criminal justice involved or have a history of homelessness.
- Number of landlords participating.
- Number of units awarded incentives and the total amount disbursed to landlords.
- Demographic information of individuals placed in the incentivized units (for example, criminal justice involvement, history of homelessness, OUD/SUD)
- Tracking the transition of individuals from the Department of Corrections (DOC), residential treatment, recovery housing, or other institutional settings to permanent housing units
- Documentation of the available units and beds specifically for individuals transitioning from the DOC, residential treatment, or recovery housing
- Monitoring and evaluation of the success rate of individuals transitioning from institutional settings to permanent housing, including the reduction in homelessness rates within this population
- Assessments of the impact of landlord incentives on reducing stigma and barriers associated with OUD/SUD and criminal justice involvement in rental preferences and landlord-tenant relationships.

- Surveys and feedback form landlords participating in the incentive program, capturing their experiences, challenges, and perspectives on housing priority populations.
- Reporting on the rate of individuals entering the homelessness system after transitioning from the DOC, recovery settings, residential treatment, or other institutional settings
- Financial reports detailing the utilization of the available funds for incentives, including itemized expenditures and adherence to the budget.
- Recommendations for program improvements, adjustments, or expansion based on lessons learned during the reporting period.

Funds Available: \$90,000--\$180,000

Task 3: Subsidies for Individuals or Families with OUD/SUD

Description of Activity: Provide rental, security deposits, utilities, and other housing related subsidies for individuals or families with OUD/SUD and/or justice system involvement.

Rationale for Activity: To address the significant challenges faced by individuals or families with OUD/SUD and/or criminal justice involvement by mitigating financial barriers and promoting successful reintegration, reducing recidivism rates.

Anticipated Outcomes:

- Increase housing stability and reduced homelessness rates among individuals/families with OUD/SUD and/or criminal justice involvement.
- Improved access to safe and supportive housing, reducing the risk of relapse and promoting successful reintegration into the community.
- Decreased recidivism rates and enhanced rehabilitation outcomes through the provision of housing-related subsidies, empowering individuals to focus on their recovery and long-term stability.

Deliverables: Decrease barriers that may prohibit homelessness prevention for individuals with OUS/SUD and/or criminal involvement and increase the number of individuals provided subsidies (approximately \$1,500/person/month) and retain housing as a result.

Performance Measures:

- Number of individuals/families awarded housing-related subsidies

- Demographic information of individuals or families receiving the subsidies (for example, OUD/SUD status, criminal justice involvement, etc.)
- Documentation of rental, security deposit, utilities, and other housing-related subsidies provided to each individual or family.
- Tracking the duration of the subsidies, ensuring that they cover the intended 12-month period.
- Monitoring housing stability among individuals or families with OUD/SUD and/or criminal justice involvement who receive subsidies.
- Assessments of the impact of subsidies on reducing homelessness rates within the target populations
- Documentation of successful reintegration outcomes, such as employment, education, and community engagement, among individuals or families receiving the subsidies
- Data on the recidivism rates of individuals or families who received housing-related subsidies, comparing them to a control group, if applicable
- Surveys or interviews with subsidy recipients, capturing their experiences, challenges, and the overall effectiveness of the program.
- Documentation of any barriers encountered by individuals or families in accessing and retaining housing despite the subsidies, along with strategies implemented to address those barriers.
- Financial reports detailing the utilization of the available funds for housing-related subsidies, including itemized expenditures and adherence to the budget.
- Recommendations for program improvements, adjustments, or expansion based in the findings and lessons learned during the reporting period.
- Length of subsidy retention (the duration for which individuals or families retain their housing with the provided subsidies)
- Subsidy utilization rate
- Participant satisfaction – feedback from participants regarding their satisfaction with the provided subsidies and the support that they received.

Funds Available: \$300,000 - \$500,000

Task 4: Housing First Policy and Technical Assistance

Description of Activity: Create a policy hub that will develop and implement a plan to engage, train, and support public housing authorities to implement

Housing First, low-barrier screening for individuals with OUD/SUD and make quality improvement recommendations across the system.

Rationale for Activity: Housing first, low-barrier screening will help to provide stable housing and prioritize recovery, while removing discriminatory barriers.

Anticipated Outcomes:

- Remove discriminatory barriers and promote equitable access to housing opportunities for this population.
- Align public housing policies with evidence-based practices.
- Enhance outcomes by ensuring individuals with OUD/SUD have the support and resources necessary for long term recovery and successful community integration.

Deliverables: Lead initiatives with public housing authorities to increase access to affordable/supportive housing for individuals with disabilities and potential barriers to housing. Collaborate with the Governor's Overdose Task Force to create focus groups to identify barriers and action steps to accessing public housing units and subsidies for people with OUD/SUD or at risk of an overdose. Connect public housing authorities to the CSH Public Housing Authority Tool Kit www/csh.org and facilitate the RI PHAS through the strategies. Support outreach and education across the public housing authorities to replicate best practices for Administrative Plan/policies/protocol to expand access to eliminate barriers for people with OUD/SUD or at risk of an overdose. Collaborate with EOHHS agencies to connect public housing authorities to the appropriate supportive services providers. Develop pipelines of supportive housing projects between public housing authorities and non-profit developers.

Performance Measures:

- Documentation of the creation and hiring process for the policy position, including the qualifications and responsibilities of the position
- Progress reports on the development and implementation of the engagement, training, and support plan for public housing authorities to implement housing first, low barrier screening for individuals with OUD/SUD
- Documentation of collaborative initiatives with public housing authorities to increase access to affordable/ supportive housing for individuals with disabilities and potential barriers to housing.
- Reports on the outcomes and impact of the engagement plan, including the number of public housing authorities involved, the number of individuals with OUD/SUD assisted, and the increase in access to housing opportunities for this population.
- Documentation of focus group conducted in collaboration with the Governor's Overdose Task Force to identify barriers and action steps for

accessing public housing units and subsidies for individuals with OUD/SUD or at risk for an overdose.

- Monitoring and evaluation of the implementation of the CHS Public Housing Authority Tool Kit (www.csh.org) and the strategies outlined in the toolkit.
- Reports on outreach and education efforts across public housing authorities to replicate best practices for administrative plans, policies, and protocols to expand access and eliminate barriers for individuals with OUD/SUD or at risk of an overdose.
- Documentation of collaborations with EOHHS agencies to connect public housing authorities with appropriate supportive services providers.
- Monitoring the development of pipelines of supportive housing projects between public housing authorities and non-profit developers
- Assessments of the alignment of public housing policies with evidence-based practices, including the identification of policy changes or updates implemented.
- Financial reports detailing the utilization of the available funds for the policy position and associated initiatives, including itemized expenditures and adherence to the budget.
- Recommendations for further policy improvements, initiatives, or collaborations based on the findings and lessons learned during the reporting period.

Funds Available: \$100,000–\$200,000

Task 5: Harm Reduction Model Implementation for Shelters and Providers

Description of Activity: This task invites proposals from shelters, new or existing, that are interested in adopting a harm reduction model. Eligible organizations that are interested in providing assistance to shelters aiming to adopt a harm reduction model may also apply. The selected partner will facilitate the implementation of harm reduction strategies through anti-stigma trainings and harm reduction education, policy development, creation of new shelters, and other relevant initiatives. The objective is to support shelters in shifting their approach towards a harm reduction model, thereby improving the overall well-being and safety of the individuals they serve.

Rationale for Activity: There are limited harm-reduction focused shelters that adhere to harm reduction principles; and therefore, PWUD often remain homeless at higher rates. It is critical to enhance safety, minimize risks associated with OUD/SUD use, increase shelter access, and ensure supports for PWUD.

Anticipated Outcomes:

- Increased number of shelters with harm reduction practices, policies, and partnerships
- Decreased number of PWUD who are unhoused or without an appropriate shelter bed.
- Improved trauma-informed, compassionate, and evidence-informed shelter care and workforce de-stigmatization
- Increased availability of harm reduction supplies, training, and naloxone in shelters
- Improved staffing and/or service delivery for after-hours coverage, ambulance services, and other necessary supports
- Improved shelter access for priority populations, including people who use drugs, sex workers, LBTQIA+ community members.

Deliverables: Development of a comprehensive harm reduction policy for shelter(s). Creation of new shelters or modification of existing shelters to align with harm reduction principles. Provision of necessary supplies and equipment for harm reduction, such as Narcan kits, clean needles, and safe disposal containers. Training sessions for shelter staff on harm reduction strategies, overdose prevention, and responding to medical emergencies. Collaboration with partner organizations to provide additional resources and support. Implementation of after-hours coverage by trained staff to ensure continuous support and supervision. Coordination with local or private Emergency Medical Services for timeless and effective response to medical emergencies.

Performance Measures:

- Number of shelters that have adopted and implemented harm reduction practices, policies, and partnerships
- Report on the development and implementation of harm reduction policies within the shelter(s), including number of policies created, revised, or adopted
- Documentation of the progress made in transforming the shelter or creation of a new shelter to align with harm reduction principles
- Documentation of the specific harm reduction policies developed for the shelter(s) and their alignment with harm reduction principles
- Number of new shelters created or shelters modified to incorporate harm reduction principles
- Inventory and distribution records of harm reduction supplies and equipment provided to shelters, including Narcan kits, clean needles, safe disposal containers, etc.
- The number of shelter staff members who have participated in harm reduction training programs including details of the topics covered and feedback received

- Monitoring and Evaluation of the implementation of harm reduction strategies in the shelter(s)
- Number of EMS calls to the shelter, including type of EMS call and fatalities
- Data on the utilization and effectiveness of after-hours coverage, including response times and incidents managed
- Coordination efforts with local or private EMS, including documentation of partnerships, communication protocols, and response outcomes

Funds Available: \$100,000

Task 6: Supportive Services Partnership Incentives

Description of Activity: To establish partnerships between shelter providers by providing incentives to encourage collaboration. Shelter providers will be incentivized to partner with organizations offering supportive services to enhance the overall well-being and support systems for individuals experiencing homelessness.

Rationale for Activity: Individuals experiencing homelessness often face complex challenges, including OUD, SUD. Collaborative partnerships between shelter providers and supportive service providers can address these challenges more effectively by providing comprehensive support systems. By incentivizing shelter providers to collaborate with supportive service providers, we can enhance access to critical resources, improve outcomes, and increase the likelihood of successful transitions out of homelessness.

Anticipated Outcomes:

- Increased collaboration between shelter providers and supportive service providers.
- Expanded access to a wide range of supportive services for individuals experiencing homelessness, including OUD/SUD treatment, mental health support, job training, and other critical resources.
- Enhanced coordination and referral systems between shelter providers, ensuring a seamless transition for individuals seeking assistance.
- Improved outcomes in terms of housing stability, substance use recovery, employment, and overall well-being for individuals experiencing homelessness with OUD/SUD.
- Strengthened partnerships and resource sharing among shelter providers and supportive service providers, promoting a more integrated and holistic approach to addressing homelessness.

Deliverables: Documentation of official partnership agreements formed between shelter providers and supportive service providers, including signed agreements and memoranda of understanding. Identification and selection of supportive service providers to participate in the partnership program, based on their capacity to meet the needs of individuals with OUD or SUD.

Performance Measures:

- Monitoring and evaluation of the collaboration process, including regular progress reports, and feedback from both shelter providers and supportive service providers
- Assessment of the impact of the partnership program on housing stability.
- Access to services and well-being of individuals experiencing homelessness with OUD/SUD
- Financial reports detailing actual spend on supportive services
- Number and type of supportive service providers involved: Identify the range of supportive service providers participating in the partnerships, including substance use disorder treatment providers, harm reduction providers, mental health support organizations, job training programs, and other relevant services
- Documentation of signed agreements or memoranda of understanding, keeping records of formal agreements between shelter providers and supportive service providers and outlining the terms and objectives of their collaboration
- Measure the accessibility and utilization of supportive services by individuals experiencing homelessness, particularly those with OUD/SUD, to assess the impact of collaborative efforts
- Feedback from service providers regarding the partnership experience including challenges, successes, and suggestions for improvement
- Number of individuals with OUD/SUD who have accessed supportive services through the collaboration
- Monitor the effectiveness of coordination and referral systems between shelter and supportive service providers, assessing the efficiency and quality of referrals made/services received
- Based on findings and lessons learned, provide recommendations for program enhancements, modifications, or expansion to strengthen the collaborative efforts and improve outcomes for individuals experiencing homelessness with OUD/SUD

Funds Available: \$60,000 - \$80,000

Task 7: Warming Station and Emergency Shelter Supportive Services Set-Aside*

Description of Activity: Funding is being held in reserve for Winter 2024-2025, should warming stations be utilized. This task seeks organizations to support and partner with homeless service providers that establish and pilot supportive services for a 24-hour warming station (or akin) programs to ensure connection to wrap around services, such as social and medical services to promote holistic, dignified, person-centered supports to people that are experiencing homelessness and are at-risk for OUD/SUD. (Approximate Funds Available: \$250,000).

This activity will only be awarded if needed

Rationale for Activity: Additional supportive services are needed to protect vulnerable populations from harsh winter conditions, reduce health risks, and assist in offering pathways to permanent housing.

Anticipated Outcomes:

- Increased access and coordination of essential supportive OUD/SUD services, case management, care coordination, and other services to warming stations and shelters.
- Increased partnerships between health and housing sector organizations.

Deliverables: Coordination and partnership between homeless service provider and agency(s) providing supportive services, including OUD/SUD service providers to ensure increased access and coordination of essential supportive services. Connection and referral to wrap-around services, including social and medical services, to address the holistic needs of individuals experiencing homelessness and at risk for OUD/SUD. Implementation of case management services to support individuals in accessing housing resources and developing personalized pathways to permanent housing. Hosting and participation in case conferencing.

Performance Measures:

- Number of individuals served at the warming station
- Demographic information of individuals accessing the warming station (age, gender, ethnicity)
- Number of beds/cots utilized on a daily/weekly/monthly basis
- Data on utilization of wrap around services, including number of referrals made and services accessed (social services, medical services, counseling, etc.)
- Progress and outcomes of case management services, including the number of individuals connected to housing resources, progress made, and successful placements
- Documentation of training sessions conducted for warming station staff, including topics covered and participant feedback

- Incident reports and documentation of any health risks or emergencies encountered at the warming station along with response and measures taken
- Feedback and satisfaction surveys from individuals utilizing the warming station, capturing their experiences, needs, and suggestions for improvement
- Progress and achievements in coordinating essential supportive OUD/SUD services, including the number of partnerships established with service providers and the effectiveness of the coordination efforts.
- Results of monitoring and evaluation activities, including data on the effectiveness of the warming station program in meeting objectives and addressing the needs of individuals experiencing homelessness and at risk for OUD/SUD
- Financial reports detailing the utilization of the available funds allocated for supportive services costs, including itemized expenditures and adherence to the budget.
- Recommendations for future improvements or adjustments to the warming station program, based on the findings and lessons learned during the reporting period.

**This task will only be awarded if needed*

Funds Available: \$250,000

Task 8: Interagency Partner Convening and Case Conferencing

Description of Activity: Host interagency case conferencing sessions on a routine cadence and as needed, bringing together key stakeholders from various departments and agencies, including EOHHS secretariat agencies, the Department of Housing, the Department of Corrections, and other relevant partners such as state agencies, supportive service providers, and homelessness service providers at the direction of EOHHS.

Rationale for Activity: To foster collaboration and coordination among different agencies and organizations to address complex cases related to homelessness, supportive services, and reintegration into society. By convening these stakeholders, the aim is to leverage collective expertise, resources, and perspectives to develop comprehensive solutions for individuals at risk for OUD/SUD and facing housing instability, reentry challenges, and other related issues.

Anticipated Outcomes:

- Enhanced Communication and information sharing among participating agencies and organizations.

- Identification of systematic barriers and gaps in services for individuals experiencing homelessness or reentry challenges.
- Development of coordinated action plans tailored to the specific needs of individuals or families discussed during the conferences.
- Strengthen partnerships and collaboration among agencies and service providers.
- Improved outcomes for individuals transitioning from incarceration to the community or seeking stable housing and supportive services.

Deliverables: Establish a routine cadence of interagency case conferencing sessions, ensuring regular collaboration among key stakeholders. This conferencing should also focus on identifying systemic gaps and collaborate on solutions to address complex issues related to homelessness, reentry, and supportive services.

Performance Measures:

- Number of scheduled sessions held per month
- Number and percentage of invited stakeholders attending each session.
- Representation rate of different agencies and organizations
- Number of cases discussed in each session
- Number of unique cases addressed over a specific period
- Number of coordinated action plans developed
- Percentage of cases with developed action plans
- Average time taken to resolve cases from initial discussion to implemented solutions.
- Number and percentage of follow-up actions completed and planned
- Frequency of follow-up communications
- Satisfaction surveys or feedback from participants regarding the effectiveness of the sessions.
- Types and frequency of systemic barriers identified
- Case studies or anecdotal evidence of successful collaborations resulting from the conferences
- Success stories of individuals or families who benefited from the coordinated action plans

Funds Available: \$10,000

Task 9: Infectious Disease Supports

Description of Activity: Procure and provide infection control and prevention supplies to warming stations, emergency shelters, and community partners in

need to mitigate the spread of infectious diseases. These supplies may include, but are not limited to COVID test supplies, air purifiers, personal protective equipment (PPE), hand hygiene supplies, and surface disinfection supplies.

Rationale for Activity: To safeguard the health and wellbeing of vulnerable populations and frontline workers by implementing infection control measures. By equipping warming stations, emergency shelters and community partners with necessary supplies, the aim is to reduce the transmission of infectious diseases within these settings, which are particularly susceptible to outbreaks due to close quarters and limited resources.

Anticipated Outcomes:

- Increased availability and accessibility of infection control and prevention supplies in warming stations, emergency shelters, and community settings.
- Reduction in the transmission of disease within vulnerable populations and high-risk settings.
- Strengthened capacity of community partners to respond effectively to infectious disease outbreaks through improved access to essential supplies.

Deliverables: To procure and distribute infection control supplies such as COVID test kits, PPE, and hygiene products to warming stations, shelters, and community partners. This effort intends to reduce the disease transmission among vulnerable populations and frontline workers in close-quarters environments.

Performance Measures:

- Number of infection control and prevention supplies procured.
- Number of warming stations, emergency shelters, and community partners receiving supplies
- Number and type of supplies used by each recipient organization.
- Frequency of supply restocking requests from partner organizations
- Number of reported outbreaks in supported settings before and after supply distribution
- Number of community partners reporting improved capacity to handle infectious disease outbreaks.
- Feedback on overall impact of the provided supplies on infection control efforts
- Surveys of satisfaction levels of warming stations, emergency shelters, and community partners regarding the quality and quantity of supplies
- Tracking of allocated funds utilized for procurement of the infection control supplies

Funds Available: \$25,000 - \$50,000

Task 10: Night Outreach

Description of Activity: Provide night outreach in overdose hotspot locations to provide peer support to vulnerable populations impacted by overdose and link them to treatment, recovery, basic needs, and harm reduction services. To include case conferencing, partnering, and coordinating with other shelters for the allocation or holding of shelter beds for night outreach clients.

Rationale for Activity: Night outreach in overdose hotspot locations serves as a crucial intervention to address the pressing issue of substance use and its associated risks, particularly among vulnerable populations. By offering peer support and facilitating connections to treatment, recovery, harm reduction, and essential services, this activity aims to reduce overdose-related harm and support individuals in accessing care they need. Additionally, through case conferencing and collaboration with other shelters, this activity seeks to optimize resource allocation and ensure that shelter beds are available for individuals identified during night outreach.

Anticipated Outcomes:

- Increased engagement of vulnerable populations impacted by overdose with support services, leading to higher rates of treatment uptake and sustained recovery.
- Reduced incidence of overdose-related harm and fatalities in hotspot locations through proactive outreach and linkage to harm reduction measures.
- Enhanced coordination among shelters, resulting in improved access to shelter beds for individuals identified during night outreach.
- Strengthened community partnerships and networks, fostering a collaborative approach to addressing substance use and supporting vulnerable populations.

Deliverables: To conduct night outreach in overdose hotspot areas, providing peer support and connecting vulnerable populations to treatment and essential services. Additionally, case conferencing sessions will be facilitated to coordinate comprehensive support for individuals identified during outreach. Collaborative partnerships with other shelters will also be established to allocate or hold shelter beds for night outreach clients, ensuring timely access to shelter.

Performance Measures:

- Number of individuals reached through night outreach efforts in overdose hotspot locations.

- Number/percentage of individuals linked to treatment, recovery, basic needs, and harm reduction services because of night outreach interventions.
- Number of referrals made to treatment and recovery services
- Number of case conferencing sessions conducted to coordinate support for individuals identified during night outreach.
- Number and type of harm reduction supplies distributed during outreach
- Reduction in the incidence of overdose related harm and fatalities in hotspot locations
- Number of partnerships established with shelters to allocate or hold beds for night outreach clients
- Average time taken to secure shelter placement for individuals identified during outreach
- Number of community partners actively involved in night outreach and community support
- Success stories or case studies highlighting positive client outcomes resulting from night outreach.

Funds Available: \$200,000 - \$300,000

Task 11: Housing First Trainings

Description of Activity: Implement and maintain a housing first curriculum surrounding OUD/SUD including but not limited to anti-stigma trainings for homelessness providers and EOHHS service providers.

Rationale for Activity: Implementing a housing first curriculum focused on OUD and SUD is crucial for addressing the complex needs of individuals experiencing homelessness and addiction. By providing specialized trainings tailored to homelessness service providers, this activity aims to equip frontline workers with the knowledge and skills necessary to effectively support individuals with OUD/SUD in accessing stable housing. Housing first approaches prioritize immediate access to housing without preconditions, making it essential for service providers to understand the unique challenges and best practices associated with supporting this population.

Anticipated Outcomes:

- Enhanced education and understanding among homelessness service providers to work towards implementing housing first principles in their respective programs.
- Improved coordination and collaboration between service providers involved in homelessness prevention, housing assistance, and addiction

treatment resulting in more holistic and integrated support for individuals experiencing homelessness and addiction.

- Reduction in barriers to housing access for individuals with OUD/SUD, as service providers gain a better understanding of harm reduction approaches and trauma-informed care.

Deliverables: To develop and disseminate a housing first curriculum tailored to homelessness service providers and EOHHS service providers, covering topics such as OUD/SUD, harm reduction, and trauma informed care. Trainings and workshops will be delivered to frontline workers, accompanied with ongoing support and technical assistance to integrate housing first principles effectively. Evaluation and monitoring mechanisms will assess the impact of the curriculum.

Performance Measures:

- Number of individuals trained in housing-first measures related to OUD and SUD.
- Number of training sessions conducted
- Pre- and Post-training assessments or surveys to measure changes in knowledge and attitudes towards individuals with OUD/SUD.
- Number and type of organizations represented in the trainings
- Participant satisfaction ratings for each training sessions
- Qualitative feedback form participants on the relevance and applicability of the training content.
- Number of requests for additional training or support
- Adjustments made to the curriculum based on evaluation findings and participant feedback

Funds Available: \$50,000

Task 12: Recovery House Accessibility Fund

Description of Activity: Develop and implement a fund for state certified recovery houses for accessibility improvements to support people who use assistive devices and/or have physical limitations.

Rationale for Activity: Creating a fund specifically aimed at improving accessibility in state-certified recovery houses addresses a critical gap in support for individuals with disabilities or physical limitations who are seeking recovery services. Many recovery houses may lack the necessary accommodations for individuals who use assistive devices or have mobility impairments, hindering their ability to access and engage in recovery programs effectively. By developing

and implementing this fund, this activity aims to promote inclusivity and equal access to recovery support services, ensuring that all individuals, regardless of their physical abilities, can participate fully in the recovery process.

Anticipated Outcomes:

- Increased accessibility and inclusivity within state-certified recovery houses, as funds are utilized to implement necessary improvements such as wheelchair ramps, accessible bathrooms, and modified living spaces.
- Enhanced participation and engagement of individuals with disabilities or physical limitations in recovery programs, leading to improved outcomes and sustained recovery.
- Reduction in barriers to accessing recovery support services for individuals with disabilities, fostering a more supportive and inclusive recovery community.
- Strengthened partnerships between recovery houses, disability advocacy organizations, and government agencies, promoting collaboration and resource-sharing to address the needs of individuals with disabilities in recovery settings.

Deliverables: Establish a dedicated fund for accessibility improvements in state-certified recovery houses, with guidelines outlining eligible improvements and application procedures. Technical assistance and support will be provided to recovery houses in identifying and implementing necessary accessibility improvements, accompanied by monitoring and evaluation of funded projects to assess their impact on the participation and outcomes of individuals with disabilities in recovery.

Performance Measures:

- Number of state-certified recovery houses receiving accessibility improvements through the fund.
- Total amount of funds distributed and utilized for accessibility improvements.
- Types of accessibility improvements implemented (wheelchair ramps, modified living spaces, accessible bathrooms, etc...)
- Percentage increase in the accessibility of recovery houses for individuals with disabilities or physical limitations.
- Client satisfaction surveys measuring the perceived impact of accessibility improvements on their ability to access recovery services.
- Qualitative feedback from clients on how accessibility improvements have affected their recovery experience.
- Success stories or case studies illustrating the positive outcomes for clients with disabilities.

- Number of partnerships formed between recovery houses and disability advocacy organizations.

Funds Available: \$100,000

Task 13: Recovery House Startup Assistance Fund and Incentives

Description of Activity: Develop and implement a fund to assist in startup costs for new recovery house owners who are interested in adding recovery house beds for individuals with an OUD/SUD but do not have the capital to invest in property, renovations, or other expenses associated with National Alliance for Recovery Residences (NARR) certification requirements.

Rationale for Activity: Launching a fund to support startup costs for new recovery house owners addresses a critical need within the community by providing financial assistance to individuals interested in establishing recovery houses for individuals with OUD and SUD. Many potential owners may lack the necessary capital to invest in property, renovations, or other expenses required for NARR certification. By developing and implementing this fund, this activity aims to reduce financial barriers and facilitate the expansion of recovery housing options, ultimately increasing access to safe and supportive environments for individuals seeking recovery.

Anticipated Outcomes:

- Increased availability of recovery house beds for individuals with OUD/SUD as a result of financial assistance provided to new recovery house owners for start up costs.
- Expansion of the network of NARR-certified recovery houses, ensuring adherence to quality standards and promoting confidence among individuals seeking recovery support.
- Enhanced support for individuals transitioning from treatment programs to recovery housing, promoting continuity of care and long-term recovery outcomes.

Deliverables: Establish a dedicated fund to assist new recovery house owners with startup costs, covering partial expenses associated with property acquisition, renovations, furnishings, and NARR certification fees. Additionally, technical assistance and mentorship will be provided to support the successful establishment and operation of recovery houses, with monitoring and evaluation conducted to assess the impact of the fund on the availability and quality of services for individuals with OUD/SUD.

Performance Measures:

- Number of new recovery house owners receiving startup assistance through the fund
- Total amount of funds distributed for property acquisition, renovations, furnishings, etc...
- Percentage of funded recovery houses achieving NARR certification.
- Number of new recovery house beds created as a result of the fund.
- Utilization rate of new recovery house beds
- Qualitative feedback from clients on their experiences and the impact of the recovery housing.
- Total amount of funds distributed and utilized.

Funds Available: \$150,000

Task 14: Equity Supports

Description of Activity: Initiatives to support meeting the demographic, linguistic, and functional needs of clients to ensure equitable access based on race, ethnicity, language spoken, disability status, and functional/access needs to ensure clients can fully access housing supports and services and housing units.

Rationale for Activity: The implementation of equity supports is essential to address disparities and ensure equitable access to housing supports and services for all clients, regardless of race, ethnicity, language, disability status, or functional/access needs. By prioritizing initiatives that meet the demographic, linguistic, and functional needs of clients, this activity aims to remove barriers and promote inclusivity within housing programs. Equity supports recognize the diverse backgrounds and experiences of individuals seeking housing assistance and aim to create a more accessible and welcoming environment for all clients.

Anticipated Outcomes:

- Increased accessibility of housing supports and services for clients from diverse racial and ethnic backgrounds, ensuring that they receive culturally competent and linguistically appropriate care.
- Reduction in disparities in housing access and outcomes among different demographic groups, promoting equity and fairness in the distribution of resources and support.
- Improved accommodation of clients with disabilities or functional/access needs ensuring that housing units and services are accessible and responsive to their unique requirements.

- Strengthened trust and confidence among marginalized communities, leading to higher rates of engagement and participation in supportive services.

Deliverables: Develop and implement initiatives tailored to meet the demographic, linguistic, and functional/access needs of clients, including culturally competent services, language interpretation services, and accessibility accommodations. Additionally, capacity building activities for housing staff, targeted outreach strategies, and ongoing evaluation will ensure the effectiveness of equity supports in reducing disparities and improving access for all clients.

Performance Measures:

- Number of initiatives implemented to address demographic, linguistic, and functional/access needs of clients.
- Number of language interpretation services and accessibility accommodations offered
- Number and type of culturally competent services provided
- Percentage increase in equitable access to housing supports and services for vulnerable populations.
- Number or type of capacity building activities conducted for housing staff
- Percentage of staff trained in cultural competency, language support,s
- Client feedback surveys measuring satisfaction with the inclusivity and accessibility of housing programs and services.

Funds Available: \$50,000

Task 15: Housing is Healthcare Coordination

Description of Activity: Organizational lead(s) to serve as the coordinating hub that brings together the leaders of the healthcare, housing, and social services sectors for strategic alignment, joint opportunities and investments, and policy development that facilitates cross-sector collaboration.

Rationale for Activity: Establish a lead to facilitate cross-sector collaboration between healthcare, housing, and social services sectors recognizes the interconnectedness of these sectors and their impact on overall community well-being. By driving this work, this activity aims to foster strategic alignment, identify joint opportunities, and develop policies that address the intersection of housing and healthcare. Housing is increasingly recognized as a critical determinant of

health outcomes, and coordinated efforts are essential to address housing instability and its associated health disparities effectively.

Anticipated Outcomes:

- Enhanced coordination and collaboration between healthcare, housing, and social services sectors, leading to more efficient and effective delivery of services and resources to individuals and communities in need.
- Identification of joint opportunities and investments in housing and healthcare initiatives, resulting in innovative solutions to address housing instability and improve health outcomes.
- Development of policies and initiatives that integrate housing and healthcare services, promoting holistic approaches to addressing social determinants of health.
- Improved health outcomes and reduced healthcare costs associated with housing instability and homelessness through targeted interventions and supportive services.

Deliverables: Establish a lead to facilitate cross-sector collaboration among healthcare, housing, and social services sectors. This involves developing strategic plans, joint initiatives, and policy recommendations to align priorities and resources across sectors, with a focus on addressing housing-related health disparities. Additionally, monitoring and evaluation mechanisms will be implemented to assess the impact of collaborative efforts on health outcomes, healthcare utilizations, and housing stability, enabling continuous improvement based on outcomes.

Performance Measures:

- Number of cross-sector collaboration meeting convened.
- Number of organizations participating in the meetings
- Frequency of meetings
- Number of joint opportunities for investment identified and pursued by stakeholders.
- Number and type of joint projects or initiatives launched
- Number of policies developed that integrate housing and healthcare services
- Evaluation of policy development and implementation outcomes including impact on service delivery and resource alignment
- Development and dissemination of strategic plans for cross-sector collaboration
- Number of strategic plans or initiatives created to align priorities and resources across sectors

- Development and utilization of monitoring tools to track the impact of cross-sector collaboration
- Adjustments made to strategies and initiatives based on evaluation findings and stakeholder feedback.
- Number of community outreach and engagement activities conducted
- Feedback from the community and stakeholders on the impact of cross-sector collaboration efforts
- Sustainability of joint initiatives and collaboration over time

Funds Available: \$50,000

Task 16: Supportive Services Toolkit Development

Description of Activity: A municipal resource map for supportive services coordination was created by EOHHS to highlight resources for state agencies, municipalities, organizations, and individuals working to assure housing and/or delivering services to those for housing readiness or retention. Additional guidance and toolkits are needed to expand this resource to support homeless service and healthcare providers to deliver comprehensive supports to individuals in shelters, warming stations, and emergency pop-up hubs.

Rationale for Activity: Developing a Supportive Services Toolkit addresses the critical need for comprehensive resources to support individuals experiencing homelessness or housing instability. While a municipal resource map serves as a foundation, expanding this toolkit is essential to provide guidance and tools for homeless service providers and healthcare professionals working in shelters, warming stations, and emergency pop-up hubs. By centralizing information and resources, this activity aims to streamline service delivery, improve coordination among stakeholders, and enhance the effectiveness of supportive services provided to vulnerable populations.

Anticipated Outcomes:

- Increased accessibility to supportive services for individuals experiencing homelessness or housing instability through the availability of comprehensive resources and guidance provided in the toolkit.
- Improved coordination and collaboration among state agencies, municipalities, organizations, and individuals involved in delivering housing and supportive services, leading to more efficient and effective service delivery.
- Strengthened resilience of individuals experiencing homelessness by providing them with the necessary tools and resources to access housing and supportive services, promoting long-term stability and well-being.

Deliverables: Expand the existing Municipal Supportive Service Resource Map into a comprehensive Supportive Services Toolkit, incorporating additional guidance, tools, and resources to support homelessness service providers and healthcare professionals. Guidelines and protocols for utilizing the toolkit will also be developed, with dissemination to stakeholders and ongoing updates to ensure relevance and effectiveness in addressing housing and supportive services needs for vulnerable populations.

Performance Measures:

- Number of resources and tools added to the Supportive Services Toolkit.
- Types of guidance, resources, and tools incorporated into the expanded toolkit
- Completion and dissemination of the toolkit
- Usage statistics of the toolkit among homeless service providers and healthcare professionals.
- Feedback from stakeholders regarding the usefulness and effectiveness of the toolkit in delivering comprehensive supports.
- Assessment of the accessibility of the toolkit for diverse user groups
- Frequency of updates to the toolkit to ensure relevance and effectiveness
- Number of new resources or tools added in each update cycle
- Stakeholder involvement in the continuous improvement process through feedback loops and consultations

Funds Available: \$50,000

Task 17: Quality Improvement

Description of Activity: EOHHS may authorize additional approved funding uses for quality improvement initiatives, guided by data, quality concerns, and feedback from the target population, to better meet their evolving needs.

Rationale for Activity: Implementing Quality Improvement initiatives is essential to ensure that programs are effective, and services are delivered at the highest possible standard. By authorizing additional approved uses of funding based on data, quality concerns, and client feedback, EOHHS can address evolving needs and continuously enhance the quality of services provided to the population of focus. Quality improvement efforts promote accountability, transparency, and responsiveness to client needs, ultimately leading to better outcomes and increased satisfaction among program participants.

Anticipated Outcomes:

- Enhanced effectiveness and efficiency of program delivery through data-driven decision making and continuous quality improvement efforts.
- Improved client outcomes and satisfaction as services are tailored to better meet the evolving needs of the population of focus.
- Increased accountability and transparency in the use of funding, ensuring that resources are allocated strategically to address identified quality concerns and service gaps.
- Strengthened partnerships and collaboration among stakeholders as feedback from clients and data analysis inform collaborative efforts to improve service delivery and outcomes.

Deliverables: Upon authorization of additional uses of this funding by EOHHS, this activity aims to support quality based on data analysis, quality concerns, and client feedback, to support quality improvement efforts. Strategies will be implemented to address identified quality concerns and service gaps, with monitoring and evaluation conducted to assess the impact of these efforts on client outcomes, satisfaction levels, and overall program effectiveness. Regular reporting and communication of progress and achievements in quality improvement will be required to promote transparency and accountability.

Performance Measures:

- Number of quality improvement initiatives implemented
- Types of quality concerns and service gaps addressed by these initiatives
- Improvement in key performance indicators related to program effectiveness and client outcomes.
- Level of stakeholder satisfaction with the transparency and effectiveness of quality improvement efforts.
- Frequency and quality of stakeholder engagement activities (e.g., feedback sessions, consultations, etc...)
- Number of reports or communication materials disseminated detailing process and achievements in quality improvement.
- Development and utilization of monitoring tools to track the impact of quality improvement initiatives.
- Adjustments made to strategies and initiatives based on evaluation findings and stakeholder feedback.

Funds Available: \$50,000

IX. PROGRAMMATIC AND REPORTING REQUIREMENTS

Programmatic Requirements

All award recipients who receive funding are required to meet the following conditions of participation:

- Actively participate in the Governor's Overdose Task Force Workgroups
- Attend the monthly Governor's Overdose Task Force
- Present at the Opioid Settlement Advisory Committee (if requested)
- Work towards becoming a certified and active Home Stabilization Services provider (if applicable)
- Become a Medicaid billing provider for Certified Peer Recovery Specialists and Certified Community Health Workers (as an organization or with a third-party)
- Attend continuous quality improvement training and participate in any related correction action plans and/or learning communities to improve service delivery
- Host an annual site visit, as requested by EOHHS

Reporting Requirements

All award recipients who receive funding are required to meet the following reporting requirements:

- Submission of a monthly EOHHS Status Report (using provided template)
- Submission of quarterly performance measures (as negotiated based upon the framework provided in Section IX)
- Collection and reporting of key demographic data for all operational, process, output, outcome, and performance measures that include—at a minimum:
 - Race/Ethnicity
 - Language Spoken
 - ZIPCODE
 - Gender, Gender Identity, and Sexual Orientation
 - Disability and Veteran Status

X. PERFORMANCE MEASURES FRAMEWORK

Performance measures, by Task, are to be submitted on a quarterly basis and meet the demographic data collection requirements and necessary data breakouts. Negotiation of core measures and optional measures will be conducted upon award.

XI. PHASED APPROACH TO REVIEW APPLICATIONS

Quarterly reviews of applications will occur on a rolling basis with prioritization of projects on the following timeline, due to funding spenddown restrictions.

Organizations can submit at any time, however applications submitted during the timeline outlined below will be prioritized.

Priority Given to Applications that Apply by the Following Dates	Application Review Period	Initiatives
October 7, 2024	October – December 2024	Supportive Services Partnership Incentives Supportive Services Toolkit Development Equity Supports Quality Improvement Infectious Disease Supports Interagency Partner Convening and Case Conferencing
January 6, 2025	January – March 2025	Housing First Policy and Technical Assistance Housing First Trainings Night Outreach Harm Reduction Model Implementation for Shelters and Providers
April 1, 2025	April – June 2025	Housing is Healthcare Coordination Recovery House Accessibility Fund Recovery House Startup Assistance Fund and Incentives
July 1, 2025	July – September 2025	Statewide Mitigation Fund Landlord Incentives for Housing Priority Populations Subsidies for Individuals with OUD/SUD

XII. PROPOSAL SELECTION AND SCORING

The proposal selection and approval process shall consist of a three-step process as described below:

Step 1: Threshold evaluation. EOHHS will conduct a threshold review of all applications. The threshold review will determine the following:

- Application Completeness
 - Proposal(s) submitted and all forms were complete and signed.
 - All Questions were answered on the application.
- Applicant Eligibility
 - Vendor must meet eligibility requirements described above and be able to conduct business in the State of RI.
- Applicant Agrees to comply with OSAC and HCBS e-FMAP Requirements

- Applicant has been awarded funds through the CHF, past or present OR if applicant has not been awarded funds through CHF, the applicant is partnering with an agency that has.

Applications found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not receive further consideration.

Step 2: Technical scoring. All applications that meet the threshold criteria listed above will be forwarded to the review committee. The review committee will thoroughly review and evaluate and approve the applications against the following rating criteria:

Commitment to Equity and Populations		25 Points
Experience and Proposed Partnerships		20 Points
Proposal/Project Design		20 Points
Program and Reporting Requirements		10 Points
Readiness to Implement		5 Points
Cost Effectiveness		20 Points
TOTAL POINTS		100 Points

Step 3: Final scoring and selection. EOHHS may select proposals for funding based solely upon the Technical Scoring (highest to lowest) or may separate proposals into categories and select the highest scoring proposals within each category. Categories may include, for example, funding source, geography served, population served and/or project type.

XIII. HOW TO APPLY

- Organizations should identify which activities they are interested in implementing.
- Prepare a comprehensive application addressing the threshold evaluation and technical criteria.
- Applications can be submitted at any time, but priority will be given to activities outlined in the phased approach to review.
- Applications will be reviewed and categorized as “Received,” “Under Review,” and “Approved/Denied.” Applicants will be updated regarding their application status throughout the process.

For any questions related to this grant or the application process, please contact:

Allison Arden : allison.arden@ohhs.ri.gov