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March 2, 2026

The Honorable Marvin L. Abney
Chair, House Committee on Finance
82 Smith Street, Room 306
Providence, RI 02903

Dear Representative Abney,

As the independent evaluator for Rhode Island's Pay for Success (PFS) Permanent Supportive Housing (PSH) pilot program, Faulkner Consulting Group (FCG) is sharing a summary of the initial findings from the evaluation and our process for engagement with the Rhode Island Coalition to End Homelessness (RICEH) and other PFS partners.

The PFS evaluation was designed to measure whether permanent supportive housing, paired with intensive services, could improve housing stability and reduce avoidable services financed with public resources. The PFS program targets Rhode Islanders facing significant challenges securing housing. These are residents experiencing chronic homelessness and having a history of high Medicaid utilization and/or involvement with the Rhode Island Department of Corrections (RIDOC). Through the first two program years (PY) of the pilot, the program exhibited meaningful and measurable results.

Summary of Results

As the independent evaluator, we conduct quarterly and annual analyses of the outcome measures defined in the PFS PSH evaluation plan, based on data collected by RICEH, Medicaid, and RIDOC. To date, we have completed nine quarter reports and two annual reports.

Among the 87 currently active PFS PSH program participants, the evaluation has shown:

- The service providers have successfully helped 47 clients gain housing, with 38—or 80% of these clients—maintaining their leases through December 31, 2026.
- Absences for incarcerations or other disruptions to housing are minimal, with the number of months of housing stability exhibiting consistency.
- With over 85 percent of participating clients being identified as previously having a high rate of utilization of RIDOC services, the average number of days in community (i.e., days when the client is not incarcerated by RIDOC) significantly exceeds baseline target and continues to improve quarter-over-quarter.

- While no success payments were awarded for reduced emergency department (ED) utilization, the program exhibited a favorable decline in ED utilization between PY 1 and PY 2.

Additionally, although not tied to any outcome payments, we have also observed:

- A reduction in hospital stays in PY 2 compared to the prior 12 months.
- A reduction in shelter use in PY 2 compared to the prior 12 months.
- A high propensity of behavioral health acuity diagnoses among PFS clients.

Commitment to Data Integrity and Continuous Improvement

Our team engages in regular meetings with RICEH, EOHHS, and RIDOC staff to review program outcome data. These sessions focus on:

- Reviewing data for accuracy and completeness and reconciling any discrepancies across administrative datasets.
- Confirming service engagement and housing status for program participants.
- Making documented adjustments when data errors or definitional issues are identified.
- Flagging operational or programmatic next steps with service providers to support quality improvement.

Conclusion

Based on our independent evaluation, early indicators for the PSH pilot suggest:

1. Permanent supportive housing services can achieve sustained housing stability for individuals with complex needs.
2. These services and the successful housing of clients have led to a reduction in correctional services compared to what would be expected among a population with similar experiences.
3. A well-structured oversight framework and data sharing across agencies can demonstrate measurable results, hold service providers accountable, and help steward public expenditures.

We will continue to work with RICEH to measure outcomes on a quarterly and annual basis, track progress and trends over time, and refine our conclusions about the impact of the pilot.

Thank you for your time. We appreciate the opportunity to share these observations with RICEH on the evaluation of the PFS PSH program in Rhode Island.

Sincerely,



Grant Porter, Ph.D.
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