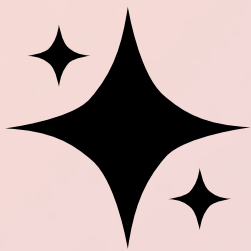


Insights

# Early Lessons from Implementing Rhode Island's Pay for Success Permanent Supportive Housing Pilot

October 2023 – June 2025





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## About this Program

The PFS PSH Pilot Program is an initiative of the Rhode Island Coalition to End Homelessness implemented with significant leadership and management support from Joy Street Consulting, LLC during the period January 2022 – June 2025. PFS PSH operations during that period were supported by investments from Maycomb Capital and the Rhode Island Foundation, a grant from Point32Health, and Congressionally Directed Spending made possible by U.S. Senator Jack Reed. RI EOHHS provides outcome funding and oversight.

## Acknowledgements

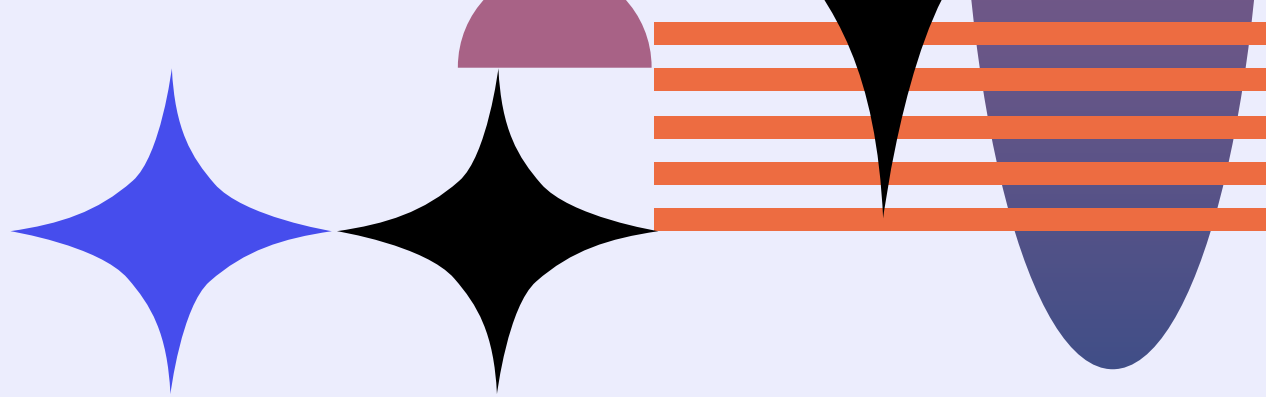
Special thank you to: Hallie Tosher, MPP for her valuable perspective and early feedback on this write-up; Karen Alfaro, MPH, for her interviewing support, and Emily Derecktor, MS, ScM for her always-helpful insights!

The images in this document are stock photos and do not reflect actual program activities.

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# Background

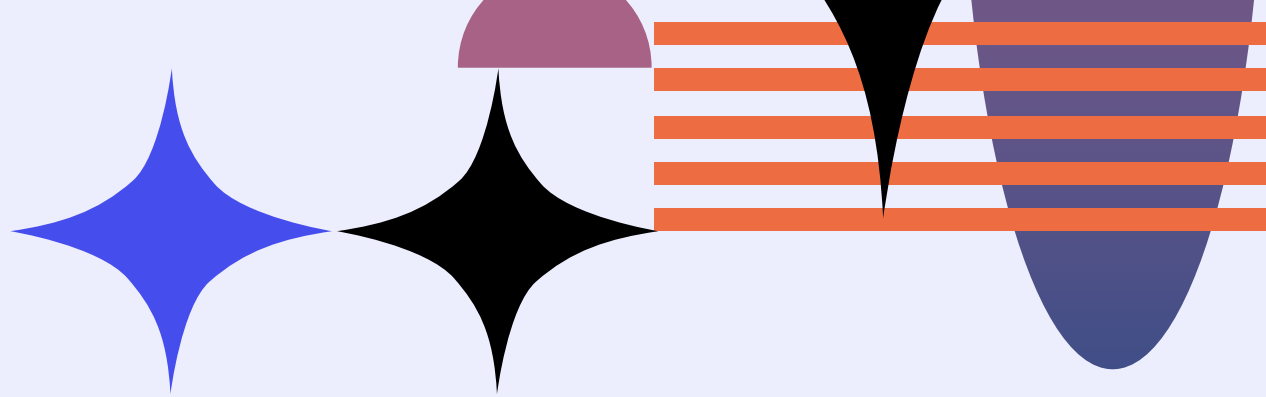
## Partners

Oversight of all aspects of the Rhode Island Pay for Success (PFS) Permanent Supportive Housing (PSH) Pilot Program during the first 21 months of program operations was anchored by Joy Street Consulting LLC. The Rhode Island Coalition to End Homelessness (RICEH) contracted with Joy Street Consulting to lead PFS PSH design (January 2022 - September 2023) and management (October 2023 - June 2025).

Joy Street partnered closely with an evolving group of Rhode Island colleagues in this work. Notable among these colleagues were the RICEH Housing and Healthcare Lead and the Chief Health Program Evaluator at the Rhode Island Executive Office of Health and Human Services (EOHHS), the state agency with ultimate accountability for PFS PSH.

## Context

*Early Lessons from Implementing Rhode Island's Pay for Success Permanent Supportive Housing Pilot: Insights from the First 21 Months* (October 2023 - June 2025) was written by Tara Murphy, MBA, MPH for Joy Street Consulting LLC. The observations and related analysis put forth in this write-up were grounded in the day-to-day work of operating the PFS PSH Pilot Program, especially the frequent discussions with service provider agencies throughout the program. Observations presented here are further substantiated by one-to-one interviews with PFS PSH case managers and program directors conducted from January - March 2026. Preparation of this report was funded wholly by Joy Street Consulting LLC.



# Introduction

What happens when a group of community-based service provider agencies are asked to achieve ambitious outcomes with clients who have among the most complex needs in the state?

In October 2023, Rhode Island launched operations for the four-year Pay for Success (PFS) Permanent Supportive Housing (PSH) Pilot Program, the first initiative in the state to leverage a Pay for Success model to stand up and run a “social good” program.

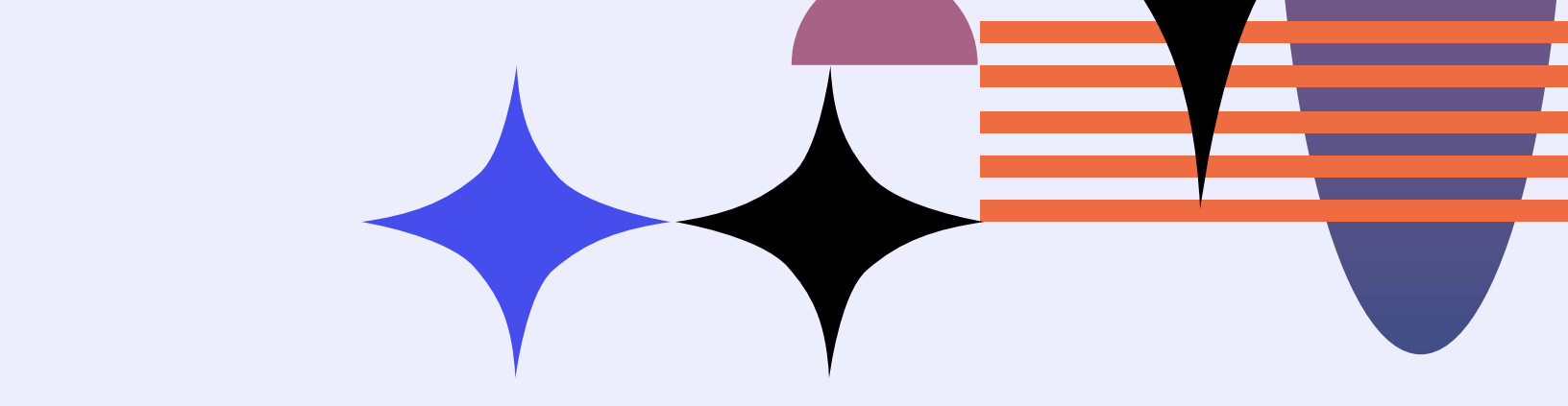
In Pay for Success (PFS) models, private investors provide the upfront capital needed to start and manage a program. If the program is “successful” based on pre-established quantitative metrics and an independent evaluation, state or local government pays back the original investment, plus a modest return. If the program does not achieve its stated goals, the private investors (not public funds) take the loss.

PFS models can be a means of minimizing the risk to government of starting new or untested programs, since taxpayer dollars are spent **only if** the program demonstrably achieves results. They have yielded impressive outcomes in numerous states.

Yet, for provider agencies, participation in a PFS initiative typically involves navigating significant change under heightened pressure to achieve results. PFS programs almost always force agencies to think and act a little bit differently in order to meet the new demands placed upon them. Often, they also bring clarity to previously overlooked dynamics in the broader systems of care within which those agencies operate.

This document is intended to take a close look at the experiences of the four provider agencies that delivered services within the PFS framework in Rhode Island during the approximate first half (21 months) of the PFS PSH Pilot Program.

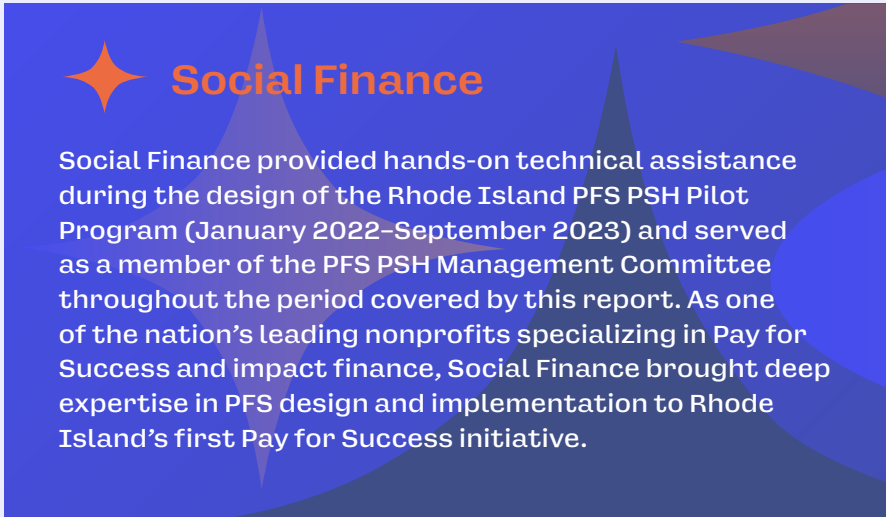
**Note that this write-up in no way attempts to be formal research!** Rather, it aims to share observations about how and to what extent a unique funding model can impact the manner in which services are delivered, with the goal of helping others benefit from hard-won learnings in Rhode Island.



## Program Context & Design

With its first PFS initiative, Rhode Island elected to tackle chronic homelessness, a social challenge notorious for its complexity. Early PFS work in the state was funded by a pre-Covid U.S. Department of Housing and Urban Development and Department of Justice (HUD/DOJ) planning grant, which dictated key parameters<sup>1</sup> of the PFS program that was eventually put in place. For example, to be eligible for the program, HUD/DOJ required that individuals have a history of chronic homelessness **and** a record of high healthcare utilization **and/or** high justice involvement. The HUD/DOJ grant also mandated permanent supportive housing<sup>2</sup>, an evidence-based approach for addressing chronic homelessness, as the intervention to be implemented via the PFS model, and Housing First, which stipulates that clients must be housed without pre-conditions like sobriety or enrollment in services, as the approach to housing clients.

Further program parameters were added in the Rhode Island State Fiscal Year 2022 Budget legislation that authorized PFS PSH funding. Ultimately, the program was charged with enabling 125 eligible individuals to find and maintain stable housing over the course of a four-year pilot period; reduced healthcare utilization and justice-involvement were also formally established as intended program outcomes.



### Social Finance

Social Finance provided hands-on technical assistance during the design of the Rhode Island PFS PSH Pilot Program (January 2022–September 2023) and served as a member of the PFS PSH Management Committee throughout the period covered by this report. As one of the nation's leading nonprofits specializing in Pay for Success and impact finance, Social Finance brought deep expertise in PFS design and implementation to Rhode Island's first Pay for Success initiative.

- <sup>1</sup> Key parameters were determined by a working group comprised of Rhode Island stakeholders with support from the nonprofit Social Finance and the Government Policy Lab at the Harvard Kennedy School.
- <sup>2</sup> Notably, the HUD/DOJ planning grant did not require that dedicated housing units be integral to the permanent supportive housing intervention implemented by grantees. Rhode Island elected to include housing navigation as a service under the PFS PSH program, sourcing housing units from numerous federal/state housing programs and the general rental market; at least one other HUD/DOJ grantee (in Anchorage, Alaska, which served as an early model for Rhode Island's program design) also took this approach.

The bar set for PFS PSH service providers was thus extremely high. Yet, the use of private investment dollars made possible an original approach to PFS PSH design and management that aimed, in part, to make achieving the program’s ambitious goals more feasible.

## Key features of PFS PSH’s novel approach



### Hands-on, data-driven program management

The PFS PSH central program management team met weekly with all four service provider teams together; a few months into the program, PFS PSH management also initiated bi-weekly individual meetings with each of the four teams. The main purpose of frequent, regular meetings was to:

- > Facilitate weekly monitoring of service providers’ progress towards meeting the quantitative performance targets for enrolling and housing clients<sup>3</sup>.
- > Learn **in real time** about the obstacles to meeting performance targets that provider teams were encountering and work with them both individually and across agencies to brainstorm and execute ways to overcome whatever might be standing in their way.

Note that service provider teams reported out verbally on new program enrollments and lease-ups at each meeting. The PFS PSH central program management team tracked these numbers informally in a dedicated Excel workbook and then cross-referenced them with HMIS reports at least monthly to ensure alignment between verbal updates and the data that providers formally reported in HMIS for program evaluation.

3 Performance targets for program enrollments and lease-ups were set at six-month intervals in each agency’s PFS PSH contract. Performance targets were intended as a means of assessing the degree to which service providers were on track to achieving the quantitative housing stability outcome established as a key measure of success for the program.

PFS PSH intentionally replaced retrospective written reports from provider agencies with the frequent provider team meetings and data review described above in order to 1) allow providers to focus more on clients by minimizing the administrative burden of PFS PSH, and 2) identify and respond to small problems **before** they became major barriers to success by looking at performance data frequently **and** in the on-the-ground context in which providers were operating.



### Flexible funding model

The Rhode Island State Budget language that authorized PFS PSH stipulated that \$2M in program funds be utilized for housing costs for program participants and \$2.4M be utilized for service delivery<sup>4</sup>. The final design of the PFS PSH program model translated these requirements into:

- > a **shared** housing fund for monthly rent and move-in costs that all four provider agencies could tap into flexibly based on client need; and
- > funding for service delivery costs that was **advanced** to each provider agency and replenished quarterly as funds were expended.

Unlike most publicly-funded housing programs, PFS PSH intentionally did not formally place a limit on rental costs, nor did it utilize a formula that linked the number of people in a client's household to the number of bedrooms or total rental costs for which the client was eligible. Instead, with support from central program management, the four service provider teams resolved such questions on a client-by-client basis, keeping in mind that housing funds themselves were limited and must be stretched across all four agencies. This profoundly flexible approach acknowledged the punishing housing market<sup>5</sup> in which PFS PSH was operating, with the goal of minimizing "red tape" so that clients could quickly become housed if and when an appropriate housing unit became available.

4 Per the Rhode Island State Budget legislation, PFS PSH was required to "match" funds for both housing and service delivery at approximately 100%. Put another way, approximately 50% of the total cost of providing housing and services for PFS PSH clients (based on budget modeling conducted in 2016) had to be raised by the program itself.

5 Rhode Island had among the lowest rental vacancy rates nationally during the period covered by this write-up; in 2024, Rhode Island's vacancy rate was 2.6%, the lowest of any state in the nation. (U.S. Census Bureau's Residential Vacancies and Homeownership Survey, as published through the Federal Reserve Bank of St. Louis' FRED database).

PFS PSH also made the decision to fund service provider agencies upfront, rather than employ the more common practice of reimbursing them based on services delivered so that agencies could: 1) staff up their initial PFS PSH team more quickly and 2) avoid the stress of an uncertain funding flow for the duration of the program.

### Intentional cross-agency collaboration

Collaboration with and across service provider agencies was a PFS PSH “North Star;” it was formally written into service provider agency contracts and put into practice largely via the weekly central program management/service provider teams meeting. At these meetings, provider teams not only decided on the use of shared housing funds (as described above); they also raised and jointly resolved questions on emerging aspects of program implementation, offered suggestions and moral support for one another with regards to challenging clients, shared lessons learned and tips on community resources, and even pooled housing units and access to “friendly” landlords across all four agencies.

PFS PSH sought to foster this ethos of active collaboration as a means of:

- > Ensuring that decisions made by PFS PSH central program management were as responsive as possible to the reality that service providers were facing on the ground, and;
- > Nurturing a spirit of partnership, rather than competition, across the four agencies charged with **collectively** achieving PFS PSH goals.

This approach was intentionally distinct from “top down” program management models in which opportunities for agencies to provide feedback, influence program decisions, and engage with other agencies delivering similar services can sometimes be limited.

To be clear, robust hands-on involvement (and staffing) at the central program management level is essential for an approach like the one described above to be viable. In particular, for PFS PSH, the flexible use of housing funds meant that lease commitments and other spending had to be carefully tracked at the central program level to ensure sufficient cash-on-hand to cover rent payments and to plan for the inevitable spend-down of funds. Performance data was also reviewed frequently, and group facilitation skills and nimble problem-solving abilities at the central program level were absolute pre-requisites for the intense level of service provider engagement that was such a distinguishing feature of PFS PSH during this period.

## Key Implementation Insights

The period covered by this write-up ended in June 2025, at which point, not quite midway through the pilot, it was still far too soon to predict to what extent PFS PSH might achieve “success” as it is defined for the program.

Nonetheless, the first annual independent evaluation report, which measured program outcomes for the period October 1, 2023 – September 30, 2024, was encouraging. Among housed PFS PSH clients with high Medicaid utilization, Emergency Department (ED) visits were found to have decreased by almost 20% compared to an established baseline. Similarly, among housed clients with high Department of Corrections (DOC) involvement, “days in community” (the inverse of “days incarcerated”) increased by almost 40% compared to a baseline. Progress had continued into the next program year: as of June 2025, PFS PSH had enabled 48 clients to become housed – and the rate at which clients entered housing continued to increase as lengthy housing searches came to fruition.

Candidly, the numbers were better than anyone had hoped to see, especially given Rhode Island’s tough housing market. Key observations about the factors specific to the PFS model or program design that were helpful or challenging to service providers (or simply unexpected) are highlighted to follow.



## Serving High-Acuity Clients Requires Extraordinary Capacity

The most striking realization (at least for those at the PFS PSH management level) was just how challenging it is to serve a caseload comprised wholly of clients with exceptionally complex needs.<sup>6</sup> This should not have been so surprising, since the eligibility criteria for PFS PSH by design selected for individuals who would be among the “hardest to serve” in the state<sup>7</sup>. Nonetheless, the reality of the intensity of clients’ needs at some point, at least momentarily, overwhelmed almost every person who worked with the program.

Indeed, many of the individuals who were eligible for PFS PSH had previously been denied service by other agencies in Rhode Island due to their past behavior or repeated violation of agency rules. PFS PSH not only explicitly sought to enroll such individuals; the program also set an extremely high bar for terminating services due in part to the evaluation component of the PFS model, which “counted” every enrollee in the program evaluation unless the individual passed away or moved out of state. This meant that PFS PSH case managers, especially, but also their supervisors and PFS PSH central program management, needed to continually figure out creative ways to remain engaged with clients, while at the same time maintaining their own fortitude in the face of clients’ demands, hardships, and (sometimes) personal tragedies<sup>8</sup>.

*“To have a caseload like this was new.”*

*“Move-in especially required a lot of intensive support. It seemed like once you got someone housed, it was one of the most vulnerable points.”*

*“If you live crisis to crisis, you’re not able to address... health issues, addiction... issues that were previously hidden start resurfacing after someone gets housed because there’s just more time.”*

*- Case Manager*

6 A recent landscape analysis focused on improving outcomes for individuals with high acuity needs conducted by the Corporation for Supportive Housing (CSH), the Supportive Housing Network of New York (the Network), and the Health and Housing Consortium found that providers nationwide are “seeing an increase in the complexity of needs of both new referrals to housing and current residents.” (2025 New York Supportive Housing Conference)

7 To be eligible for PFS PSH, individuals had to be among the highest utilizers of Rhode Island homeless services and among the highest utilizers of Medicaid based on Emergency Department (ED) visits and hospitalizations and/or have the highest number of days incarcerated over five- and six-year lookback periods based on data from relevant state systems.

8 In particular, PFS PSH central program management had heightened awareness of the mortality statistics related to a move to housing for individuals with a history of chronic homelessness, in particular the findings that: “...the median time to death following a move to housing was 1.3 years, and 25% of deaths occurred within the first 6 months following entry into housing.” (Henwood et al, 2015:4)

## Case Managers Are the Foundation of Success

Case managers were undeniably the bedrock upon which the program's early "success" was achieved. Clients in PFS PSH have, almost by definition, been failed by the system; they have every reason to be distrustful of and (often) uncooperative with providers offering help. This meant that the very first task for every case manager with every person who enrolled in the program was to prove that they – and PFS PSH – were different. Then, they had to prove that over and over again, as clients made progress and (often) backslid, sometimes quite dramatically.

PFS PSH case managers excelled in this regard. Critically, almost all of them brought their own struggles with addiction and recovery, incarceration, and/or homelessness to their work with clients; the few case managers who did not had faced other types of personal hardship or put in years of direct service with people in such situations. Not only did this "lived" or "earned" experience endow PFS PSH case managers with personal credibility that was impossible to fake; it also equipped them with the empathy, absence of judgement, persistence, and patience needed to stand with clients even through the worst of days.

*"We took on a lot of high utilizers with extensive criminal backgrounds. It was a struggle to find landlords willing to work with clients who had extensive criminal histories."*

*- Case Manager*

Importantly, PFS PSH's structure, expectations, and ethos together supported the painstaking work case managers did with clients. The program's focus on outcomes set the stage for encouraging case managers to go "above and beyond" to enroll eligible individuals and then help them find and keep housing – and the flexibility of the funding and program model enabled case managers to engage with clients as frequently as needed and wherever they were at, be it prison, an encampment, or their new apartment.

Our [Client Stories](#) write-up offers a window into both how PFS PSH case managers supported their clients and the profound impact they have had on selected clients' lives – it is well worth a read!

## Strong Supervisors Drive Better Outcomes

Supervisors also played a pivotal role in program success. Case managers' focus was necessarily on the individual; they often operated in crisis mode as they helped their clients navigate the precarity of their day to day lives, and their own time horizons and perspective sometimes became narrowed as a result. By contrast, since they were not engaged in direct work with clients, supervisors could better keep hold of the bigger

picture, offering essential direction for case managers who were deep in the trenches of frontline service. To offer just a few examples: they could help case managers better organize their tasks across their entire caseload, problem-solve for client issues with longer-term outcomes in mind, or pull in valuable community resources that may have been unknown or inaccessible to the case manager.

In PFS PSH's first 21 months, provider teams with hands-on, actively engaged supervisors proved better able to achieve and sustain higher numbers of enrolled and housed clients. For example, when one provider agency fell behind in hitting performance targets early on, a key part of the Corrective Action Plan the agency's leadership developed jointly with PFS PSH central program management was to increase the supervisor's time and effort allocation to the program<sup>9</sup>. The impact of the supervisor's increased involvement was soon noticeable. The team's number of enrollments and lease-ups quickly increased; new enrollments and lease-ups were sustained and continued to rise.

## Programs Must Be Designed for Imperfect Systems

Most PFS PSH clients engaged with numerous agencies beyond their PFS PSH provider, which was not surprising given the complexity of their needs. Indeed, early PFS PSH modeling envisioned that many of the services that clients required to remain housed would be delivered by agencies **other** than the contracted PFS PSH providers.

In theory, PFS PSH providers would partner with those agencies to coordinate client care. In reality, the outside agencies working with PFS PSH clients were (like so many community-based organizations) often underfunded and understaffed; the bandwidth necessary to coordinate effectively with other providers was often simply not there.<sup>10</sup> To be sure, there *were* examples of PFS PSH case managers engaging easily with their counterparts at other agencies to the great benefit of the shared client. However, a more common scenario was one of unanswered emails, confusing communications, or extended games of phone tag. Often, the PFS PSH central management team needed to get involved, and a significant time investment had to be made, to simply get a joint planning meeting set up for a single client.

9 Notably, a Vice President (VP)- level team member also provided increased support for the supervisor as part of the agency's response to not hitting its performance targets, which may mean that the swift improvement observed also reflected increased involvement in PFS PSH activities at all levels of the organization.

10 The recent landscape analysis (referenced above) conducted by the Corporation for Supportive Housing (CSH), the Supportive Housing Network of New York (the Network), and the Health and Housing Consortium identified a "lack of cross-system care coordination and timely access to resources" as one of the top challenges confronting the supportive housing sector nationwide. (2025 New York Supportive Housing Conference)

PFS PSH case managers were also frequently stymied by severe shortages of the services their clients desperately needed. This was particularly true of behavioral health services, especially those for mental health.

## Flexibility Helps Offset Housing Market Constraints

Unlike traditional PSH models, the PFS PSH design did not include dedicated housing units; rather, PFS PSH case managers were charged with finding housing for each client. Most observers initially believed that this lack of dedicated housing would be an insurmountable barrier to PFS PSH success, especially given Rhode Island's brutally competitive rental market. Yet, as of June 2025, PFS PSH had done far better than expected with regards to getting clients housed.

This was largely due to the scrappiness of PFS PSH case managers, who leveraged all means at their disposal, including standard federal/state housing programs and the Rhode Island Centralized Waitlist for housing, as well as Zillow, Facebook Marketplace, and personal networks, to help their clients find housing. The going was initially tough, but the flexibility of the program's housing funds made possible a wider array of housing options than exists in most state/federal housing programs. These included rental units that were not subsidized by federal/state funds, rooms in shared housing situations, and even renting larger units to house two or three PFS PSH clients. Landlords who took a chance on PFS PSH in the program's first 21 months were pleased; rents were paid on time, and clients had the support they needed to avoid the scenarios that often lead to

eviction. (In some cases, landlords actively engaged with case managers to support clients' well-being). Within a year or so, a virtuous cycle had kicked off in which satisfied landlords offered additional units to PFS PSH or recommended the program to fellow landlords. By June 2025, the housing search process had become easier (although still very far from "easy").

*"Having upfront money to house clients immediately was HUGE, really the main thing."*

*"It was also so helpful to be able to subsidize various housing options."*

*- Case Manager*

*"I felt more comfortable providing emotional support for clients since I knew I had the money upfront to provide basic resources, too."*

*- Case Manager*

## Uncertainty Has Operational Consequences

The flip side of PFS PSH's flexibility was uncertainty. As a four-year pilot program, PFS PSH funding runs out in September 2027. PFS models in general assume that government will provide the funding to continue a program if it proves "successful;" however, PFS PSH will not have the data needed to make a strong case for "success" until much closer to the program's end date. Coupled with today's uncertain government funding environment, this means that the future of PFS PSH beyond 2027 is not a given. Indeed, as of June 2025, there was no timeline for learning whether or to what extent funding would be continued – as well as a real possibility that clients who were housed via PFS PSH and thus able to achieve a measure of hard-won stability in their lives might find themselves homeless once again at the end of the program.

*"Housing First doesn't have an end date, but unfortunately this program does. There is so much at stake when this program goes away."*

*- Case Manager*

This uncertainty with regards to program sustainability had a real impact on how PFS PSH provider agencies engaged with clients. For example, one provider agency was reluctant to house clients if there was no foreseeable path for the client to afford the rent without PFS PSH funding support. Case managers at all agencies also reported difficulty conveying the temporary nature of their housing situation to some clients. This was not surprising given how the experience of long-term homelessness can shorten an individual's time horizon; however, at least a few clients who were housed via PFS PSH funds reportedly turned down offers of a new apartment with permanent funding because (despite case managers' best efforts) they did not fully comprehend that their current housing was not guaranteed once the pilot ended.

More generally, case managers worried about the time limited nature of the PFS model itself given the complexity of clients' circumstances at program enrollment. They frequently pointed out that, even though their clients might be "stably" housed per PFS PSH outcome metrics, it was unrealistic to expect that people with such intense levels of need would be ready to maintain a household independently within a four-year pilot period.

## Responsive Central Program Support Adds Value

Last but not least, in the first 21 months of the program, the PFS PSH central program management team's hands-on and highly adaptive approach was at least somewhat effective in helping to navigate constraints at both the provider agency and broader state system levels. To be clear, PFS PSH central program management was charged with holding service providers to the high bar set for client enrollment, housing, and ongoing engagement; as such, PFS PSH central program management closely monitored progress and acted quickly to implement corrective actions before a slip in provider agency performance could threaten program success. Yet, at the same time, PFS PSH central program management saw supporting provider agencies to meet the intense demands of the program as a critical part of its role.

*"We felt that management was in there with us, supporting and acknowledging rather than minimizing challenges"*

*- Program Director*

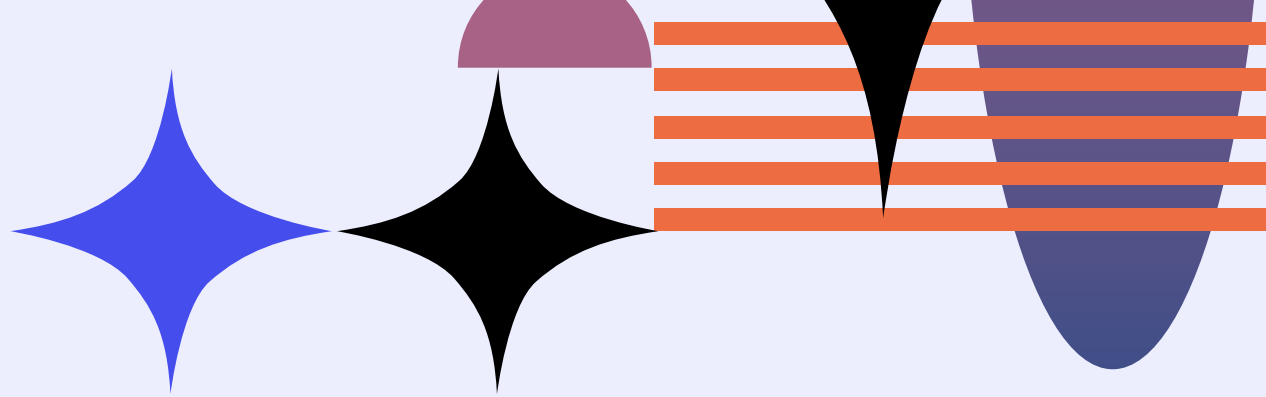
In particular, the frequent meetings between PFS PSH central program management and the provider agency teams (described above) built into the PFS PSH structure were essential to quickly understanding the "why" behind performance lags and other

difficulties; such insights in turn better enabled PFS PSH central program management to get in front of impending problems. For example, PFS PSH central program management paused new enrollments to allow agencies time to bring on additional case managers when the intensity of client needs threatened to "burn out" existing team members. Importantly, PFS PSH central program management was also able to nimbly "flex" its own human resources capacity<sup>11</sup> so as to take on tasks that typically fell to provider teams when hiring challenges, the intensity of clients' needs, and/or the time demands of navigating the broader system of care (temporarily) overwhelmed provider bandwidth.

*"The shared decision-making in PFS PSH allowed for nuance and complexity; service providers felt trusted rather than micromanaged and not valued."*

*- Program Director*

<sup>11</sup> In the second year of PFS PSH program operations, Joy Street Consulting, which anchored all PFS PSH program management activities, brought on two part-time consultants to provide additional support for service provider teams with regards to accessing community resources and navigating Rhode Island's behavioral healthcare system on behalf of their clients.



## Lessons for Future Initiatives

Clearly, many of the observations above are not unique to PFS PSH or to the Rhode Island context, but rather reflect complexities confronting the supportive housing sector nationwide. As noted above, it was still too soon in June 2025 to draw any firm conclusions about what worked and what didn't with regards to PFS PSH. Yet, a few early “lessons learned” emerged that are worth highlighting now for those working through similar challenges:

### **Program budgets must adequately fund case manager training/support and hands-on supervisor involvement**

Case managers are the foundation upon which program success is achieved; yet, case managers themselves need relevant training<sup>12</sup>, practical and moral support, adequate salaries, and rest if they are to avoid burnout, protect their own well-being, and remain with the program. Similarly, active, hands-on engagement from supervisors can be a pivotal factor in case managers' capacity to perform at the top of their ability and move forward client outcomes. For these reasons, program budgets should adequately fund these human “drivers” of program success, especially if, like PFS PSH, the program serves people with exceptionally complex needs and/or has a dedicated focus on quantitative outcomes.

### **The design of programs for individuals with complex needs should proactively include formal partnerships with community behavioral health providers**

For many individuals with exceptionally complex health and social needs, access to quality mental health care and substance abuse services is non-negotiable if they are to achieve and maintain a level of stability. Yet, the availability of such services is heartbreakingly limited in many communities, and accessing the services that do exist

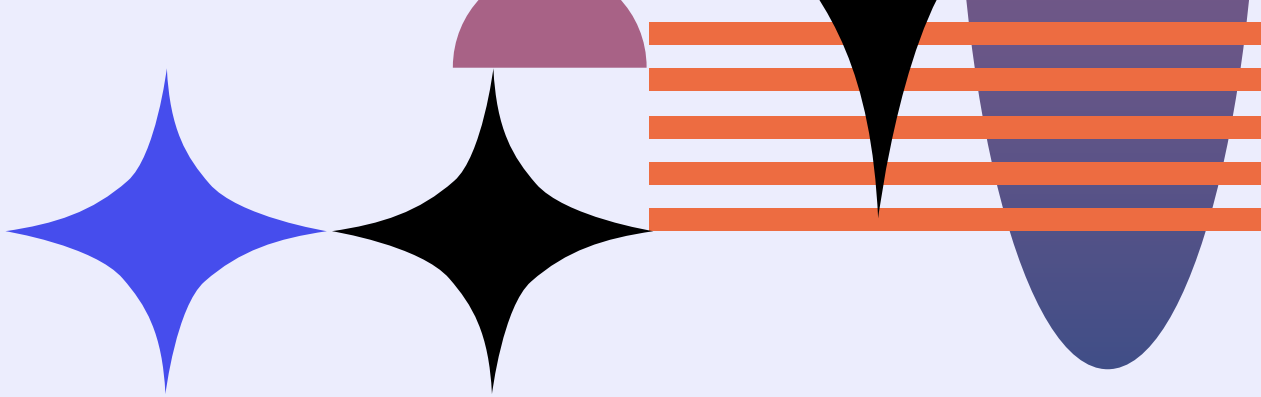
<sup>12</sup> Joy Street Consulting interviewed numerous training providers during the 2024-2025 period. Trainings that were in the queue for implementation as of June 2025 included but were not limited to: a range of trainings specific to work with individuals with significant justice-involvement; substance-specific addiction and recovery training; and burnout prevention developed and delivered by individuals with lived experience as street outreach workers/case managers, as well as refresher courses in motivational interviewing and similar core skills.

can be so time-consuming and complicated that it becomes a near-impossibility for those already enmeshed in a cascade of crises. Given this reality, program leaders/designers should consider developing formal partnerships with community behavioral health provider agencies (or similar entities) at the central program management level prior to program launch **or** require service provider agencies to have a formal partnership with a community behavioral health provider as a condition of contracting.

### **Ensure clear accountability for client well-being if the program is discontinued**

By definition, PFS models seek to demonstrate the “success” of a program as a prerequisite for sustaining the program via government or other funds; the financing to continue the program beyond the pilot period will thus often be confirmed (or denied) close to the pilot’s end. Yet, the individuals served by PFS models can be in precarious life circumstance; those who work with them directly may (rightfully) have intense worries about the impact that the loss of program funding will have on them, as well as reservations about the PFS model overall. Ensuring that all new PFS initiatives include a framework for sustainability planning/decision making that includes clear accountability for client well-being if the program is discontinued would mitigate some of these concerns – and, most importantly, serve as an important protection for the (often highly vulnerable) individuals who have so much to gain or lose from program decisions.





## Conclusion

The PFS PSH Pilot Program, the first PFS initiative in Rhode Island, offered an important opportunity to examine how a PFS financing model might change the manner in which services are delivered for people with exceptionally complex health and social needs. This write-up focused on the experiences of the four provider agencies that delivered services within the PFS framework during the approximate first half (21 months) of the pilot. It provided a high-level overview of the innovations in program design and management that flexible funding made possible, shared key observations about the factors specific to the PFS model that helped or challenged service providers' efforts to achieve the expected outcomes, and put forth early lessons for future initiatives. While it was still too soon to predict whether PFS PSH might achieve "success" as it is defined for the program as of June 2025, the end of the period covered by this report, early data on outcomes was encouraging. Recommendations for similar programs, especially those that serve people with exceptionally complex needs, include ensuring that: 1) program budgets adequately fund case manager training/support and hands-on supervisor involvement, 2) program design proactively includes partnerships with community behavioral health providers, and 3) program design includes a framework for sustainability planning/decision making that identifies clear accountability for client well-being if the program is discontinued.

**Thoughts, questions, and conversation about this write-up or PFS PSH in general are more than welcome! Please do not hesitate to reach out to Tara Murphy at [tara@joystreetconsulting.com](mailto:tara@joystreetconsulting.com) for further correspondence.**



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