

Iowa Balance of State Continuum of Care (CoC)
2016 CoC Renewal Project Application

2016 Renewal Project Narrative

INSTRUCTIONS (3 points for following application instructions)

APPLICANT NAME AND LOCATION

Organization Name: **Area Substance Abuse Council, Inc.**

Project Name: **Hightower Place Women and Children's Transitional Program**

Project Name as it is listed on the Housing Inventory Chart (HIC):

Hightower Place Women and Children's Transitional Program

Type of Project **TH**

Federal DUNS Number: **054907464**

Address: **250 20th Avenue North, Suite 250, Clinton, Iowa 52732**

Contact Person: **Paul Willging – Development Consultant**

E-mail & Phone: pvwillging@hotmail.com, **563-212-7091 or 563-243-2124**

Secondary Contact Person: **Barbara Gay, Executive Director**

Email & phone: bgay@asac.us, **319-390-4611**

Is your organization registered in the federal System for Award Management (SAM)?

Yes

AGENCY AND PROJECT SUMMARY (3 points)

1) Provide a brief introduction to your agency. (1 point)

The Area Substance Abuse Council is Iowa's largest provider of substance abuse prevention, intervention, treatment and continuing care services. ASAC serve five counties in east central Iowa. ASAC provides services regardless of income or ability to pay. ASAC offers a full continuum of care, including outpatient, residential, transitional housing and halfway house services. ASAC operates two of the state of Iowa's three transitional housing programs with treatment services for women with children in residence (Heart of Iowa in Cedar Rapids and Hightower Place in Clinton). Both these programs were developed specifically to assist homeless and near homeless women with chronic substance abuse issues. The majority of homeless women who are in danger of losing custody of their minor children are chronic substance abusers.

Hightower Place is ASAC's specialized program in Clinton Iowa for women and women with children who are chronic substance abusers. The program is designed to address substance abuse, housing and parenting issues within a holistic transitional housing program.

2) Provide a description that addresses the entire scope of the proposed project. (2 points)

Hightower Place Women and Children's Transitional Program is a transitional housing program located in Clinton Iowa. Hightower Place serves women and women with children from the entire state of Iowa, but our primary service area is eastern Iowa. The Hightower facility is a combination of single/double style dorm rooms and individual apartment units. The facility has a total of 34 beds for homeless women with chronic substance abuse issues (and their children). The primary dorm area has a common kitchen area and is closely supervised by 24 hour awake staff. The apartment units are part of the main facility but are set-up as independent living units.

Hightower is unique in that it provides full substance abuse treatment services as part of the daily program. In addition daily life skills, parenting, job skills and other support services are provide on-site. The program accepts both single women and women with children, however women with children and pregnant women who are chronically homeless receive priority for admission. For the vast majority of women referred to Hightower the program is their last opportunity to retain custody of their children. The overall goal of the program is assist clients in maintaining a substance free lifestyle, build skills for parenting and independent living, gain employment or skilled training, develop financial security and transition to permanent stable housing post program. Generally the program serves 10-14 women with up to 20-24 accompanying children as any given time. Average length of stay in the program is 5-7 months; however women can stay for up to two years.

CONTINUUM OF CARE PARTICIPATION (10 points)

3) Annual Performance Report (APR) Submission:

- a. What is your project's operating year end date? April 30th Annually
- b. APRs are due to HUD 90 days after the end of a project's operating year. On what date did you submit your most recently completed APR to HUD? **July 30, 2015 (in esnaps for operating year ending 4/30/2015) Current Year APR for operating year ended 4/30/2016 (Due July 30, 2016) is Drafted however it cannot currently be submitted in esnap due to system updating. Draft was sent to HUD field office on June 12, 2016.**
- c. On what date did you forward a copy of your APR to the Iowa Finance Authority? **Previous Years APR was sent on August 1, 2015. Previous APR and Current Draft for most recent operating year resent to IFA on 6/24/2016.**
- d. Did your project meet the 90 day requirement? **Yes for 2015 APR. Current APR is not due until July 30, 2016. This APR has been drafted using old APR forms, however esnaps extension will most likely be granted, per HUD Field Office) since the system is currently unavailable to submit this report and we do not have access to the new forms. If an extension was granted or if HUD's E-snaps system was unavailable to complete your APR, describe this. For either an extension or E-snaps being unavailable, submit documentation to verify this. (2 points if within 90 days or an acceptable extension granted or E-snaps unavailable; no points if not)**

- 4) **Local Collaboration: How does your local region plan and collaborate together regarding homelessness? If your local region has an organized planning group, what is it called? How does your agency participate? (3 points)**

The Clinton/Jackson County Homeless Coalition (CoC) is the local homeless coordinating and planning body for our area. ASAC is a founding member of the group and is a required agency member of the Coalitions Board of Directors. The Coalition was formalized over 23 years ago and has been the communities local planning body for all homeless services and activities, including Emergency Solutions Grants (ESG), Rapid Rehousing, CoC and other service and housing initiative in the our region

The Clinton Jackson Homeless Coalition meets every other month to discuss topics related to coordinated intakes, Iowa Quality Standards, Shelter Gap, and Continuum of Care Program. Participant include members from ASAC's Hightower Place and King House programs, YWCA transitional housing program, Humility of Mary Shelter, Clinton County Housing Authority, Pathway Living Center, RSVP, Information & Referral, Salvation Army, Safe Path Family Resources; to name a few. The group's successes are having a house donated to the coalition and being able to rent it at an affordable ~~to~~ cost to lower income residents, on-going monthly to every other month community discussion on Homelessness with Senator Hart and exploring the Rotation Model for Shelter. Challenges facing the Clinton Jackson Homeless Coalition include the ongoing increase need for shelter/housing and the decrease in funding and available resources.

ASAC has been activity involved in all aspects of the coalition's planning and collaborative efforts for over 23 years since the coalition's inception. ASAC's development of Hightower Place Transitional program (2001) and ND Housing permanent housing project (2007) are direct results of ASAC's willingness to develop collaborative programs that were specifically identified by the Coalition as needs for our region. ASAC staff have served as officers on the Coalition multiple times over the years. Currently ASAC's Program Manager from the King House, Gabe Gluba, is the Coalition Treasurer and Susan Wolver, Program Manager for Hightower Place, is the Coalition Secretary. Paul Willging, ASAC Development Consultant, and Dianne Dethmann, Hightower Place Counselor, serve on the local CoC committee to develop local needs, review local PIT survery results, develop assessments, determine gaps in our local continuum and recommend priorities for maintaining and expanding local homeless programs and services in the region.

- 5) **Has any representative of your program been an active participant in the Iowa Council on Homelessness? (Note that anyone can participate in council meetings even if not a voting member.) Briefly describe. (3 points)**

For the past two years Laurel Merrick, Development Director for ASAC, on behalf of the agency, has been attending the Iowa Council on Homeless meetings either via phone or the Cedar Rapids ICN site. She also attended meetings that were held on the Homeless Self-Assessment and Iowa Quality Standards and Handbook and the Emergency Solutions Grant Training. On the local level, Laurel was one of the founding members of the Linn County Continuum of Care where she serves as the Chair of the Nominating Committee and is a member of the Public Awareness Committee. In addition she assists with the State's Homeless Awareness initiatives as a member of the Linn County Sleep Out for the Homeless Committee for which she is Co-Chair of the Website and Registration Committee. She also assists with the Linn County Continuum of Care's collection of Individual and Family Homeless Needs Survey that is conducted each July. For the past year Gabe Gluba, King House Manager for ASAC in Clinton has participated in all of the EGS meetings by phone. Other ASAC staff members have participated in Service Point trainings and over the years we have had staff involved in state level workgroups for various Council initiatives.

6) **Has any representative of your program been an active participant in Iowa Council on Homelessness committees and working groups? Briefly explain. (2 points)**

ASAC is one of Iowa's largest providers of services to homeless substance abusers. The Agency is involved with Iowa Council activities via both our operations in Clinton/Jackson Counties and Linn County. King House's previous Program Manager, Angela Gingerich was involved in the Best Practices Initiative and had volunteered to be included in the work groups; however she was never contacted to participate. Current King House Program Manager Gabe Gluba has been active in participating in ESG workgroups and meetings and has volunteered for any groups that may need members however has not been called on to be directly involved in workgroups this past year. Laurel Merrick has also attended meetings that were held on the Homeless Self-Assessment and Iowa Quality Standards and Handbook and the Emergency Solutions Grant Training. ASAC Staff are opening and willing to volunteer for any committees or workgroups that they can contribute to. It should be noted that ASAC has been involved in a number of pilot activities for the Iowa Coalition and local coalitions. ASAC was one of the first test sites for I-Count/Service Point implementation and ASAC is involved with the Linn County Coordinated Services Network (LCCSN) which was a pilot to begin local data sharing within the I-COUNT Network that is intended to be expanded statewide. Currently ASAC's Linn County transitional housing programs, Heart of Iowa and Recovery Center, piloted and have now fully implemented the VI-SPDAT.

ASAC's two Clinton County transitional housing programs are in the process of learning about the VI-SPDAT assessment tool and effective July 1 will utilize the VI-SPDAT with all program applicants.

BUDGET AND CAPACITY (14 points)

- 7) HUD Grant Monitoring: Check the box to describe any HUD CoC Project monitoring results during the current program year and the previous two program years (select only ONE option): **(2 points)**
- No monitoring visits from HUD **(2 points)**;
 - Monitoring visit(s) from HUD with no findings or concerns **(2 points)**;
 - Monitoring visit(s) from HUD with fewer than three findings or concerns, all of which have been resolved in the time requested by HUD **(1 point)**;
 - Monitoring visit(s) from HUD with more than three findings or concerns, and/or findings or concerns that were not resolved in the time requested by HUD **(no points)**.
- 8) Will the amount requested for Administration Costs in the E-snaps Project Application be less than or equal to 7% (or the amount listed on the GIW)? Yes/No (circle) **(1 point for “yes”; no point for “no”)**
- 9) Is your agency drawing down CoC funds from HUD at least quarterly? Yes/No (circle) **(1 point for “yes”; no point for “no”)**
- 10) Spending history: Provide your project’s spending history as follows. All information should reflect the most recently-completed operating year for which an APR has been submitted: **(10 points)**
- a. Project operating year end date: April 30, 2015
 - b. Amount of grant: \$106,208.00
 - c. Total funds expended: \$106,208.00
 - d. Funds remaining (unexpended funds): 0.00
 - e. Unexpended funds percentage (d) / (b): 0% **(10 points if funds were fully expended (0% unexpended); 9 points if up to 1% of funds are unexpended; 8 points if up to 2% of funds are unexpended; 7 points if up to 3% of funds are unexpended, and so forth down to zero points if 10% or more of funds are unexpended)**

PRIORITIZATION: PROJECT TYPE, CHRONICALLY HOMELESS, LITERALLY HOMELESS, & HOUSING FIRST (34 points)

- 11) Indicate the project type. Select only **ONE** (this should match your earlier project type indicated). **(9 points)**
- Permanent Supportive Housing **(9 points)**
 - Rapid Rehousing **(9 points)**

- Transitional Housing exclusively for DV, youth, or substance abuse (4 points)
- Transitional Housing for the general homeless population (no points)
- Supportive Services Only (no points)

The Iowa Balance of State CoC has adopted HUD CPD 14-012, Notice on Prioritizing Persons Experiencing Chronic Homelessness in PSH:

<https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>. For PSH projects, also note that the Iowa Council on Homelessness voted in 2015 to require all PSH projects to prioritize all beds available through turnover to the chronically homeless.

12) Open the 2016 Housing Inventory Chart (HIC) for the Iowa Balance of State; this will be available online here when the competition has opened: (2 points)

<http://www.iowafinanceauthority.gov/Home/DocumentSubCategory/107>, in the section for the 2016 Competition. (If your project is not listed in the HIC, explain why not.)

- a. Which row on the HIC lists your project? **102** (Please Note: Still listed as New Directions, this should be changed to ASAC with Clinton Program Name)
- b. How many total beds are listed for your project **32**
- c. How many total beds are for chronically homeless (dedicated or prioritized) (Column L) **32**
- d. What is HIC utilization rate (Column V) **92.7%***
 *HIC – 32 beds x 365 = 11,680; used 10,828 – 92.7%

13) Answer the following as applicable (answer only (a) OR (b)): (3 points)

- a. PSH projects: **N/A for this Project**
 - i. Given the answers to the above question, what is your project’s percentage of beds committed to the chronically homeless? (1 point)
 - ii. How many beds does your project anticipate being made available through turnover in the upcoming grant year? (1 point)
 - iii. How many beds made available through turnover is your project committing to chronically homeless in the upcoming grant year (should be 100%)? (1 point)
- b. For non-PSH projects:
 - i. What specific steps is your agency taking to increase the number of PSH beds for the chronically homeless in your community? (3 points)

ASAC constructed and open two non-CoC housing projects in 2007, The Way Home in Cedar Rapids and ND Housing in Clinton using tax credit financing. Both these programs provide safe affordable housing to families in recovery. ASAC made the commitment on behalf of the communities we serve to take on the long-term debt for both these projects. These obligations must be retired before the agency can consider expanding and adding additional units with additional tax credits or conventional financing. ASAC is considering developing a new housing project in Clinton to meet the needs of the single men in need of PH options in the community. ASAC owns the land

for the project and is prepared to commit it to a new project, however, has not yet fully developed the funding resources to construct and operate the program. Development of this project is included in the agency's current long range strategic plan. The agency will considering the prospect of New Project if enough funding is available and the agency can develop a viable financing plan for the project.

As a second priority population for CoC programs, HUD encourages communities to serve adults, youth, and families who are unsheltered and those accessing emergency shelter, before serving persons experiencing other forms of homelessness.

14) Prioritizing those who are unsheltered or accessing emergency shelter: (10 points)

- a. **Based on your most recently submitted program year APR, what is the total number of participants that entered your program? 53 Adults (1 point)**
- b. **Based on your most recently submitted program year APR, how many participants entered the program as unsheltered or from an emergency shelter? 20 (1 point) * Must include those coming directly from emergency detox.**
- c. **Based on your responses above, what is the percentage of participants that entered your program unsheltered or from emergency shelter (b/a)? 38% (8 points for 100%; 7 points for higher than 95%; 6 points for higher than 90%; 5 points for higher than 85%; 4 points for higher than 80%; no points for lower than 80%)**

Note: Hightower Place serves chronic substance abusing women with children. Most of these women DO NOT FIRST access services via Shelter Care or directly from the streets. They are, in the majority of cases, arrested/ incarcerated, taken to detox facilities, then treatment service etc. prior to referral for TH housing and support services. In addition because the program has a waiting list most of the time, many of our women who do seek shelter first end up back with family or supportive friends on a temporary bases while awaiting a bed opening in the program. These factors need to be considered when scoring this section in relation to the program. If you include these cases that went from detox or treatment to a waiting situation the percentage increases to 42 of 53 or 81%.

HUD encourages programs to follow Housing First practices. The U.S. Interagency Council on Homelessness and HUD offer several resources regarding Housing First:

- *Housing First/Rapid Rehousing Webinar:*
http://usich.gov/media_center/videos_and_webinars/hud-and-usich-core-principles-of-housing-first-and-rapid-re-housing-webinar.
- *Housing First Checklist:*
http://usich.gov/usich_resources/fact_sheets/the_housing_first_checklist_a_practical_tool_for_assessing_housing_first_in.
- *HUD's SNAPS In Focus, "Why Housing First:"*
<https://www.hudexchange.info/news/snaps-in-focus-why-housing-first/>.

- 15) (a) Has the project removed the following barriers to accessing housing and services?** Check the box next to each item to confirm that your project has removed (or

never had) barriers to program access related to each of the following (select all that apply): **(10 points total)**

- Having too little or no income** (all projects should check this; the Iowa Council on Homelessness voted in 2015 to prohibit CoC-funded projects from screening applicants out due to too little or no income); **(1 point)**
- Active or history of substance abuse; (1 point)** * *Note because Hightower Place serves women with minor children in residence participants who are under the influence of alcohol or illegal drugs are not allowed in the facility until they are sober or no longer under the influences. This is a requirement of DHS and the agency to ensure the safety of other residents and minor children in residence.*
- Having a criminal record with exceptions for state-mandated restrictions; (1 point)** *Note: Individuals with sexual offenses may be excluded if they are not granted legal exceptions to be in the proximity of minor children.*
- Fleeing domestic violence** (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement). **(1 point)**
- None of the above (click this if all of these barriers still exist). **(no points)**

(b) Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply. **Please also attach a copy of the project's termination/appeals policy; no points may be awarded in this section if the policy is not included, or if the policy includes contradictory information.**

- Failure to participate in supportive services; **(1 point)**
**Due to the very nature of the Hightower Place program, treatment of chronic homeless substance abusers, clients must participate in at least the minimum required supportive services.*
- Failure to make progress on a service plan; **(1 point)**
- Loss of income or failure to improve income; **(1 point)**
- Being a victim of domestic violence; **(1 point)** or
- Any other activity not covered in a lease agreement typically found in the project's geographic area. **(1 point)**

Please note that ASAC's Discharge Policy outlines reasons clients MAY BE terminated and discharged from our residential programs. Generally a single offense or single violation is not grounds for discharge unless the client possesses a danger to other clients. Clients who refuse to participate in support services or fail to progress are given many opportunities to continue and benefit, however if the client is not benefiting from the program and/or is adversely affecting the wellbeing or safety of other clients in the program they can be discharged and referred to another program better suited to meet their needs.

(c) Verify that the project's termination policy clearly matches with the responses above. **(1 point for Yes; no point for No)** Yes/No

PERFORMANCE (36 points)

In July 2014, HUD released “Systems Performance Measures: An introductory guide to understanding system-level performance measurement.” The guide can be found at this link: <https://www.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf>.

Two measures determined by HUD to be key in permanently exiting homelessness are:

- **The percentage of adults who obtain or increase employment or non-employment cash income over time.**
Per 2015 APR 27 of 39 (69%) Program Levers (adults only) increased cash income.
- **The percentage of participants who obtain or increase non-cash mainstream benefits.**
Per 2015 APR 39 of 39 (100%) Program Leavers (adults only) obtained or increase non-cash mainstream resources.

16) Identify whether the project includes the following activities: **(10 points)**

- Transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes for all participants. (2 points)**
- Use of a single application form for four or more mainstream programs? **(2 points; all programs should mark yes as Iowa has this available to all)**
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes, initially weekly then at monthly and 3 and 6 months post discharge.(2 points)**
- Project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? **Yes, both by trained staff and local SSI.SSDI staff. (2 points)**
- The staff person providing the technical assistance completed SOAR training in the past 24 months? **Yes, numerous staff have been training in last two years. (2 points)**

17) **For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided: (10 points)**

Service/Access	Provider	Frequency
Assessment of Service Needs Provided in house at intake, reviewed weekly	ASAC Program Staff	Weekly
Assistance with Moving Costs Clients transported to IRSC for assistance	Information and Referral	As Needed
Case Management Provided in house by program counselors.	ASAC Program Staff	Weekly
Child Care	ASAC Staff and outside Providers	Daily

Provided in house by program support staff And by local contracted providers		
Education Services Clients transported to CCC for services.	Clinton Community College	As Needed
Employment Assistance and Job Training Clients transported to IW for services	Iowa Workforce	As Needed
Food Provided in-house daily	ASAC Program	Daily
Housing Search and Counseling Services Provide in house by program	ASAC Program Staff	As Needed
Legal Services Referral to Legal aid for Pro bona services	Legal Aid	As Needed
Life Skills Training Provide in house by program	ASAC Program Staff	Daily
Mental Health Services Transportation to Bridgeview Mental Health	Bridgeview	As Needed
Outpatient Health Services Transportation to Women's Health Service	Women's Health Service	As Needed
Outreach Services	n/a	n/a
Substance Abuse Treatment Services Provided In House by program staff and Certified Counselors.	ASAC Staff	As Needed
Transportation Provided Daily by program support staff	ASAC Staff	Daily
Utility Deposits Transportation to IRSCC for assistance	Information and Referral	As needed

All in-house supportive services are provided by appropriate trained and certified staff members. Outside services are accessed via referral and transportation to appointments by program support staff.

18) Outcomes and costs per outcome. Complete **ONE** of the following charts as applicable. (16 points; 2 points for each response)

For Permanent Supportive Housing projects: N/A for this Project

For Rapid Rehousing projects: N/A for this Project

For Transitional Housing projects:

Services provided by the project, including any unique characteristics of population served.	Total annual cost of providing these services (total project budget).	Amount of annual CoC funds requested for these services.	Describe/define a unit of service. Include whether a unit is an individual or household and indicate a measurable outcome (i.e., one person assessed and provided a supportive housing unit with services).	Number of individuals/ households who exit to or maintain permanent housing through the project (total funding).	Number of individuals/ households who exit to or maintain permanent housing with the CoC funds.	Method used to determine costs described. Include any indirect costs and how those were calculated.	Method used to determine exits to permanent housing.
ASAC's Hightower Place is comprehensive Transitional Housing Program for Women and Children. The Program specifically targets high risk homeless substance abusing women with children. Hightower provided a full complement of services including housing, substance abuse treatment, life skills training, parenting coaching, childcare, transportation,	\$237,236	\$106,208.	One day of service in program with all available supportive services per household.	28 of 50 households in 2015 program year.	28 of 50 households in 2015 program year	Supportive Services: Total \$108,245, SHP \$39,080., Match \$69,165.00 SHP Costs: Case Management services \$6,600 – Counselor time documented, Life Skill \$8100, support staff time documented Substance Abuse Treatment Services \$8800 Counseling time documented Childcare \$11580 support staff time documented Transportation \$4000 support staff time documented.	Service Point HMIS Report for APR

<p>employment counseling, case management, fiscal counseling and housing search assistance. Hightower Place is one of only three intensive Transitional programs specifically designed to target this population in the State of Iowa.</p> <p>In addition to supportive services Hightower Place provides 24/7 awake staff security and supervision to ensure clients and children are provide a safe, substance free environment to facilitate stability in recovery and a transition to permanent housing post discharge.</p>					<p>SHP match \$69,165 for above services beyond SHP Costs for salaries from other sources.</p> <p>Operations Budget: Includes night and weekend staff, facility costs, insurance, maintenance, Food etc. Total Budget \$122,043.20. SHP Costs \$60,180 Match from other sources \$61,863.20. Operating costs based on actual historical expenditures.</p> <p>Indirect/Administration \$6,948.00 or 6.5% of SHP funding.</p>	
---	--	--	--	--	---	--

**For Supportive Services Only projects: N/A
for this Project**

HMIS PROJECTS ONLY (70 points; in lieu of Questions 11 – 18 above) N/A for this project.

1) HMIS-only questions:

- a. Is the HMIS section of the Governance Charter up-to-date and accurate? **(1 point)**
- b. Are the following plans in place:
 - i. Privacy Plan? **(1 point)**
 - ii. Security Plan? **(1 point)**
 - iii. Data Quality Plan? **(1 point)**
- c. How are these plans reviewed by the CoC and HMIS Lead regularly? **(3 points)**
- d. How much of the total HMIS budget (not including required match) is supported through non-CoC Program cash or in-kind sources? If less than 25%, describe efforts to increase funding from non-HUD sources. **(3 points)**
- e. What was the percentage of null or missing values for the Universal Data Elements for the 2016 Point-in-Time count? If greater than 10%, describe steps to support the CoC in reducing null or missing values. **(3 points)**
- f. Do the existing HMIS Policies and Procedures include adequate procedures to ensure valid program entry and exit dates are recorded in HMIS? **(3 points)**
- g. Were PIT results reported to HUD in HDX by the 2016 deadline? **(3 points)**
- h. Does the HMIS Lead support the CoC in collecting and reporting accurate and quality subpopulation data for the sheltered homeless during the PIT? **(3 points)**
- i. Does the HMIS Lead support methods to reduce double-counting of the unsheltered homeless during the PIT count? **(3 points)**
- j. What is the current overall bed coverage rate for the CoC? Briefly describe steps to support the CoC in increasing the rate. **(5 points)**
- k. How does the HMIS Lead respond to identified HMIS-related CoC project needs? (provide specific examples including how HMIS user satisfaction is evaluated) **(10 points)**
- l. How does the HMIS Lead respond to identified HMIS-related CoC system needs (specific examples)? **(10 points)**
- m. How is the HMIS Lead supporting the move toward measuring CoC system performance (specific examples)? **(10 points)**

- n. How is the HMIS Lead supporting non-HMIS agencies in the CoC with data collection and reporting needs? **(10 points)**

RESIDENT DISCHARGE POLICY

Individuals receiving residential or halfway house services agree to abide by a set of program regulations while living in the facility. Failure to adhere to these regulations will result in disciplinary action appropriate to the violation. In extreme cases, discharge from the program may be warranted. A resident may be subject to discharge for any of the following reasons:

- 1) When, in the judgment of staff, continued treatment involvement would not produce gains in the resident's recovery.
- 2) Violations of program regulations.
- 3) Refusal to participate in the scheduled program or adequately complete treatment work assignments.
- 4) Continued behavior which interferes with the recovery program of the other residents.
- 5) Possession or usage of alcohol or other drugs, tobacco products, drug paraphernalia or weapons.
- 6) Physical violence or the threat of physical violence against others.
- 7) Excessive damage or failure to maintain residential property.

The decision to discharge will be made by the program director upon consultation with the program's clinical and support staff.

Residents who disagree with the decision to discharge are advised to follow the agency's Patient/Client Request, Complaint and Grievance Procedure that is given to all clients at program entry.