

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): NM-500 - Albuquerque CoC

CoC Lead Organization Name: New Mexico Coalition to End Homelessness

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Albuquerque CoC Steering Committee

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 92%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Members of the Albuquerque CoC Steering Committee were nominated by the NM Coalition to End Homelessness (NMCEH) staff. The nominees were then officially appointed to the Steering Committee by the NMCEH membership by a formal vote during a NMCEH membership meeting. This process was chosen because it is an open and transparent process that gives a broad group of the agencies/entities/people in the Albuquerque CoC the power to select the members of the CoC primary decision-making body.

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

The Albuquerque CoC Steering Committee does not have the capacity to be responsible for the activities listed above. Staff from social service organizations and public entities volunteer their time to be on the Steering Committee and could not take on these additional duties. Nor could the New Mexico Coalition to End Homelessness (NMCEH) be responsible for the activities listed above. The NMCEH is a membership organization; the NMCEH's mission is to be an advocate for its members, not a monitoring agent. In addition, the CoC Steering Committee and the NMCEH believe that by monitoring CoC funded agencies, the HUD field staff play an important role in the CoC process and are able to represent HUD's interest.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Independent Review Committee	This group solicits and selects new CoC projects. It also establishes evaluation criteria for renewal projects, evaluates renewal projects, determines whether to renew projects and ranks renewal projects. It is comprised of community members who understand homelessness but whose organization does not receive CoC funding. The group meets monthly from May 2009 to September 2009.	Bi-monthly
Point in Time Count Planning Committee	This committee planned the 2009 PIT count. The committee was responsible for designing the PIT count methodology, identifying organizations to participate in the services-based portion of the PIT count, identifying areas of Albuquerque for the street portion of the PIT count, developing the survey used for the PIT Count and recruiting volunteers. The group met during fall 2009.	Semi-annually
HMIS Steering Committee	The committee meets to address issues of HMIS implementation, including improving data quality and increasing participation in HMIS among homeless service providers.	Quarterly
Albuquerque Advocacy Committee	This committee provides oversight and guidance on the implementation of Albuquerque's Plan to End Homelessness.	Monthly or more
CoC Steering Committee	This committee ensures that all components of the Continuum of Care are in place. This committee establishes selection criteria for new CoC projects in collaboration with the Independent Review Committee and provides input to the Independent Review Committee on evaluation criteria for renewal projects. This committee also oversees completion and submittal of the CoC application.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

Because the PIT Count only takes place once every two years the PIT Count Planning Committee does not meet throughout the year. The committee meets in the months preceding the PIT Count. The Point in Time (PIT) Count Planning Committee met during Fall 2008 to plan the PIT Count which took place in January 2009.

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Children Youth & Families Department	Public Sector	State g...	Committee/Sub-committee/Work Group	Youth, Domes..
Department of Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Albuquerque Department of Family & Community Se...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Mayor Martin Chavez	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
New Mexico Mortgage Finance Authority	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
University of NM - Community & Regional Plannin...	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Albuquerque Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
OptumHealth New Mexico	Private Sector	Other	Committee/Sub-committee/Work Group	Seriously Me...
Consensus Builder	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Albuquerque Health Care for the Homeless	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Barrett Foundation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Crossroads for Women	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Cuidando Los Ninos	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Goodwill Industries of New Mexico	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
First Nations Community Health Source	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Metropolitan Homeless Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s
New Life Homes	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
SAFE House	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Domesti c Vio...
St. Martin's Hospitality Center	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Supportive Housing Coalition of New Mexico	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...
Transitional Living Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
YES Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Sawmill Community Land Trust	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Catholic Charities of Central New Mexico	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Greater Albuquerque Housing Partnership	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
La Mesa Presbyterian	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Albuquerque Affordable Housing Coalition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
New Mexico Coalition to End Homelessness	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Enterprise Community Partners	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
United Way of Central New Mexico	Private Sector	Fun der ...	Attend 10-year planning meetings during past 12 months	NONE
Albuquerque Community Foundation	Private Sector	Fun der ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Lutheran Advocacy Ministry	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
McCune Foundation	Private Sector	Fun der ...	None	NONE

Daniels Fund	Private Sector	Funder ...	None	NONE
Maurice M.	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Veterans Administration - Veterans Outreach Pro...	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Veterans
Sandia Church of the Nazarene	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
University of New Mexico School of Medicine	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Joy Junction	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Albuquerque City Councilor Debbie O'Malley	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Albuquerque City Councilor Isaac Benton	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
New Mexico AIDS Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS
Linda D.	Individual	Formerl..	Committee/Sub-committee/Work Group	NONE
Disability Determination Services	Public Sector	Other	Committee/Sub-committee/Work Group	Seriously Me...
University of New Mexico Psychiatric Center	Private Sector	Hospital..	Committee/Sub-committee/Work Group	Seriously Me...
New Mexico Department of Health	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Planned Parenthood	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
University of New Mexico College of Nursing	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Stand Up for Kids	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Perfecting Ministries	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Albuquerque Fire Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Bernalillo County Dept. of Substance Abuse Prog...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Substance Abuse
Albuquerque Ambulance	Private Sector	Hospital..	Committee/Sub-committee/Work Group	NONE

University of New Mexico Hospital	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Presbyterian Hospital	Private Sector	Hospital	Committee/Sub-committee/Work Group	NONE
Lovelace Hospital	Private Sector	Hospital	Committee/Sub-committee/Work Group	NONE
Metropolitan Detention Center	Public Sector	Law enforcement	Committee/Sub-committee/Work Group	NONE
Metropolitan Court	Public Sector	Law enforcement	Committee/Sub-committee/Work Group	NONE
Workforce Solutions	Public Sector	State government	Committee/Sub-committee/Work Group	NONE
Turquoise Lodge	Private Sector	Non-profit	Committee/Sub-committee/Work Group	Substance Abuse
Indian Health Center	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply) e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply) k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, h. Survey Clients, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply) a. Unbiased Panel/Review Committee, e. Consensus (general agreement), b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

The overall number of emergency shelter beds increased in the 2009 HIC. The number of individual beds increased in the 2009 HIC. This is because the Metropolitan Homelessness Project had 3 more beds in 2009 than it did in 2008 and because the Good Shepherd Center had 6 more beds in 2009 than it did in 2008. The number of family beds increased in the 2009 HIC. This is because in the 2009 HIC the Interfaith Hospitality Center was placed in the emergency shelter category, but in 2008 it was place in the transitional housing category. This program was moved because it was miscategorized as a transitional housing program; it is an emergency shelter program. In addition Youth Development Incorporated has 4 beds under development.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

The overall number of transitional housing beds increased in the 2009 HIC. The number of transitional housing beds for single individuals increased. The Albuquerque Rescue Mission opened a new transitional housing program for women. The 2009 HIC also included two transitional housing programs that are run by the Veterans Administration that have not been included in past HICs. The number of family beds increased by 11 beds because the Women's Housing Coalition provided more family beds in 2009 than it did in 2008.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The overall number of permanent housing beds increased in the 2009 HIC. The number of individual beds decreased slightly and the number of family beds increased slightly in the 2009 HIC. This is because programs that provide scattered site housing vary slightly from year to year on the number of beds they can provide at a single point in time depending on the household composition of the households they are currently serving. The Supportive Housing Coalition of NM is constructing 10 new units for chronically homeless individuals, so the number of chronically homeless beds under development increased by 10 beds.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document. Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	NM-500 Housing In...	11/10/2009

Attachment Details

Document Description: NM-500 Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/25/2009
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: Housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Confirmation
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, HUD unmet need formula, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Stakeholders and providers met and reviewed the data from the unsheltered and sheltered 2009 Point-in-Time count and the 2009 housing inventory. Based on their expertise and analysis of this data, stakeholders determined the percentages to be used in the HUD unmet need formula (i.e. the percentage of people staying in emergency shelter who need transitional housing in order to exit homelessness).

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: NM-500 - Albuquerque CoC, NM-501 - New Mexico Balance of State CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Tapestry

What is the name of the HMIS software company? VisionLink Inc.

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 07/01/2004
(format mm/dd/yyyy)

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: No or low participation by ESG funded providers, HMIS unable to generate AHAR table shells, Poor data quality, Other, No or low participation by non-HUD funded providers
(select all the apply):

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

HMIS Project Manager and NMCEH staff are working with CoC agencies to develop community "peer-to-peer" discussions to help non-CoC agencies understand the importance of full community HMIS participation. NMCEH staff will also work with the City of Albuquerque to increase HMIS participation of providers that receive ESG funding and/or funding through the City of Albuquerque. Data quality issues are being identified and addressed through a monthly inventory record completed by agencies to document missing or inaccurate data. The Vision Link software will be upgraded in order to produce the reports necessary for AHAR by October 2009.

Another challenge is that many agencies have high staff turnover, so HMIS trained staff are continually leaving. The HMIS Project Manager provides ongoing on-site and phone-conference training to orient and assist new staff at agencies with high staff turnover.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name New Mexico Coalition to End Homelessness

Street Address 1 PO Box 865

Street Address 2

City Santa Fe

State New Mexico

Zip Code 87504

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Ms.
First Name Julie
Middle Name/Initial M.
Last Name Gallegos
Suffix
Telephone Number: 505-982-9000
(Format: 123-456-7890)
Extension
Fax Number: 888-527-6480
(Format: 123-456-7890)
E-mail Address: jgallegos@housingnm.org
Confirm E-mail Address: jgallegos@housingnm.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	51-64%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	51-64%
* Permanent Housing (PH) Beds	51-64%

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

The Albuquerque CoC bed coverage rates are at 54% for emergency shelters, 56% for transitional housing programs and 51% for permanent supportive housing projects. Currently, two emergency shelters receive ESG funds but do not participate in HMIS. We plan to work with these two shelters and the City of Albuquerque, which administers their ESG funding, so that they will begin participating in HMIS within the next twelve months. This will significantly increase our bed coverage rate for emergency shelters. All McKinney-Vento funded transitional housing and permanent supportive housing programs are participating in HMIS. Over the next twelve months we will ask other transitional and permanent supportive housing programs to participate in HMIS and provide the support they need to do so. Now that our HMIS reporting tool is functional, agencies have greater incentive to participate in HMIS. The HMIS Project Manager is working with CoC agencies to develop community "peer-to-peer" discussion to help non-CoC agencies understand importance of full community HMIS participation.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	56%	0%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	30%
* Disabling Condition	0%	52%
* Residence Prior to Program Entry	52%	0%
* Zip Code of Last Permanent Address	52%	0%
* Name	15%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? No

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

The HMIS agency training emphasizes the importance of data accuracy and completeness. Monthly HMIS data reports are conducted to review agency completion of universal data elements, and agencies with incomplete records are contacted to follow up and complete data entry. The importance of data quality is raised as a reminder at the bimonthly New Mexico Coalition to End Homelessness membership meetings. The state Mortgage Finance Authority is moving towards a system where monthly reports will be required to come from HMIS for ESG and state-funded providers, which will encourage providers to improve data quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

The New Mexico HMIS Policies and Procedures Manual directs all HMIS user agencies, regardless of funding sources, to complete the Universal Data Elements, which also requires program entry and exit dates. HMIS training includes instructions to improve data validity (e.g., maintaining and referencing information for data entry directly from a client log or file). HMIS training also directs program administrators to conduct regular data quality checks to assure data completion and accuracy. The HMIS project manager regularly reviews agency data records and follows up directly with any agency with incomplete or questionable record status.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Never
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

- For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
 - Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
 - Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
 - Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
 - Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
 - Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
 - Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
 - Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Quarterly
* Secure location for equipment	Quarterly
* Locking screen savers	Quarterly
* Virus protection with auto update	Quarterly
* Individual or network firewalls	Quarterly
* Restrictions on access to HMIS via public forums	Quarterly
* Compliance with HMIS Policy and Procedures manual	Quarterly
* Validation of off-site storage of HMIS data	Quarterly

How often does the CoC assess compliance with HMIS Data and Technical Standards? Semi-annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Monthly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 09/30/2009

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/25/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	33	108	39	180
Number of Persons (adults and children)	102	352	94	548
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	379	238	687	1,304
Number of Persons (adults and unaccompanied youth)	379	238	837	1,454
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	412	346	726	1,484
Total Persons	481	590	931	2,002

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	152	251	403
* Severely Mentally Ill	80		80
* Chronic Substance Abuse	260		260
* Veterans	162	74	236
* Persons with HIV/AIDS	1		1
* Victims of Domestic Violence	236		236
* Unaccompanied Youth (under 18)	10	3	13

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Biennially

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/30/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 91%

Transitional housing providers: 93%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

A housing bed inventory survey was mailed out to all Albuquerque emergency shelter and transitional housing providers in late January 2009. The survey asked providers to report how many unduplicated individuals, homeless families, and homeless persons in families stayed in the agencies' facilities the night of January 25, 2009. The survey also asked for sub-population data regarding the individuals and families who stayed in the agencies' facilities the night of January 25, 2009. The survey included clear instructions on how to complete the survey. The CoC Steering Committee members conducted follow-up calls to all providers to ensure that they understood how to complete the survey and to ensure that it would be completed and returned. Completed surveys were returned to the New Mexico Coalition to End Homelessness, which tallied the results. The New Mexico Coalition to End Homelessness followed-up with individual agencies if there were any concerns or questions about the data they reported in order to ensure that the sheltered point in time count results were accurate.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

We counted 82 more people in our 2009 sheltered count than we did in our 2007 sheltered count. This is largely due to the fact that we included three transitional living programs in our 2009 count that were not included in our 2007 count. It is also due to the fact that some agencies reported serving more people the night of our 2009 point in time count than they did during the night of our 2007 point in time count.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: *¿A Guide for Counting Sheltered Homeless People¿* at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy:	<input type="checkbox"/>
Provider expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

A survey was mailed out to all Albuquerque emergency shelter and transitional housing providers in late January 2009. The survey asked providers to report how many unduplicated individuals, homeless families, and homeless persons in families stayed in the agencies' facilities the night of January 25, 2009. The survey also asked for sub-population data regarding the individuals and families who stayed in the agencies' facilities the night of January 25, 2009. Some service providers used individual client records in order to provide sub-population data on the clients in their programs, while others used their expertise to estimate the number of clients belonging to each sub-population. The CoC Steering Committee members conducted follow-up calls to all providers to ensure that they understood how to complete the survey and to ensure that it would be completed and returned. Completed surveys were returned to the New Mexico Coalition to End Homelessness, which tallied the results. The New Mexico Coalition to End Homelessness followed-up with individual agencies if there were any concerns or questions about the data they reported, including the sub-population data, in order to ensure that the sheltered point in time count results were accurate.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

The number of chronically homeless people, people with serious mental illness, people with substance abuse, domestic violence survivors all increased from 2007 PIT count to the 2009 PIT count, while the number of homeless youths decreased. We have not identified any particular factors that would cause an increase or decrease in each of these sub-populations. These sub-population numbers do vary from year to year without any particular identifiable cause. The number of veterans did increase which we believe is due to the increasing number of Iraq and Afghanistan War veterans returning home. The number of people living with HIV/AIDS decreased which is due to the fact that one of the transitional housing providers for people with HIV/AIDS that participated in our 2007 PIT count was not open in 2009.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
 (select all that apply)**

Instructions:	X
Training:	
Remind/Follow-up	X
HMIS:	
Non-HMIS de-duplication techniques:	X
None:	
Other:	X

If Other, specify:

The New Mexico Coalition to End Homelessness staff called emergency shelter and transitional housing providers after receiving completed surveys to address any questions or concerns about the data provided in the survey.

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

Emergency shelter and transitional housing providers were asked to report on the number of clients they served on the night of January 25, 2009. Albuquerque emergency shelters and transitional housing providers have intake procedures that make it highly unlikely that the same individual or family would be in two different emergency shelters or transitional housing programs on the same night. Thus we are confident our shelter count is an unduplicated count.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see
¿A Guide to Counting Unsheltered Homeless People¿ at:
http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Staff and volunteers conducted a short survey of people as they accessed homeless services. In addition, outreach staff went out into areas of the City where homeless people were likely to be and conducted the same survey with people they encountered on the streets. As part of that survey each person was asked to provide the first two letters of their first name and last name, the year they were born, and their gender. From this information we created a unique identifier for that person. All survey results, including the unique identifier, were entered into an ACCESS database. If there were two respondents with the same unique identifier and who reported staying in the same place the night of January 25, 2009, one of the respondents was removed from the database.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The Albuquerque Continuum of Care helps unsheltered families obtain shelter and ultimately housing through outreach, case management services, collaboration and housing programs. Albuquerque Health Care for the Homeless conducts outreach to homeless families, including families living on the streets and families living in motels, who are at high risk of becoming unsheltered homeless. Albuquerque Health Care for the Homeless also provides intensive, short-term case management services to homeless families, many of whom are unsheltered and are seeking help for the first time. These services help families connect to mainstream resources and find shelter. Albuquerque has two emergency shelters, some motel vouchers, nine transitional housing programs and eight permanent supportive housing programs for families. Albuquerque family homeless service providers coordinate through the Continuum of Care ACCESS collaborative to connect unsheltered homeless families to the most appropriate program. Barrett Foundation has applied for the 2009 Permanent Housing Bonus project which will allow it to provide 7 new units of permanent supportive housing for families. Albuquerque Continuum of Care also worked collaboratively to design Albuquerque's Homeless Prevention & Re-Housing Program, which will prevent homelessness among families and help families quickly obtain new housing. The HPRP program is administered by Catholic Charities which has a long history of serving homeless families.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Within the Albuquerque Continuum of Care, Albuquerque Health Care for the Homeless, St. Martin's Hospitality Center, Albuquerque Police Department, First Nations, NM AIDS Services, Stand Up for Kids, and the Veterans Administration all have outreach staff that go to the streets to engage and assist the unsheltered homeless. Outreach staff from these different agencies do outreach together in order to facilitate access to the most appropriate resources. The City of Albuquerque also funds two Assertive Community Treatment (ACT) teams. In addition, St. Martin's Hospitality Center and Albuquerque Health Care for the Homeless run drop-in centers where unsheltered homeless people can obtain basic necessities like food and clothing and build relationships with advocates. In addition Bernalillo County is coordinating a Chronic Public Inebriates Collaborative to better coordinate services for people living on the streets who are chronic substance abusers and who cycle in and out of institutions. Outreach workers also meet monthly via the Albuquerque Outreach Collaborative to strategically address gaps in outreach services.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

In 2009 Albuquerque conducted a much more sophisticated and rigorous unsheltered point in time count than it did in 2007. We engaged more social service agencies and more volunteers in 2009 than we did in 2007 to help with the services-based part of our PIT count. In addition we added a street-based component to our PIT count where outreach workers went into the streets to count homeless people who were unlikely to access services. As a result, we were able to count more people than we did in 2007. Thus, our 2009 unsheltered point in time count results are higher in 2009 than they were in 2007.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

In the next 12 months 2 new construction permanent housing projects will be completed and begin operating; these projects will create 25 new permanent housing beds for the chronically homeless. Barrett Foundation has applied for the 2009 Permanent Housing Bonus project and if it receives funding will designate 2 permanent housing beds for the chronically homeless. As for a contingency plan, the worst case scenario is that these new construction projects will fall behind schedule. In that case, the 25 new beds will still be created but it will just take a little longer than 12 months. In the event that Albuquerque does not receive the 2009 Permanent Housing Bonus we will plan to apply again in 2010.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The Albuquerque Plan to create more chronically homeless beds has a federal, state and local component. Each year the CoC will apply for the Permanent Housing Bonus and will designate some of the PH Bonus beds for the chronically homeless. This will create between 2-5 new permanent housing beds for the chronically homeless each year. The Supportive Housing Coalition of NM plans to create new PH for people with disabilities, including the chronically homeless, using Section 811, low-income tax credits and National Housing Trust Fund dollars. The CoC will advocate for the expansion of the Linkages Program from 30 to 200 vouchers and that half these vouchers be for the chronically homeless. The state-funded Linkages Program was funded two years ago and provides housing vouchers to people with disabilities. The City of Albuquerque funds 200 Housing First vouchers for the chronically homeless. The CoC will advocate for expansion of this program.

How many permanent housing beds do you currently have in place for chronically homeless persons? 213

How many permanent housing beds do you plan to create in the next 12-months? 240

How many permanent housing beds do you plan to create in the next 5-years? 315

How many permanent housing beds do you plan to create in the next 10-years? 405

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Independent Review Comm. evaluates PH providers on whether they have met this outcome. Agencies have identified ways to improve their outcome; as they implement these changes this outcome will improve for the CoC. In 2009, Albuquerque began implementing the SOAR model, which helps homeless people successfully apply for SSI. SOAR implementation will continue over the next 12 months. This will allow PH tenants to quickly obtain SSI, which also qualifies them for Medicaid. Having access to an income and healthcare will improve their housing stability. Limited funding for supportive services for PH clients is an obstacle to reaching a 77% outcome in 12 months. The CoC will work with Human Services Dept. and local funders to increase state and private funding for supportive services. As a contingency plan, the SOAR Steering Committee will meet monthly to address any problems with implementation and the NMCEH will follow-up with agencies that committed to improving this outcome.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The core of Albuquerque's long-term plan to increase this housing outcome is to help agencies shift towards a Housing First approach and to increase state and private funding for supportive services that help people remain in housing. As providers adopt a Housing First approach, this will result in longer housing stays. We know that supportive services are critical for tenants' housing success, but funding for these services is very limited. The New Mexico Coalition to End Homelessness (NMCEH) will continue to work with the NM Human Services Department (HSD) to increase state funding for supportive services. The NMCEH will also continue to work with HSD to maximize service providers' use of Medicaid funded services that can help people remain in housing. The Albuquerque CoC will work closely with local funders who have been partners in implementing our Plan to End Homelessness to increase funding for supportive services for supportive housing tenants.

- What percentage of homeless persons in permanent housing have remained for at least six months?** 57
- In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 62
- In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 77
- In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 85

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

One key strategy is to have an adequate supply of affordable rental housing. There are 5 affordable housing rental projects under construction that will be completed within 12 months. We will ensure that TH residents can access these units. TH providers will continue to build relationships with landlords so that TH residents can access rental housing. TH providers will continue to develop relationships with job developers and to implement the SOAR model, which is a model for helping homeless people obtain SSI. Increasing clients' incomes will help them obtain permanent housing. TH providers have already built many relationships with landlords and job developers, which is why we have exceeded HUD's outcome. This will continue, so there is no need to develop a contingency plan. If the 5 PH projects currently under construction are not completed in the next 12 months, we will help TH clients access existing units. The SOAR Steering Comm. will meet monthly to address any problems.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The core of Albuquerque's long-term plan for increasing this housing outcome is to expand the supply of affordable housing for low-income people. In October 2009, voters approved \$10 million for The Albuquerque Workforce Housing Trust Fund. The Albuquerque CoC will work with the City of Albuquerque to ensure much of these funds are used to provide affordable rental homes to low-income people. The New Mexico Coalition to End Homelessness will advocate for increased funding for the NM Housing Trust Fund and for expansion of the City of Albuquerque's Housing First program. Another important component of Albuquerque's long term plan is to increase funding for supportive services for transitional housing residents. The Albuquerque CoC will work closely with local funders who have been partners in implementing our Plan to End Homelessness to increase funding for services that help people obtain housing.

What percentage of homeless persons in transitional housing have moved to permanent housing? 69

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 70

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 77

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 85

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

In 2008, 38% of homeless persons were employed upon exiting their CoC program. To continue this strong success, the Albuquerque CoC agencies will continue to collaborate closely with job developers, such as Goodwill Industries, St. Martin's and the Dept. of Vocational Rehab. The Metropolitan Homelessness Project will expand the new Community Voice Mail project which provides voice mail to homeless people in Albuquerque. 70% of Community Voice Mail clients reported that having voicemail helped them to obtain employment. CoC agencies have already built many relationships with job developers, which is one of the reasons that we have exceeded HUD's outcome in this area by 18%. We expect this will continue, so there is no need to develop a contingency plan. The Community Voicemail project is well underway and we do not foresee any issues with its expansion. If the program is unable to expand for some reason then the CoC will explore alternative ways to expand the program.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The key components of Albuquerque's long-term plan is to increase employment opportunities for homeless people and to remove obstacles that make it difficult for homeless people to obtain work such as limited transportation options, lack of affordable child care or lack of a phone number. Our plan includes building new collaborations with job developers, educational institutions and employers that create new job opportunities for homeless people. The Albuquerque CoC will work with the Albuquerque Transit Dept. to make transportation more accessible, for example by providing discounted bus passes to homeless people. Cuidando los Ninos, a CoC organization which provides childcare to homeless families, is working with other organizations that provide shelter to homeless families to increase childcare opportunities. We will continue to work with the Metropolitan Homelessness Project to expand Community Voicemail so that every homeless person who needs voicemail service can obtain it.

What percentage of persons are employed at program exit? 38

In 12-months, what percentage of persons will be employed at program exit? 38

In 5-years, what percentage of persons will be employed at program exit? 45

In 10-years, what percentage of persons will be employed at program exit? 50

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The Albuquerque CoC will successfully implement the Homeless Prevention and Re-Housing Program (HPRP). The HPRP will help families avoid homelessness or quickly exit homelessness. It will be administered by Catholic Charities which has extensive experience providing services and housing to homeless families. Barrett Foundation has applied for the Permanent Housing Bonus project; if it receives these funds it will create 7 new units of PH for families. The City of Albuquerque plans to fund a Resource Center for homeless families within the next year, which will help families quickly exit homelessness. If there are issues with HPRP implementation, the Albuquerque CoC will work closely with Catholic Charities to resolve them. If Barrett Foundation does not receive Permanent Housing Bonus Funds then Albuquerque CoC will apply again for these funds in 2010. We will not be able to measure whether there has been a decrease in family homelessness until we conduct our next PIT count in 2011.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The two main components of Albuquerque's long-term plan for reducing the number of homeless families is to increase the supply of affordable housing in Albuquerque for low-income families and to increase the supply of supportive services that can help families avoid homelessness or quickly obtain new housing. As part of its long-term strategy the Albuquerque CoC plans to secure local funding to continue the Homeless Prevention & Re-Housing Program after the stimulus funding ends. In October 2009, voters approved \$10 million for The Albuquerque Workforce Housing Trust Fund. The Albuquerque CoC will work with the City of Albuquerque to ensure much of these funds are used to provide affordable rental homes to low-income families at risk of homelessness. The New Mexico Coalition to End Homelessness will advocate for increased funding for the NM Housing Trust Fund and for expansion of the City of Albuquerque's Housing First program.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 180

In 12-months, what will be the total number of homeless households with children? 180

**In 5-years, what will be the total number of
homeless households with children?** 135

**In 10-years, what will be the total number of
homeless households with children?** 90

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The New Mexico Children, Youth and Families Department (CYFD) has implemented a formal protocol through its Independent Living Program to assist youth, over 15 years of age and up to 21 years, with obtaining a permanent living arrangement upon leaving the state's foster care system. CYFD develops and implements a transitional living plan for each youth and provides support services, such as counseling, employment, educational, life skills, medical, financial and other appropriate support services, to help them achieve self-sufficiency. Each youth is assigned a social worker who coordinates services and helps them find permanent housing. According to CYFD, upon leaving foster care youth routinely enter their own permanent housing, go to live with friends, return to live with their biological families or enter a CYFD funded transitional living program. Some youth also enter the Housing First Transitions program. In October 2007 CYFD initiated a 20 unit, scattered-site housing model in the Albuquerque community for youth transitioning from the foster care or juvenile justice systems. CYFD partnered with the Supportive Housing Coalition of New Mexico to administer the housing component of the project and with Value Options of New Mexico and its service providers to ensure quality, community-based services for the youth. The program will have a comprehensive evaluation component.

Health Care:

Albuquerque Health Care for the Homeless has taken the lead in discharge planning by meeting with University of New Mexico hospital staff on improving discharge planning to avoid discharging people to homelessness. The eventual goal of these discussions is to have a formal discharge protocol that will prevent discharge to homelessness. No timeline has been established yet for the development of a formal protocol. The Metropolitan Homelessness Project has been working with Presbyterian Hospital, University of New Mexico Hospital, Lovelace Hospital and the Bernalillo County Commission to implement a respite care system for people discharged from the hospital who do not have a home. In some case people being discharged from Albuquerque hospitals go directly to emergency shelters. People being discharged from hospitals routinely return to their own housing or move in with family or friends and some may enter a transitional housing program.

Mental Health:

There is a formal protocol in place for mental health discharge planning. OptumHealth New Mexico, which manages New Mexico's publicly-funded mental health services, requires that local agencies conduct discharge planning and evaluates whether discharge planning is being done as part of their audit process. People being discharged from Albuquerque mental health facilities routinely return to their own housing or move in with family or friends. Some may enter a transitional housing program. In some cases people go directly to emergency shelters or live on the streets. The New Mexico Human Services Department launched a pilot program, called Linkages, in January 2008 to provide supportive housing for individuals with serious mental illness. One of the pilot projects is located in Albuquerque and it is administered by the Supportive Housing Coalition. The New Mexico Human Services Department is requesting additional funding to expand this program. Because the Linkages program is targeted to individuals with serious mental illness, it will expand the housing opportunities available to people who are discharged from treatment facilities.

Corrections:

The NM Corrections Dept. has implemented a protocol for the reentry planning process for all adult inmates who are being released back to the community from incarceration. A reentry plan is required for all inmates who are being released with supervision to follow. The reentry plan must address healthcare, education/job development, housing, family support and life skills. A Reentry and Transition Coordinator assists with the reentry plan and in locating housing. There are several initiatives underway to improve discharge planning at the local jail. A working group has worked with Bernalillo County Commission to improve discharge policies. Bernalillo County is leading a Chronic Public Inebriates Collaborative to address people cycling in and out of the local jail and other institutions. This Collaborative includes providers, the jail, the City of Albuquerque, and the local detox facility. Albuquerque Health Care for the Homeless and Bernalillo County started the Re-Entry Collaborative which provides free primary care and services to people exiting jail or prison. Bernalillo County Metro Court funds case management for people in the jail who have a dual diagnosis. In some cases people in Albuquerque leaving prison or jail go directly to emergency shelters or the streets. However, many people leaving prison or jail routinely return to their own housing, move in with family/friends or enter a halfway house/transitional program for people leaving the corrections system.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

The goals that are included in both plans are: Continue Housing First program for people who are chronically homeless; Provide integrated services to chronically homeless people through the Assertive Community Treatment Program; Preserve and produce new affordable rental housing for people with very low incomes; Work with local institutions to develop discharge policies to ensure housing for those released from institutions; Improve homeless prevention assistance; Improve public transit to enable low income people to commute to work, services and school; Administer outreach programs that assist people who are homeless; Fund key activities identified in the Continuum of Care process.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The Albuquerque Advocacy Committee worked in collaboration with the City of Albuquerque to develop the program design for the HPRP and to collaboratively select an organization to administer the HPRP. The Albuquerque Advocacy Committee's purpose is to oversee implementation of Albuquerque's plan to end homelessness and it is comprised of many Albuquerque CoC Steering Committee members. The agency that was selected to run the HPRP program, Catholic Charities of Central New Mexico, has several CoC grants, is an active participant within the Albuquerque CoC and has strong collaborations with many other homeless services in Albuquerque. Catholic Charities has educated other CoC providers about the referral process and CoC agencies regularly refer their clients to Catholic Charities for HPRP services.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

A representative of the Veterans Administration in Albuquerque attended the July 2009 New Mexico Coalition to End Homeless membership meeting to educate service providers about the new HUD VASH vouchers and how providers could help their clients obtain these vouchers. The VASH vouchers are administered by Albuquerque Housing Services and the local VA provides supportive services. Community homeless service providers, including CoC agencies, can refer their clients to a VA social worker in order to initiate the referral process. NewLife Homes received funding through the Tax Credit Exchange Program for its NLH4 project, which received CoC Samaritan Housing Bonus funds in 2006. NLH4 will consist of 48 affordable rental units, 15 of which will be set-aside for the chronically homeless. The project is currently under construction and will begin operating in July 2010. The City of Albuquerque has allocated Neighborhood Stabilization Program (NSP) funding to T & C Management to develop 32 units of affordable rental housing in Albuquerque. Seventy percent of the units will be for households under 50% area median income and 30% of the units will be for households between 50% and 80% area median income. The CoC will work with the City of Albuquerque to ensure homeless people are able to access these units.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	213	Beds	213	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	65	%	57	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	70	%	69	%
Increase percentage of homeless persons employed at exit to at least 19%	30	%	38	%
Decrease the number of homeless households with children.	125	Households	180	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The Albuquerque CoC did not meet its proposed 12 month goal for the percentage of PH clients staying over 6 months. One of the major challenges is the limited funding available to provide supportive services to permanent supportive housing tenants. The Albuquerque CoC has taken steps to address this, including implementing the SOAR model, which is a model for helping homeless people successfully apply for SSI. In addition to increasing people's income this will increase access to behavioral health services (since SSI recipients are also eligible for Medicaid). Another major challenge is that the Albuquerque CoC continues to serve increasing numbers of chronically homeless people and chronic substance abusers, who face significant barriers to housing stability. We missed our proposed goal for the percentage of transitional housing clients moving into permanent housing by 1 percent. We believe that we will meet this goal next year. We also did not meet our goal for a decrease in the number of homeless families. This is because we did a much better 2009 PIT count than we did in 2007. As a result we counted more homeless families. Current economic conditions have also contributed to an increase in homeless families.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	713	174
2008	159	213
2009	403	213

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

In 2009 the Albuquerque CoC conducted a much more rigorous and extensive PIT count than we did in 2007. In 2009, in addition to conducting a services-based count we sent outreach teams into the streets to count people who were unlikely to access services. As a result we counted more homeless people than we did in 2007, including more chronically homeless people. No new permanent housing beds came online between February 1, 2008 and January 31, 2009 because the housing projects that received Samaritan Housing Bonus funds in 2007 and 2008 are still under construction. These projects will create 25 new permanent housing beds for people who are chronically homeless and will be completed within the next 12 months.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	255
b. Number of participants who did not leave the project(s)	289
c. Number of participants who exited after staying 6 months or longer	137
d. Number of participants who did not exit after staying 6 months or longer	171
e. Number of participants who did not exit and were enrolled for less than 6 months	108
TOTAL PH (%)	57

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	121
b. Number of participants who moved to PH	84
TOTAL TH (%)	69

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 652

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	117	18	%
SSDI	37	6	%
Social Security	19	3	%
General Public Assistance	39	6	%
TANF	84	13	%
SCHIP	0	0	%
Veterans Benefits	3	0	%
Employment Income	245	38	%
Unemployment Benefits	1	0	%
Veterans Health Care	3	0	%
Medicaid	111	17	%
Food Stamps	170	26	%
Other (Please specify below)	10	2	%
Family support, child support, child's social security, retirement income			
No Financial Resources	130	20	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

The Albuquerque CoC reviews the APRs on an annual basis to assess how we are doing helping people access mainstream programs. This year the Albuquerque CoC Steering Committee met in October 2009 to review the APR data. The Steering Committee noted that the percentage of people obtaining Food Stamps at exit was lower than expected, but overall the CoC was doing very well connecting people to mainstream benefits. The Steering Committee agreed that the Albuquerque CoC would continue to focus on implementing the SOAR model, which is a model for helping homeless people successfully apply for SSI, because helping homeless people with disabilities obtain SSI is a CoC priority.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

April 30, 2009; May 21, 2009; June 24, 2009; July 15, 2009; August 12, 2009; September 25, 2009; November 10, 2009

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

June 8-9, 2009

August 13-14, 2009

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	75%
Case managers work with each client to determine which mainstream benefits the client may be eligible for, including but not limited to TANF, SNAP, SSI/SSDI, Medicaid and General Assistance. Case managers assist each client with obtaining and completing all necessary applications and forms and collecting all necessary documentation. Case managers help the client communicate with the public benefits office. Case managers help clients overcome any obstacles to receiving the public benefits for which the client is eligible, such as transportation barriers or missing documentation.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	70%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Food Stamps, General Assistance, Medicaid, TANF	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. 4a. Describe the follow-up process:	75%
Case managers meet weekly with clients to see if they are making progress in accomplishing their goals, including whether they have obtained the mainstream benefits for which they are eligible. If a client has not obtained mainstream benefits for which he/she is eligible, the case manager works with the client to determine what the obstacles are and to resolve these obstacles. For example, if a client is unable to obtain a mainstream benefit because she is missing a critical piece of documentation the case manager will help that client obtain that piece of documentation. Case managers will continue to meet regularly with clients to ensure that clients receive the mainstream benefits for which they are eligible.	

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	<p>Yes</p>
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	<p>Yes</p>
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	<p>Yes</p>
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	<p>No</p>
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	<p>Yes</p>
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<p>Yes</p>

Part A - Page 2

<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<p>Yes</p>
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)</p>	<p>Yes</p>
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	<p>Yes</p>
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<p>Yes</p>
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<p>No</p>
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	<p>No</p>
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<p>No</p>

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<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	Yes
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	Yes
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Casa Milagro Tran...	2009-10-27 19:09:...	1 Year	Barrett Foundatio..	97,447	Renewal Project	SHP	TH	F
Hudson House	2009-10-13 23:29:...	1 Year	Transitiona l Livi...	276,300	Renewal Project	SHP	TH	F
Pathways Supporte...	2009-10-14 12:07:...	1 Year	Goodwill Industri...	114,866	Renewal Project	SHP	PH	F
Social Transition..	2009-10-16 19:24:...	1 Year	Albuquerq ue Healt...	135,267	Renewal Project	SHP	SSO	F
S+C AHCH & SMHC	2009-10-23 11:22:...	1 Year	City of Albuquerq ue	1,074,636	Renewal Project	S+C	TRA	U
The Crossroad s	2009-10-19 15:51:...	1 Year	Crossroad s for Women	191,940	Renewal Project	SHP	PH	F
Partners in Housing	2009-10-20 01:14:...	1 Year	Catholic Charities	223,055	Renewal Project	SHP	PH	F
Mesa House	2009-10-13 23:35:...	1 Year	Transitiona l Livi...	105,000	Renewal Project	SHP	PH	F
Proyecto La Luz-TH	2009-10-21 10:58:...	1 Year	Catholic Charities	202,692	Renewal Project	SHP	TH	F
SHP-TH	2009-10-23 12:50:...	1 Year	City of Albuquerq ue	895,822	Renewal Project	SHP	TH	F
Bridges Supportiv..	2009-10-27 13:36:...	1 Year	Barrett Foundatio..	23,780	Renewal Project	SHP	SSO	F
R.I.S.E.	2009-10-28 11:01:...	1 Year	S.A.F.E. House	42,096	Renewal Project	SHP	SSO	F

dual diagnosis ou...	2009-10-20 12:44:...	1 Year	st martin's hospi...	115,500	Renewal Project	SHP	SSO	F
ACCESS-SSO	2009-10-20 00:48:...	1 Year	Catholic Charities	241,153	Renewal Project	SHP	SSO	F
Cuidando	2009-10-20 17:14:...	1 Year	City of Albuquerque	223,709	Renewal Project	SHP	SSO	F
Casa Socorro Perm...	2009-10-27 20:04:...	2 Years	Barrett Foundatio..	225,172	New Project	SHP	PH	P1
The Crossroads ch...	2009-10-19 15:28:...	1 Year	Crossroads for Women	112,834	Renewal Project	SHP	PH	F
Proyecto La Luz SSO	2009-10-20 01:33:...	1 Year	Catholic Charities	51,371	Renewal Project	SHP	SSO	F
S+C TLS	2009-10-20 17:44:...	1 Year	City of Albuquerque	340,680	Renewal Project	S+C	TRA	U
Sevagram Supporti...	2009-10-15 16:41:...	1 Year	Supportive Housin...	171,226	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$3,224,058
Permanent Housing Bonus	\$225,172
SPC Renewal	\$1,415,316
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NM-500 Certificat...	10/21/2009

Attachment Details

Document Description: NM-500 Certification of Consistency with the Consolidated Plan