

## 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-501 - New Mexico Balance of State 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:** New Mexico Coalition to End Homelessness

**Indicate the frequency of group meetings:** Bi-monthly

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

**Indicate the legal status of the group:** 501(c)(3)

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: 90%**  
**(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)**

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

|                   |                                     |
|-------------------|-------------------------------------|
| <b>Elected:</b>   | <input type="checkbox"/>            |
| <b>Assigned:</b>  | <input checked="" type="checkbox"/> |
| <b>Volunteer:</b> | <input checked="" type="checkbox"/> |
| <b>Appointed:</b> | <input type="checkbox"/>            |
| <b>Other:</b>     | <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):**

Membership in the New Mexico Coalition to End Homelessness(NMCEH) consists of nonprofit agencies, government agencies, and interested individuals (some of whom are or were homeless). The CoC Steering Committee is appointed by the Coalition membership; Coalition Board members are elected by Coalition members; other CoC committee members either volunteer or are recruited/appointed by the Coalition membership. This process maintains direct membership involvement in the selection of leadership, assures the leadership is selected from those most "ready and able" to serve, and provides our membership with consistent and productive leadership, and assures successful leadership transitions.

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

|                   |                                     |
|-------------------|-------------------------------------|
| <b>Elected:</b>   | <input checked="" type="checkbox"/> |
| <b>Assigned:</b>  | <input type="checkbox"/>            |
| <b>Volunteer:</b> | <input type="checkbox"/>            |
| <b>Appointed:</b> | <input type="checkbox"/>            |
| <b>Other:</b>     | <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):**

No. The Coalition prefers not to oversee the grants. We prefer to provide technical assistance and support to agencies that assist the homeless which are our member organizations.

# 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 |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| BOS CoC Steering Committee                                      | Addresses "big picture" system-wide issues and strategies concerning growth and effectiveness of NM BOS CoC, including membership development, service system assessment and planning, and overall policy guidance. Develops ranking criteria for new and renewal projects. Helps to recruit new projects. | Quarterly         |
| BOS CoC Impartial Review Committee                              | Uses project application ranking criteria and priorities to review renewal and new project applications and ranks them.                                                                                                                                                                                    | Semi-annually     |
| NM HMIS Steering Committee                                      | Addresses issues and strategies for NM HMIS project with HMIS Project Manager, including growth of agency participation, application upgrade priorities, and making change recommendations based on user-groups feedback.                                                                                  | Quarterly         |
| Housing Leadership Group of the Behavioral Health Collaborative | Brings together state agencies and private sector advocates to promote development of supportive housing for vulnerable populations.                                                                                                                                                                       | Monthly or more   |
| Mainstream Resources Committee                                  | Plans and implements training opportunities for case managers to identify and access mainstream resources. This year the training has focused on the SOAR model for accessing SSI.                                                                                                                         | Quarterly         |

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

Due to the time-sensitive nature of their charge, the BOS CoC Impartial Review Committee typically meets several times in the months immediately preceding the CoC application, and is dormant the rest of the year unless convened for special purposes.

## 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  |
|---------------------------------------|-----------------|-------------------|--------------------------------------------------------------|-----------------|
| The Life Link                         | Private Sector  | Non-pro..         | Primary Decision Making Group, Attend Consolidated Plan p... | Seriously Me... |
| St. Elizabeth Shelter                 | Private Sector  | Non-pro..         | Primary Decision Making Group, Attend Consolidated Plan p... | Seriously Me... |
| La Casa, Inc.                         | Private Sector  | Non-pro..         | Primary Decision Making Group, Attend Consolidated Plan p... | Domestic Vio... |
| New Mexico Mortgage Finance Authority | Public Sector   | State g...        | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE            |
| City of Santa Fe                      | Public Sector   | Local g...        | Attend 10-year planning meetings during past 12 months, A... | NONE            |
| Community Against Violence            | Private Sector  | Non-pro..         | Primary Decision Making Group, Attend Consolidated Plan p... | Domestic Vio... |
| Mesilla Valley Community of Hope      | Private Sector  | Non-pro..         | Primary Decision Making Group, Attend Consolidated Plan p... | NONE            |
| Care 66                               | Private Sector  | Non-pro..         | Primary Decision Making Group, Attend Consolidated Plan p... | Seriously Me... |
| City of Las Cruces                    | Public Sector   | Local g...        | Primary Decision Making Group, Attend Consolidated Plan p... | NONE            |
| Santa Fe Community Housing Trust      | Private Sector  | Non-pro..         | Primary Decision Making Group, Attend Consolidated Plan p... | HIV/AIDS        |
| Youth Shelters and Family Services    | Private Sector  | Non-pro..         | Primary Decision Making Group, Attend Consolidated Plan p... | Youth           |
| Socorro County Housing Authority      | Public Sector   | Publi c ...       | Primary Decision Making Group, Attend Consolidated Plan p... | Domestic Vio... |
| Dreamtree Project                     | Private Sector  | Non-pro..         | Primary Decision Making Group, Attend Consolidated Plan p... | Youth           |
| Supportive Housing Coalition of NM    | Private Sector  | Non-pro..         | Primary Decision Making Group, Attend Consolidated Plan p... | Seriously Me... |

|                                                    |                |             |                                                              |                  |
|----------------------------------------------------|----------------|-------------|--------------------------------------------------------------|------------------|
| New Mexico Coalition to End Homelessness           | Private Sector | Non-pro..   | Primary Decision Making Group, Attend Consolidated Plan p... | NONE             |
| Families and Youth, Inc.                           | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Youth            |
| Veteran's Administration, New Mexico Office        | Public Sector  | Othe r      | Committee/Sub-committee/Work Group                           | Veteran s        |
| El Refugio Inc.                                    | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Domesti c Vio... |
| Battered Families Services, Inc.                   | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Domesti c Vio... |
| Crisis Center of Northern New Mexico               | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Domesti c Vio... |
| La Buena Vida                                      | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| Haven House                                        | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Domesti c Vio... |
| Family Crisis Center                               | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Domesti c Vio... |
| Samaritan House                                    | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| Adelante-SFPS Program                              | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group, Attend 10-year planni... | Youth            |
| Esperanza Shelter                                  | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Domesti c Vio... |
| New Mexico Department of Health-Behavioral Serv... | Public Sector  | Stat e g... | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| New Mexico Human Services Department               | Public Sector  | Stat e g... | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE             |
| New Mexico Children, Youth & Family Services De... | Public Sector  | Stat e g... | Committee/Sub-committee/Work Group                           | Youth            |
| Village of Los Lunas Housing Authority             | Public Sector  | Publi c ... | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| Eastern Plains Devlopment Corporation              | Public Sector  | Publi c ... | Committee/Sub-committee/Work Group                           | NONE             |
| Las Cruces Housing Authority                       | Public Sector  | Publi c ... | Attend 10-year planning meetings during past 12 months       | NONE             |
| Santa Fe Civic Housing Authority                   | Public Sector  | Publi c ... | Attend 10-year planning meetings during past 12 months       | NONE             |
| Lutheran Advocacy Ministry                         | Private Sector | Faith -b... | Committee/Sub-committee/Work Group                           | NONE             |

|                                           |                |            |                                                              |      |
|-------------------------------------------|----------------|------------|--------------------------------------------------------------|------|
| Enterprise Foundation                     | Private Sector | Funder ... | Attend 10-year planning meetings during past 12 months       | NONE |
| Santa Fe Mayor's Blue Ribbon Task Force   | Private Sector | Funder ... | Lead agency for 10-year plan                                 | NONE |
| Santa Fe Affordable Housing Round Table   | Private Sector | Other      | Attend 10-year planning meetings during past 12 months       | NONE |
| Las Cruces Task Force to End Homelessness | Private Sector | Funder ... | Attend 10-year planning meetings during past 12 months       | NONE |
| Santa Fe Homebuilders Association         | Private Sector | Businesses | Attend 10-year planning meetings during past 12 months       | NONE |
| Santa Fe Health Care for the Homeless     | Private Sector | Hospita..  | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| Sue Campbell                              | Individual     | Homeles..  | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| Steve Taylor                              | Individual     | Homeles..  | Committee/Sub-committee/Work Group                           | NONE |
| Cheryl Bartlett                           | Individual     | Homeles..  | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| Ray Masterson                             | Individual     | Homeles..  | Attend 10-year planning meetings during past 12 months       | NONE |
| New Mexico Legal Aid                      | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | NONE |
| Clark Johnson                             | Individual     | Formerl..  | Committee/Sub-committee/Work Group                           | NONE |
| Charlotte White                           | Individual     | Formerl..  | 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)** f. Announcements at Other Meetings, 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)** b. Review CoC Monitoring Findings, g. Site Visit(s), 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, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, 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)** c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, e. Consensus (general agreement), d. One Vote per Organization, 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):**

There was an increase of 91 ES beds for household without children in 2009, there was a decrease of 135 ES family beds for the most part accounted for by a shift in bed usage among DV providers who are responding to a higher need for individual beds.

**Safe Haven:** No

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

New Mexico Balance of State CoC does not have Safe Haven projects.

**Transitional Housing:** Yes

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

There was an increase of 68 TH beds for households without children in 2009, while the total TH beds available for households with children in 2009 was essentially unchanged. These new beds were accounted for the most part by non-DV providers developing additional (and maximizing existing) capacity largely through CoC funding.

**Permanent Housing:** Yes

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

There was a decrease of 9 PH beds for households with children in 2009, but an increase of 30 PH beds for households without children. Some beds for families with children have been changed to beds for households without children. The net increase of 21 beds is due to new projects funded through the CoC (development of shelter plus care beds is a priority for the NM BOS CoC).

**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       | 2009 NM BOS CoC eHIC | 11/03/2009    |

## Attachment Details

**Document Description:** 2009 NM BOS CoC eHIC

# 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, Updated prior housing inventory information  
(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):**

Stakeholder discussion used to identify/confirm percentages of need applied in formula.

## 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?** Unknown/Unsure

**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:** 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" discussion to help non-CoC agencies understand the importance of full community HMIS participation. Since high provider staff turnover has been a challenge for continuous HMIS participation, the HMIS Project Manager provides ongoing on-site and phone-conference training to orient and assist new staff at agencies to participate. Data quality issues are being identified and addressed through a monthly inventory record completed by agencies to document missing or inaccurate data. Visionlink software to upgrade for AHAR reporting scheduled for December, 2009.

## 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** (802 Early St.)

**Street Address 2** PO Box 865

**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    | 0-50%                              |
| * Safe Haven (SH) Beds           | Housing type does not exist in CoC |
| * Transitional Housing (TH) Beds | 65-75%                             |
| * Permanent Housing (PH) Beds    | 86%+                               |

**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 New Mexico Coalition is working through member providers to address agencies not funded through the CoC as community "peers" who also have mutual interest in advocacy and system development, to help these non-funded agencies recognize the need for and utility of comprehensive data in HMIS and how that is ultimately dependent on their participation. As we add new reporting capabilities to the software, we expect the appeal to non-CoC funded agencies to increase. We recently started an HMIS Users Group that is focusing on further improvements to the system, such as swipe cards, that will make the HMIS more useful to emergency shelters in particular.

## 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             | 11%                        | 9%                                            |
| * Date of Birth                      | 0%                         | 0%                                            |
| * Ethnicity                          | 18%                        | 0%                                            |
| * Race                               | 7%                         | 0%                                            |
| * Gender                             | 2%                         | 0%                                            |
| * Veteran Status                     | 2%                         | 5%                                            |
| * Disabling Condition                | 2%                         | 0%                                            |
| * Residence Prior to Program Entry   | 9%                         | 0%                                            |
| * Zip Code of Last Permanent Address | 25%                        | 0%                                            |
| * Name                               | 9%                         | 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):**

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 Coalition membership meetings. The State Mortgage Finance Authority is moving toward 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). The HMIS Project Manager now requires program administrators to conduct monthly data quality reports to assure data completion and accuracy. The HMIS Project Manager 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 |             |       |
| <b>Number of Households</b>                               | 35        | 76           | 13          | 124   |
| <b>Number of Persons (adults and children)</b>            | 246       | 306          | 32          | 584   |
| Households without Dependent Children                     |           |              |             |       |
|                                                           | Sheltered |              | Unsheltered | Total |
|                                                           | Emergency | Transitional |             |       |
| <b>Number of Households</b>                               | 164       | 126          | 310         | 600   |
| <b>Number of Persons (adults and unaccompanied youth)</b> | 258       | 227          | 404         | 889   |
| All Households/ All Persons                               |           |              |             |       |
|                                                           | Sheltered |              | Unsheltered | Total |
|                                                           | Emergency | Transitional |             |       |
| <b>Total Households</b>                                   | 199       | 202          | 323         | 724   |
| <b>Total Persons</b>                                      | 504       | 533          | 436         | 1,473 |

## 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) | 189       | 187         | 376   |
| * Severely Mentally Ill                     | 213       |             | 213   |
| * Chronic Substance Abuse                   | 141       |             | 141   |
| * Veterans                                  | 40        | 108         | 148   |
| * Persons with HIV/AIDS                     | 7         |             | 7     |
| * Victims of Domestic Violence              | 40        |             | 40    |
| * Unaccompanied Youth (under 18)            | 239       |             | 239   |

## 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:** 36%

**Transitional housing providers:** 30%

## 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):

The 2009 NM-BOS CoC PIT employed a provider survey to identify and report the sheltered and unsheltered count, and included provider instruction on survey implementation to assure accuracy of report. Returned surveys were tallied in spreadsheet to determine categorical totals and subtotals.

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):

Between the 2007 and 2009 PITs conducted by the New Mexico Balance of State CoC, there was an decrease of 145 total persons accessing shelter services on the date of the PIT. This count decreased in part due to the expansion of transitional and permanent supportive housing capacity developed in the interim, but also due to a diminished response return from DV shelter providers in 2009. There was an increase of 223 homeless persons counted in transitional housing in the same period.

## 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 encouraged to use 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](http://www.hudhre.info/documents/counting_sheltered.pdf) at [http://www.hudhre.info/documents/counting\\_sheltered.pdf](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):**

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

Sheltered subpopulation data was collected through a provider survey of actual clients on the PIT date (in some instances, retrospective provider expertise was used in followup to complete blank fields in survey returns). In training, provider agencies were supplied with the HUD operational definition for chronic homelessness, and this was used to identify those clients meeting the definition.

**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):**

In 2009 the NM BOS CoC PIT counted 189 sheltered and 187 unsheltered chronically homeless persons, nearly doubling the count from 2007. The increase reflects a better count obtained from SSO programs counting unsheltered persons. Likewise the increased number of unsheltered veterans identified in 2009 is attributed to improved participation from SSO programs, as well as by improved instructions for counting veterans. There was also a significant increase in Domestic Violence clients between the two PIT counts, although the response from DV programs declined. We suspect this is due, at least in part, to recent economic stress.

## 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:                       | <input checked="" type="checkbox"/> |
| Training:                           | <input type="checkbox"/>            |
| Remind/Follow-up                    | <input checked="" type="checkbox"/> |
| HMIS:                               | <input type="checkbox"/>            |
| Non-HMIS de-duplication techniques: | <input checked="" type="checkbox"/> |
| None:                               | <input type="checkbox"/>            |
| Other:                              | <input type="checkbox"/>            |

**If Other, specify:**

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

On the questionnaire used to count the unsheltered homeless population, we included a question asking people if they had already been counted at another service site, to avoid duplicate counting. Questionnaire instructions directed those counting to note any who reported having been previously counted.

## 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](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:

Public places count with interviews:

Service-based count:

HMIS:

Other:

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](http://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 type="checkbox"/>            |
| HMIS:                      | <input type="checkbox"/>            |
| De-duplication techniques: | <input checked="" type="checkbox"/> |
| Other:                     | <input checked="" type="checkbox"/> |

**If Other, specify:**

Written instruction and phone follow up to review instructions and to clarify missing or questionable data.

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

Surveying providers were instructed to inquire of respondents whether they had visited any other agency and been similarly interviewed or stayed at a shelter where they would have been counted on the date of the PIT count. Those that acknowledged a similar interview or shelter stay were deemed to have already been counted.

**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 New Mexico Balance of State CoC works with Coalition member agencies and any other interested and qualified parties to increase supportive housing capacity statewide. Individual agencies develop and implement outreach strategies to meet the needs of their respective communities. A recent example is a collaborative effort between CARE 66 and the Supportive Housing Coalition of NM to develop ten units of supportive housing for homeless families in Gallup New Mexico as part of a mixed-income apartment development. These apartments opened in the summer of 2008, and more such projects are planned. The Coalition, with the assistance of the Mortgage Finance Authority, provides technical assistance to under-served communities as well as conducting workshops for agencies interested in developing supportive housing. Agencies in under-served communities are assisted to apply for new CoC projects.

**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):**

CoC agencies develop and implement their own outreach strategies to suit the needs and resources of their respective communities, including 211 registry, advertisement and flyer posting, brochure distribution to other agencies, and direct client outreach. Notable efforts in the New Mexico Balance of State include direct outreach to homeless youth by the Santa Fe Public Schools and by Youth Shelters and Family Services (each has an outreach office, but also regularly visits sites where homeless youth and their friends congregate). For the chronically homeless the CoC has been supporting the efforts of Santa Fe Community Services to do direct outreach to those sleeping on the streets of Santa Fe to connect them with benefits and housing, and that is one reason that Santa Fe Community Services was funded as part of last year's application. The Mesilla Valley Community of Hope provides outreach to those sleeping on the streets of Las Cruces through a drop in center and works to connect these people with benefits and housing, as does the Affordable Housing Alliance in Farmington.

**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):**

There was decrease in total unsheltered homeless counts between the PITs conducted in 2007 (n=726) and 2009 (n=436). We suspect that this was an artifact of conducting the PIT on a Sunday, which was anticipated to maximize the sheltered count but may also be a day of the week for which the unsheltered are less likely to seek services.

### 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)?

The NM BOS CoC will continue to identify and recruit new agencies to develop PH in partnership with the NM Supportive Housing Coalition, and projects are currently planned or underway in Las Vegas, Socorro, Las Cruces, Santa Fe and Carlsbad to develop new permanent supportive housing. We are also working with the Santa Fe County Housing Authority to develop rental assistance for people who are homeless. The NM BOS CoC will also continue to advocate to expand the State Linkages voucher program to accommodate chronically homeless from the current 30 vouchers to 200 vouchers.

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

Work will continue to fully develop the projects mentioned above that are now in the planning stages in Carlsbad, Socorro, and Las Cruces. The NM Coalition to End Homelessness will continue to recruit agencies throughout the state to partner with the Supportive Housing Coalition and other housing developers including YES Housing to develop new permanent supportive housing. Starting in 2010, the NM BOS CoC also anticipates shifting all renewal projects to a one-year renewal cycle, and thereby increasing the portion of the annual pro-rata need that can be allocated to new permanent housing projects.

How many permanent housing beds do you currently have in place for chronically homeless persons? 137

How many permanent housing beds do you plan to create in the next 12-months? 25

How many permanent housing beds do you plan to create in the next 5-years? 300

How many permanent housing beds do you plan to create in the next 10-years? 500

### 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 NM BOS CoC will provide regular training workshops to assist member agencies to develop best practices for helping homeless people remain in permanent housing, and will continue to work with the mental health and homeless courts to assist the chronically homeless to receive better treatment, more appropriate remedial options, and thereby to remain housed.

**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 NM BOS CoC will continue to work with member agencies to establish a statewide "housing first" perspective and approach to working with the special needs of the chronically homeless. The New Mexico Coalition to End Homelessness has also identified a need to create a housing management agency that could own and manage housing in partnership with service agencies, and which would be better prepared than traditional housing operators to manage the needs of people with disabilities who have been homeless. The Coalition will work on planning for this agency over the next year and would implement the plan over the next five years.

**What percentage of homeless persons in permanent housing have remained for at least six months?** 71

**In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 77

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

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 90

### 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)?**

Since we have surpassed the threshold target of 65%, we will continue to develop our systems to try to reach 90% over the next ten years. The NM BOS CoC is prioritizing the development of permanent housing capacity through CoC and other funding to continue to grow the availability of permanent housing capacity to serve those clients exiting transitional housing. Through the new HPRP Rapid Rehousing component, as well as existing CoC transitional housing, participating NM BOS CoC agencies will identify and refer homeless persons to appropriate permanent housing. The CoC will provide training in best practices to case managers working with transitional housing and HPRP clients in how to assist homeless individuals and families to identify and address issues impacting their housing stability.

**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 NM BOS CoC will continue to work with member agencies to develop more permanent supportive housing for transitional housing clients to move to. We will also train case managers in best practices for assisting transitional housing clients to locate and maintain permanent housing. The NM BOS CoC will also work with member agencies to develop rapid re-housing program components with HPRP and other funding that include preparation and transition of clients from transitional to permanent housing.

**What percentage of homeless persons in transitional housing have moved to permanent housing?** 72

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 73

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 80

**In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 90

### 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)?**

The NM BOS CoC has already surpassed the 20% threshold and will work to improve performance in the next few years. We will provide a range of training workshops to assist agencies to connect clients to mainstream resources, including vocational rehab, job counseling, and rights under the Workforce Investment Act. Federal ARRA funds are also expected to assist the state to develop and track some additional jobs, and the NM Coalition to End Homelessness will consult with the main grantees (City of Albuquerque and the NM Mortgage Finance Authority) to assure that appropriate newly created jobs are available for homeless applicants.

**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 NM BOS CoC will continue to provide training to case managers to help them connect homeless people with jobs and job training with a goal of having 65% of clients employed a program exit in ten years. We will continue to work with the State Dept. of Workforce Solutions and the Division of Vocational Rehabilitation to develop appropriate services and procedures that are responsive to the needs of homeless persons.

**What percentage of persons are employed at program exit?** 36

**In 12-months, what percentage of persons will be employed at program exit?** 40

**In 5-years, what percentage of persons will be employed at program exit?** 50

**In 10-years, what percentage of persons will be employed at program exit?** 65

### 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)?

Building on the success of the mixed-income supportive housing project in Gallup, and in partnership with the NM Supportive Housing Coalition, the NM BOS CoC will develop more supportive housing in rural areas for families with children at the rate of one new project every other year. Currently the Supportive Housing Coalition is planning a mixed income project for the Las Cruces area. We are also using the new HPRP program as an opportunity to set up rapid rehousing programs for homeless families throughout the state.

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

The NM Coalition to End Homelessness plans to continue rapid rehousing programs by seeking state and local funds to continue these programs once the HPRP money is expended. By establishing a one-year renewal cycle for all projects in 2010, the NM BOS CoC anticipates maximizing the availability of annual pro-rata need for use to increase new S+C voucher programs and capacities, and will specifically target homeless families with a disabled head of household.

**What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 124

**In 12-months, what will be the total number of homeless households with children?** 120

**In 5-years, what will be the total number of homeless households with children?** 100

**In 10-years, what will be the total number of homeless households with children?** 50

### 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:

New Mexico Children, Youth and Families Dept. (CFYD) has implemented a formal protocol through its Independent Living Program to assist youth, over 15 years of age and up to 21 years, with a plan of permanent living arrangement upon leaving the states 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. Each youth also receives financial assistance of \$642 per month. New Medicaid benefits provide care coordination services for youth aging out of foster care. In 2008 CYFD began a program of supportive housing called Transitions for youth exiting foster care who might otherwise become homeless. The Transitions Program began with 20 housing vouchers that are combined with CYFD services. The program has been very successful and there are plans to increase the number of vouchers as funds become available.

#### Health Care:

St. Vincents Hospital in Santa Fe has developed and implemented a discharge planning policy, coordinating with St. Elizabeths Shelter. St. Elizabeth Shelter has arranged with the hospital a 7 day plan for class 3 medications to be made available while homeless patients transition out of the hospital setting. St. Elizabeth Shelter Staff have been meeting quarterly with hospital discharge planners. NMCEH staff continue participating in this process with the goal of developing a general discharge planning protocol for the state.

**Mental Health:**

New Mexico's public mental health services are managed by Optum Health, which has implemented a formal discharge planning protocol that begins at admission and continues throughout the course of treatment. The consumer, family, treatment team and prior providers assist with the discharge plan. A written discharge summary is completed during a meeting with the consumer. Each plan includes: behavioral and other clinical criteria under which discharge will occur, progress toward discharge; barriers to discharge; plans to address those barriers; estimated length of stay; summary of services provided; goals; consumer progress while under agency care; living situation after discharge; and aftercare plan. These plans are further implemented through the efforts of local collaboratives, which is a best practice model of local committees that oversee mental health care and procedure. In addition, new Medicaid benefits, recently implemented by the State, for individuals with special health care needs, provide care coordination services to those in need of mental health services. In 2008 the state Human Services Department began a supportive housing pilot program for people with behavioral health disorders who would otherwise be homeless called the Linkages Program. Linkages combines a housing voucher with services provided by a behavioral health provider and the pilot program began with 30 vouchers. There are plans to increase the program to 200 vouchers as funding allows.

**Corrections:**

The New Mexico Department of Corrections has implemented a formal protocol for the reentry planning process for all adult inmates releasing back to the community from incarceration. An Institution Reentry Committee meets to develop a discharge plan for each inmate beginning 180 days prior to the release date. A progress report/reentry plan is completed on all inmates identifying needs of the inmates that must be addressed to facilitate successful reentry. The plan is developed with recommendations for appropriate aftercare. The progress report/reentry plan addresses: medical treatment, education/job development, financial needs, housing, family support, life skills, institutional program compliance, and social services assistance. Reentry and Transition Coordinators assist with implementation of the reentry plan and in locating an appropriate residence for the inmate. The Santa Fe County Corrections Dept. has discharge planners available to assist those with mental health issues, and/or seeking methadone treatment. The State Department of Corrections is working with the Housing Leadership Group of the Behavioral Health Collaborative (New Mexico's inter-agency task force on behavioral health which includes homelessness in its purview). The Corrections Department is working with the other state departments to increase supportive housing for ex-offenders who might otherwise be homeless. The Linkages and Transitions Programs mentioned above are part of this initiative.

### 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:**

- Goal 1: Work for official recognition of a statewide plan to end homelessness to be adopted by the Governor.
- Goal 2: Enlist Public Housing Authorities to house chronically homeless people (600 people by 2012).
- Goal 3. Develop permanent supportive housing for the disabled chronically homeless throughout the state.
- Goal 4: Build the capacity in New Mexico to develop and operate more supportive housing in various settings.
- Goal 5: Develop housing for the seriously mentally ill, chronically homeless in five regions under the new single behavioral health entity.
- Goal 6: Improve access to mainstream resources for chronically homeless people.
- Goal 7: Develop and strengthen case management models that keep homeless people in housing once they are housed.

**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):**

HPRP in the NM BOS CoC catchment area is administered by the NM Mortgage Finance Authority (MFA). The main contractors identified by MFA include four NM BOS CoC member agencies: The Life Link (Santa Fe and several northern counties), the City of Las Cruces, the San Juan County Partnership (San Juan County), and Socorro Housing Authority (several central counties), and several other Coalition member agencies serve as sub-contractors (including the Valencia County Housing Authority and Care 66). The NM Coalition to End Homelessness (NMCEH) administers the NM HMIS, which will be used for HPRP client services reporting. The NM BOS CoC Coordinator will serve as the HPRP HMIS Client Services Reporting Coordinator. NMCEH has worked closely with MFA and the City of Albuquerque to plan the development of HPRP in our State, and has a well-established working relationship with the local housing authorities statewide. Therefore NMCEH is well-positioned to continue to influence and assist in overall HPRP roll out, management, and reporting.

**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)?**

NSP in the NM BOS CoC catchment area is administered by the NM Mortgage Finance Authority (MFA). The New Mexico Coalition to End Homelessness, through bimonthly membership meetings, serves as a forum for the NM Mortgage Finance Authority to present and obtain feedback regarding NSP and ARRA plans and activities. Part of the NSP funding has been allocated to the Life Link in Santa Fe for Life Link to purchase foreclosed homes to be used as supportive housing for homeless individuals and families. Local VA representatives presented information about the VASH program to the New Mexico Coalition to End Homelessness in July 2009 so that member agencies would know how to refer veterans to the VASH program. VASH in New Mexico is being administered by several housing authorities.

## 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<br>(number of beds or percentage) |            | Actual 12-Month Achievement<br>(number of beds or percentage) |                                                |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|---------------------------------------------------------------|------------------------------------------------|
| Create new permanent housing beds for the chronically homeless.                                                      | 200                                                             | Beds       | 137                                                           | B<br>e<br>d<br>s                               |
| Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.            | 72                                                              | %          | 71                                                            | %                                              |
| Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%. | 64                                                              | %          | 72                                                            | %                                              |
| Increase percentage of homeless persons employed at exit to at least 19%                                             | 53                                                              | %          | 36                                                            | %                                              |
| Decrease the number of homeless households with children.                                                            | 360                                                             | Households | 124                                                           | H<br>o<br>u<br>s<br>e<br>h<br>o<br>l<br>d<br>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:

Between the 2008 and 2009 housing inventories, 14 permanent housing beds for the chronically homeless were added, bringing the total to 137 beds in the Continuum region. While the NM BOS CoC continues to emphasize permanent housing development through development of S+C projects with CoC funding and through the Supportive Housing Coalition of New Mexico's statewide development initiative, the economic downturn of 2009 has resulted in limiting the availability of new state capital outlay funding available through the State legislative process which had been a significant source of jump-starting new construction projects. This has slowed development of new permanent housing. Also the impact of the economic downturn on the state budget has postponed the intended increase of number of state funded Linkages vouchers from 30 to 200, which would have greatly increased permanent housing for the chronically homeless. However, the NM BOS CoC has made significant progress in the past year in retaining homeless persons in available permanent housing (59% in 2008 to 71% in 2009, just short of the proposed goal) through training and TA with agencies. Although the NM BOS CoC did not obtain its proposed achievement for percentage of homeless persons employed - again, due in large part to the economic downturn of 2009 and its impact on job availability - the CoC continues to perform well above the minimal target of 19%.

## 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 | 197                  | 26                           |
| 2008 | 552                  | 123                          |
| 2009 | 376                  | 137                          |

### 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. 14

### 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  | \$302,460          | \$0           | \$30,000 | \$0   | \$0     |
| Total       | \$302,460          | \$0           | \$30,000 | \$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):**

## 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

|                                                                                     |     |
|-------------------------------------------------------------------------------------|-----|
| <b>Participants in Permanent Housing (PH)</b>                                       |     |
| a. Number of participants who exited permanent housing project(s)                   | 90  |
| b. Number of participants who did not leave the project(s)                          | 200 |
| c. Number of participants who exited after staying 6 months or longer               | 49  |
| d. Number of participants who did not exit after staying 6 months or longer         | 157 |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 54  |
| <b>TOTAL PH (%)</b>                                                                 | 71  |

### 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

|                                                                                   |     |
|-----------------------------------------------------------------------------------|-----|
| <b>Participants in Transitional Housing (TH)</b>                                  |     |
| a. Number of participants who exited TH project(s), including unknown destination | 148 |
| b. Number of participants who moved to PH                                         | 106 |
| <b>TOTAL TH (%)</b>                                                               | 72  |

## 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: 238**

| Mainstream Program           | Number of Exiting Adults | Exit Percentage (Auto-calculated) |   |
|------------------------------|--------------------------|-----------------------------------|---|
| SSI                          | 47                       | 20                                | % |
| SSDI                         | 28                       | 12                                | % |
| Social Security              | 3                        | 1                                 | % |
| General Public Assistance    | 12                       | 5                                 | % |
| TANF                         | 24                       | 10                                | % |
| SCHIP                        | 1                        | 0                                 | % |
| Veterans Benefits            | 0                        | 0                                 | % |
| Employment Income            | 86                       | 36                                | % |
| Unemployment Benefits        | 1                        | 0                                 | % |
| Veterans Health Care         | 1                        | 0                                 | % |
| Medicaid                     | 23                       | 10                                | % |
| Food Stamps                  | 46                       | 19                                | % |
| Other (Please specify below) | 7                        | 3                                 | % |
| childcare                    |                          |                                   |   |
| No Financial Resources       | 33                       | 14                                | % |

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

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

## 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.

Reviews of all CoC funded agencies are conducted at least twice each year by the Executive Director and staff of the NM Coalition to End Homelessness for use by the Impartial Review Committee prior to the annual submission to HUD. Both HMIS and technical assistance trainings emphasize the need for programs to monitor their mainstream resources referrals and services obtained in order to assure an appropriate response to client needs.

**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.

23 April 2009  
28 May 2009  
2 June 2009  
10 September 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. Semi-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).**

16 & 17 September 2008

13 - 14 August 2009

5 - 6 November 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b><br><b>1a. Describe how service is generally provided:</b>                                                                        | 100%       |
| Office based assistance or accompanying clients to benefits offices as necessary. Several agencies are starting to use the SOAR model to get clients on SSI.                                                                               |            |
| <b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>                                                                               | 60%        |
| <b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b><br><b>3.a Indicate for which mainstream programs the form applies:</b>                                                         | 100%       |
| The State Human Services Department has a single application for Medicaid, Food Stamps, General Assistance, Cash Assistance, and Family Planning services.                                                                                 |            |
| <b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>                                                                                                                    | 100%       |
| <b>4a. Describe the follow-up process:</b>                                                                                                                                                                                                 |            |
| In most agencies, case manager follows up to inquire if benefits actually received; one agency in keeping with the SOAR process has instituted an SSI/SSDI Liaison to assist clients with obtaining and appealing those specific benefits. |            |



## 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> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <p><b>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Yes</p> |
| <p><b>*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?</b></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 (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>.)</p>                                                                                           | <p>No</p>  |
| <p><b>*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.</b></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><b>*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?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Yes</p> |
| <p><b>*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?</b></p>                                                                                                                                                                                                                                                           | <p>Yes</p> |
| <p><b>*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.)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>No</p>  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
| <p><b>*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?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>No</p>  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |

## Part A - Page 3

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <p><b>*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?</b></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> | <p>Yes</p> |
| <p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>                                                                                                                                                                                                                                                           | <p>No</p>  |
| <p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>No</p>  |
| <p><b>*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?</b></p>                                                                                                                                                                                                                                                                                                           | <p>No</p>  |
| <p><b>*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?</b></p>                                                                                                                                                                                                                                                                                                                                  | <p>Yes</p> |
| <p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>No</p>  |
| <p><b>*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?</b></p>                                                                                                                                                                                                                                                                                                                                                                   | <p>Yes</p> |

## 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.

| Project Name           | Date Submitted       | Grant Term | Applicant Name        | Budget Amount | Proj Type       | Prog Type | Comp Type | Rank |
|------------------------|----------------------|------------|-----------------------|---------------|-----------------|-----------|-----------|------|
| Community Against...   | 2009-11-17 13:38:... | 3 Years    | Town of Taos          | 450,000       | Renewal Project | SHP       | TH        | F    |
| Eastern Plains Ho...   | 2009-11-05 17:02:... | 1 Year     | Eastern Plains Ho...  | 122,760       | Renewal Project | S+C       | TRA       | U    |
| Sandoval Shelter+...   | 2009-11-16 18:42:... | 1 Year     | County of Sandoval    | 212,184       | Renewal Project | S+C       | TRA       | U    |
| Homeless Services      | 2009-11-16 17:18:... | 3 Years    | Mesilla Valley Co...  | 274,050       | Renewal Project | SHP       | SSO       | F    |
| S+C Community Hou...   | 2009-11-12 13:19:... | 1 Year     | City of Las Cruces... | 94,536        | Renewal Project | S+C       | TRA       | U    |
| ABODE, Inc.            | 2009-11-13 16:59:... | 3 Years    | Abode Inc.            | 136,500       | Renewal Project | SHP       | PH        | F    |
| Life Link-La Luz/PRA   | 2009-10-15 20:50:... | 1 Year     | City of Santa Fe      | 214,056       | Renewal Project | S+C       | PRA       | U    |
| Transitional Living... | 2009-10-21 19:05:... | 3 Years    | DreamTree Project...  | 144,717       | Renewal Project | SHP       | TH        | F    |
| The Life Link/TRA E    | 2009-11-20 17:33:... | 5 Years    | City of Santa Fe      | 87,120        | New Project     | S+C       | TRA       | F3   |
| La Casa Scattered..    | 2009-11-16 17:50:... | 3 Years    | La Casa, Inc.         | 221,655       | Renewal Project | SHP       | TH        | F    |
| Community Transit...   | 2009-11-18 16:48:... | 2 Years    | Samaritan House Inc.  | 192,328       | Renewal Project | SHP       | TH        | F    |
| New Mexico HMIS        | 2009-10-16 17:05:... | 3 Years    | New Mexico Coalit...  | 87,150        | Renewal Project | SHP       | HMIS      | F    |
| Shelter Plus Care      | 2009-11-06 12:32:... | 1 Year     | City of Santa Fe/...  | 128,124       | Renewal Project | S+C       | TRA       | U    |

|                      |                      |         |                      |         |                 |     |     |    |
|----------------------|----------------------|---------|----------------------|---------|-----------------|-----|-----|----|
| Shelter Plus Care    | 2009-11-17 15:00:... | 1 Year  | Village of Los Lunas | 170,220 | Renewal Project | S+C | TRA | U  |
| The Life Link/TRA    | 2009-10-15 21:35:... | 1 Year  | City of Santa Fe     | 224,004 | Renewal Project | S+C | TRA | U  |
| Mi Casa              | 2009-11-23 13:38:... | 5 Years | Eastern Regional ... | 281,820 | New Project     | S+C | PRA | F2 |
| Eastern Plains Ho... | 2009-11-05 17:05:... | 3 Years | Eastern Plains Ho... | 235,070 | Renewal Project | SHP | TH  | F  |
| The Link Link/TRA D  | 2009-11-17 16:15:... | 5 Years | City of Santa Fe     | 311,280 | New Project     | S+C | TRA | P1 |

## Budget Summary

|                                |             |
|--------------------------------|-------------|
| <b>FPRN</b>                    | \$2,110,410 |
| <b>Permanent Housing Bonus</b> | \$311,280   |
| <b>SPC Renewal</b>             | \$1,165,884 |
| <b>Rejected</b>                | \$0         |

## Attachments

| Document Type                                           | Required? | Document Description | Date Attached |
|---------------------------------------------------------|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes       | NM-501 Certificat... | 11/20/2009    |

## Attachment Details

**Document Description:** NM-501 Certification of Consistency with the Consolidated Plan