

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy. - New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms. - There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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 HUD Virtual Help Desk at www.hudhre.info.

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

CoC Lead Agency Name: City of Albuquerque

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

Instructions:

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

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

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

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

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

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

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

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

Specify "other" process(es):

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

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

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

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

Specify "other" process(es):

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

The Albuquerque CoC Steering Committee does not have the capacity to be responsible for these activities. Staff from social service organizations and public entities volunteer their time to be on the Steering Committee and could not take on these additional duties. The New Mexico Coalition to End Homelessness (NMCEH) could possibly apply for funds and oversee projects but the NMCEH is not a monitoring agency. The NMCEH is a membership organization; its mission is to be an advocate for its members, not a monitoring agent. In addition, the CoC Steering Committee and the NMCEH believe that by monitoring CoC funded agencies, the HUD field staff play an important role in the CoC process and are able to represent HUD's interest.

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

Instructions:

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

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Independent Review Committee	This group solicits and selects new CoC projects. It also establishes evaluation criteria for renewal projects, evaluates renewal projects and determines whether to renew projects. It is comprised of community members who understand homelessness but whose organization does not receive CoC funding. The group met 5 times between May 2010 and August 2010.	Bi-monthly
SOAR Steering Committee	The SOAR Steering Committee leads implementation of the SSI/SSDI Outreach Access and Recovery (SOAR) model, which is a HUD-supported model for helping homeless people with disabilities obtain SSI or SSDI. The Albuquerque CoC has prioritized SSI/SSDI as the mainstream resource we want to help homeless persons obtain, and the CoC has decided to do this through implementation of the SOAR model. The SOAR Steering Committee leads implementation of the SOAR model. This group sets up SOAR trainings for the CoC, provides ongoing support to SOAR representatives, and resolves issues with SOAR implementation.	Monthly or more
HMIS Steering Committee	The HMIS steering committee addresses issues and strategies for NM HMIS project with HMIS Project Staff, including growth of agency participation, application upgrade priorities, and making changes based on user-groups feedback.	quarterly (once each quarter)
Albuquerque Plan Implementation Committee	This committee provides oversight and guidance on the implementation of Albuquerque's Plan to End Homelessness. The Committee has developed a specific implementation plan and is working closely with the City of Albuquerque to implement the plan. The committee meets every one to two weeks.	Monthly or more
CoC Steering Committee	This committee ensures that all components of the Continuum of Care are in place. This committee works with the Independent Review Committee to establish evaluation criteria for renewal projects and selection criteria for new projects. This committee also oversees completion and submittal of the CoC application.	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

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

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

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

Veterans Administration - Veterans Outreach Pro...	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
University of New Mexico School of Medicine	Public Sector	School...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Joy Junction	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
New Mexico AIDS Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
Disability Determination Services	Public Sector	Other	Committee/Sub-committee/Work Group	Seriously Me...
University of New Mexico Hospital Psychiatric S...	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Bernalillo County Dept. of Substance Abuse Prog...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Substance Abuse
Albuquerque Ambulance	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Metropolitan Detention Center	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Metropolitan Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Paul L.	Individual	For merl..	Committee/Sub-committee/Work Group	NONE
A New Day Youth & Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
New Mexico Department of Health	Public Sector	State g...	Committee/Sub-committee/Work Group	Substance Abuse
Albuquerque Public Schools Title 1 Homelessness...	Public Sector	School...	Committee/Sub-committee/Work Group	Youth
New Life Pentecostal	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Barrett Foundation	Private Sector	Non-pro..	None	NONE
Cheryl B.	Individual	For merl..	Committee/Sub-committee/Work Group	NONE
Sue C.	Individual	For merl..	Committee/Sub-committee/Work Group	NONE

Annette S.	Individual	For merl. ..	Committee/Sub-committee/Work Group	NONE
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1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Children Youth & Families Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Department of Human Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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Name of organization or individual: Albuquerque Department of Family & Community Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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Name of organization or individual: Albuquerque Mayor Richard Berry

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
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- Services provided, if applicable

Name of organization or individual: New Mexico Mortgage Finance Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: University of NM - Community & Regional Planning Program

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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Name of organization or individual: Albuquerque Police Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: OptumHealth New Mexico

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Consensus Builder

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Albuquerque Health Care for the Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Mobile Clinic, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Crossroads for Women

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Utilities Assistance, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Cuidando Los Ninos

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Utilities Assistance, Child Care, Transportation
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Goodwill Industries of New Mexico

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Rental Assistance, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: First Nations Community Health Source

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Metropolitan Homeless Project

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Life Homes

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: SAFE House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mental health, Legal Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Martin's Hospitality Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Supportive Housing Coalition of New Mexico

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Transitional Living Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: YES Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Sawmill Community Land Trust

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Charities of Central New Mexico

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Mental health, Legal Assistance, Rental Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Greater Albuquerque Housing Partnership

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Albuquerque Affordable Housing Coalition

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Mexico Coalition to End Homelessness

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for
(select all that apply) 10-year plan, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Enterprise Community Partners

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way of Central New Mexico

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Albuquerque Community Foundation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Lutheran Advocacy Ministry

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: McCune Foundation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Daniels Fund

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Veterans Administration - Veterans Outreach Program

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Healthcare, Mobile Clinic
(select all that apply)

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 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: University of New Mexico School of Medicine

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Organization role in the CoC planning process
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 - Services provided, if applicable

Name of organization or individual: Joy Junction

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Transportation
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: New Mexico AIDS Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Rental Assistance, HIV/AIDS
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Disability Determination Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: University of New Mexico Hospital Psychiatric Services Department

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Mental health
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Bernalillo County Dept. of Substance Abuse Programs

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Alcohol/Drug Abuse
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Albuquerque Ambulance

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Metropolitan Detention Center

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Metropolitan Court

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Social Security Administration

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Paul L.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: A New Day Youth & Family Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Mexico Department of Health

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Albuquerque Public Schools Title 1 Homelessness Project

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Child Care, Mental health
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Life Pentecostal

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Barrett Foundation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Cheryl B.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Sue C.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Annette S.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

The CoC solicitation of projects and the project selection process 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 the performance, effectiveness, and quality of all requested new and renewal project(s).

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)** e. Review HUD APR for Performance Results, 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, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience, p. Review Match, i. Evaluate Project Readiness

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

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

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

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

There were 2 less emergency shelter beds in the 2010 HIC as compared to the 2009 HIC. This is because one program, Haven of Love, had 2 less beds available in 2010 than they did in 2009.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

There were 22 less transitional housing beds in the 2010 HIC as compared to the 2009 HIC. This is because one of the programs, the NM Veterans Integration Center, moved into a new building in 2009. Their new building has less bed capacity than their previous location.

Permanent Housing: Yes

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

There were 55 more permanent supportive housing beds in the 2010 HIC as compared to the 2009 HIC. This is because of an increase in HUD VASH Vouchers.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (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 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation

Must specify other:

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

Specify "other" data types:

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Statewide
Select the CoC(s) covered by the HMIS: (select all that apply)	NM-500 - Albuquerque CoC, NM-501 - New Mexico Balance of State CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	Yes
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Not Applicable
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?	Yes
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	07/01/2004
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	HMIS unable to generate data quality reports, No or low participation by ESG funded providers, Inadequate staffing, HMIS is unable to generate data for PIT counts for sheltered persons, HMIS unable to generate AHAR table shells, Poor data quality, Other, No or low participation by non-HUD funded providers, Inadequate resources
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).

The current software and vendor (VisionLink Tapestry) is inadequate to meet even basic CoC reporting requirements and the vendor has been consistently slow or unresponsive addressing issues. NM HMIS has selected Bowman Systems ServicePoint as new HMIS software, and will transition to the new HMIS (including data migration) by the end of calendar year 2010. The new system will facilitate better data quality and will allow us to generate AHAR table shells, data quality reports and data for the PIT Count. In addition, because the new system will be easier to use and will generate useful reports more non-CoC funded programs will voluntarily decide to use HMIS. The HMIS lead agency plans to add two staff positions to the HMIS project bringing the total staffing to three full time employees. This increase in staffing will allow the NM HMIS to more fully meet the need for group trainings, one-on-one assistance, data analysis, report creation and project management.

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

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

Organization Name New Mexico Coalition to End Homelessness

Street Address 1 PO Box 865

Street Address 2

City Santa Fe

State New Mexico

Zip Code 87504

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

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

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

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

Prefix: Mr.
First Name Mark
Middle Name/Initial Z.
Last Name Oldknow
Suffix
Telephone Number: 505-982-9000
(Format: 123-456-7890)
Extension
Fax Number: 888-527-6480
(Format: 123-456-7890)
E-mail Address: mark-o@nmceh.org
Confirm E-mail Address: mark-o@nmceh.org

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

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

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

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

Data for all CoC funded beds are being entered into HMIS. In order to increase our HMIS bed coverage rates, we need programs that do not receive CoC funds to use HMIS. The Albuquerque CoC is currently transitioning to a new HMIS system. Currently, two emergency shelters receive ESG funds but do not participate in HMIS. In early 2011, after we have transitioned to our new HMIS, these two ESG providers will be required to participate in HMIS. This will bring our bed coverage rate for emergency shelters up to 86%. The new HMIS system will be easier and faster for programs to use, and will allow programs to generate useful reports. This will provide more incentive for providers who do not receive CoC or ESG funding to use HMIS. Over the next twelve months we will work with non-CoC funded transitional and permanent supportive housing programs to participate in HMIS. Again, we believe programs are much more likely to voluntarily elect to use the new HMIS because it can be a valuable tool for these programs. The City of Albuquerque is considering requiring HMIS participation for any transitional or permanent supportive housing programs that receive City funding. This would significantly increase HMIS bed coverage rates, especially for permanent supportive housing.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	11%	15%
* Date of Birth	8%	11%
* Ethnicity	0%	5%
* Race	1%	7%
* Gender	0%	0%
* Veteran Status	1%	5%
* Disabling Condition	1%	23%
* Residence Prior to Program Entry	0%	11%
* Zip Code of Last Permanent Address	47%	18%
* Name	1%	18%

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

How frequently does the CoC review the quality of program level data? At least Annually

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

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

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

The New Mexico HMIS Policies and Procedures Manual directs all HMIS user agencies, regardless of funding sources, to complete the Universal Data Elements, which also requires program entry and exit dates. HMIS training includes instructions to improve data validity (e.g., maintaining and referencing information for data entry directly from a client log or file). The HMIS project manager 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.

Indicate which reports the CoC or subset of the CoC submitted usable data: None
(Select all that apply)

Indicate which reports the CoC or subset of the CoC plans to submit usable data: 2010 AHAR
(Select all that apply)

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? No

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	Never
Point-in-time count of sheltered persons:	Never
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Annually
Using data for program management:	At least Annually
Integration of HMIS data with data from mainstream resources:	Never

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Quarterly
* Secure location for equipment	At least Annually
* Locking screen savers	Never
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	Never
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	Never

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? Never

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:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Annually
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	Never
* HMIS software training	At least Monthly

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

How frequently does the CoC conduct a point-in-time count? biennially (every other year)

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

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 90-99%
Transitional Housing: 90-99%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

We counted 82 more people in our 2009 sheltered count than we did in our 2007 sheltered count. This is largely due to the fact that we included three transitional living programs in our 2009 count that were not included in our 2007 count. It is also due to the fact that some agencies reported serving more people the night of our 2009 point in time count than they did during the night of our 2007 point in time count. In 2009 Albuquerque conducted a much more sophisticated and rigorous unsheltered point in time count than it did in 2007. We engaged more social service agencies and more volunteers in 2009 than we did in 2007 to help with the services-based part of our unsheltered PIT count. In addition we added a street-based component to our unsheltered PIT count where outreach workers went into the streets to count homeless people who were unlikely to access services. As a result, we were able to count more people than we did in 2007. Thus, our 2009 unsheltered point in time count results are higher in 2009 than they were in 2007.

2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**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 the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).

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

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).

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

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population 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 checked="" type="checkbox"/>

If Other, specify:

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

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

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

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are known as de-duplication techniques. 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. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)

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

If Other, specify:

Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

Staff and volunteers conducted a short survey of people as they accessed homeless services. In addition, outreach staff went out into areas of the City where homeless people were likely to be and conducted the same survey with people they encountered on the streets. As part of that survey each person was asked to provide the first two letters of their first name and last name, the year they were born, and their gender. From this information we created a unique identifier for that person. All survey results, including the unique identifier, were entered into an ACCESS database. If there were two respondents with the same unique identifier and who reported staying in the same place the night of January 25, 2009, one of the respondents was removed from the database and was not included in the count.

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

Our CoC helps unsheltered families obtain shelter and ultimately housing through outreach, case management services, and housing programs. Albuquerque Health Care for the Homeless (AHCH) and Joy Junction conduct outreach to homeless families, including families living on the streets and families living in motels who are at high risk of becoming unsheltered homeless. AHCH offers a specialized outreach with comprehensive medical care for families experiencing homelessness; the focus of this program is to reduce the barriers that homeless families face. AHCH also provides intensive, short-term case management services to homeless families, many of whom are unsheltered and are seeking help for the first time. These services help families connect to mainstream resources and find shelter. Albuquerque family homeless service providers coordinate through the ACCESS Collaborative to connect unsheltered homeless families to the most appropriate housing or shelter program. The Albuquerque CoC worked collaboratively to design Albuquerque's Homeless Prevention & Re-Housing Program (HPRP). One reason our CoC decided to centralize the HPRP within one agency is that it would be easier for unsheltered households - including families - to access this resource and to obtain referrals to other housing and shelter resources in the community. The HPRP is administered by Catholic Charities which has a long history of serving homeless families.

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

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

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

The Supportive Housing Coalition (SHC) will have 10 new Permanent Housing (PH) beds for chronically homeless persons in place. New Life Homes will have 15 new PH beds for chronically homeless persons in place. Bernalillo County will create 4 new PH beds for chronically homeless women. The SHC is applying for the 2010 PH Bonus. If they receive the bonus, they will create 2 new PH beds for chronically homeless persons by fall 2011, which is 12 months from this application. However, these 2 new beds are not reflected in the answer to the 12 month goal question below because these beds will not be in place by the time we complete our January 2011 housing inventory. The Metropolitan Homelessness Project will lead an effort, based on the national 100,000 Homes Model, to set-aside existing PH units for chronically homeless persons. We plan to have these new chronically homeless PH beds in place by fall 2011, but not before the 2011 housing inventory is completed.

Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

The Albuquerque Plan to create more chronically homeless beds has a federal, state and local component. The CoC Steering Committee will ensure that each year an organization applies for the Permanent Housing (PH) Bonus and that some of the PH bonus beds are designated for the chronically homeless. The Supportive Housing Coalition will create new PH for the chronically homeless using Section 811, low-income tax credits and the National Housing Trust Fund. The state-funded Linkages Program provides housing vouchers to people with disabilities. The NM Coalition to End Homelessness (NMCEH) will be the lead agency to advocate for expanding this program from 39 to 200 vouchers and for using half of those vouchers to serve the chronically homeless. The City of Albuquerque funds 200 Housing First vouchers for the chronically homeless. The NMCEH will work with the City of Albuquerque to expand funding for this program.

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

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 242

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 315

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 405

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

The Independent Review Committee evaluates permanent housing (PH) providers on whether they have met this outcome, and has required those agencies that did not meet this outcome to develop a plan for improving it. The NM Coalition to End Homelessness (NMCEH) will provide support to those agencies to ensure this outcome has improved. In 2009, Albuquerque began implementing the SOAR model, which helps homeless people successfully apply for SSI. The NM Human Services Department, with support from the NMCEH, will lead SOAR implementation over the next 12 months. This will allow PH tenants to quickly obtain SSI, which also qualifies them for Medicaid. Having access to an income and healthcare will improve their housing stability. Limited funding for supportive services for PH clients is an obstacle to reaching this outcome. The Metropolitan Homelessness Project, with support from the City of Albuquerque, will lead an effort to increase private sector funding for supportive services.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

The core of Albuquerque's long-term plan to increase this outcome is to help agencies shift towards a Housing First approach and to increase public and private funding for services that help people remain in housing. The New Mexico Coalition to End Homelessness (NMCEH) will provide workshops and individual technical assistance to help permanent supportive housing providers shift towards a Housing First model and increase their clients' housing stability. We know that supportive services are critical for tenants' housing success, but funding for these services is very limited. The Metropolitan Homelessness Project, with support from the City of Albuquerque, will lead an effort to increase private sector funding for supportive services; this includes funding from private businesses. The NMCEH will lead the effort to increase state funding for supportive services by working with the NM Human Services Department (HSD). The NMCEH will also continue to work with HSD to fully implement SOAR.

- What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months?** 67
- In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 69
- In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 77
- In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 85

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

Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

The 2010 Independent Review Committee evaluated TH providers on whether they met this outcome and has required those agencies that did not to develop a plan to improve this outcome. The NM Coalition to End Homelessness (NMCEH) will follow-up with those agencies to ensure this outcome has improved and will provide workshops and individual technical assistance to help agencies improve. Another key strategy to improving this outcome is to increase the supply of affordable permanent rental housing for low-income people. The Albuquerque Affordable Housing Coalition will be the lead agency in securing \$10 million in general obligation bonds in 2011 to construct affordable housing for low-income people. We also plan to increase the supply of supportive services that help TH clients find and keep permanent housing, including rapid re-housing services. The NMCEH, with support from the City of Albuquerque, will lead an effort to increase private sector funding for these types of services.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

Albuquerque's long-term plan for increasing this housing outcome is to expand the supply of affordable housing for low-income people, increase services that help TH clients access permanent housing, and help TH programs incorporate best practices. The NM Coalition to End Homelessness (NMCEH) will lead an effort to obtain increased funding for the NM Housing Trust Fund. Sustaining rapid re-housing activities after the federal funding for the Homeless Prevention & Rapid Re-Housing programs ends will be critical, as these types of services help households obtain permanent housing. The NMCEH and the City of Albuquerque will work with CoC TH and ESG providers to use ESG and CoC TH funds for rapid re-housing services. The NMCEH will also lead the effort to secure funding for rapid re-housing services from the private and public sector. The NMCEH will provide workshops and individual technical assistance to help TH programs incorporate best practices that lead to successful housing outcomes.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 72
- In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 74
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 77
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 85

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

Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

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. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

St. Martin's Hospitality Center will take the lead in developing job training, job search assistance and employment opportunities for people experiencing homelessness. Goodwill Industries will also continue to be a community leader in providing job training and employment assistance to individuals experiencing homelessness. Both agencies will continue to work closely with other homeless service providers to facilitate effective referrals to their employment programs. The Metropolitan Homelessness Project plans to expand its Community Voice Mail program, which helps homeless people find employment by providing them with free voice mail. Nearly 80% of Community Voice Mail clients are seeking employment, and 77% of the clients who reported on their achievements said they had found employment. The New Mexico Coalition to End Homelessness will work with the City of Albuquerque Transportation Department to make public transportation more accessible, so homeless people can get to their jobs.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The key components of Albuquerque's long-term plan is to increase well-paying employment opportunities for homeless people and to remove obstacles that make it difficult for homeless people to obtain work, such as limited transportation options, lack of affordable child care or lack of a phone number. St. Martins will work with job developers, educational institutions and employers to create new educational and job training opportunities for homeless people, and to develop employment programs internally. The NMCEH will work with the Albuquerque Transit Department to make transportation more accessible. Cuidando los Ninos, a CoC organization which provides childcare to homeless families, is working with other organizations that provide shelter to homeless families to increase childcare opportunities. The Metropolitan Homelessness Project plans to expand its Community Voicemail program in order to serve more homeless persons who need voicemail in order to obtain employment.

- What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 23
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 25
- In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 30
- In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 40

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, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)

Catholic Charities will work closely with the CoC to connect homeless families to the Homeless Prevention and Re-Housing Program (HPRP), which will help families avoid or quickly exit homelessness. Albuquerque Public Schools Title 1 Homelessness Project will work closely with housing providers to link homeless families to housing. Albuquerque Health Care for the Homeless will conduct additional street outreach to homeless families. The NM Coalition to End Homelessness will work with the NM Human Services Dept. to implement SOAR, which is a model for helping homeless people obtain SSI and Medicaid. The NMCEH will work with the City of Albuquerque to secure sustainable public and private funding for HPRP. However, in Albuquerque, as in many other communities, we know that the recession has led to an increase in family homelessness. Despite our strong efforts and plans to address family homelessness, it will be challenging to reduce family homelessness during this period of time.

Describe the CoCs long-term (10-year) plan to decrease the number of homeless households with children. (limit 1000 characters)

Albuquerque's long-term plan for reducing family homelessness involves increasing Albuquerque's supply of affordable housing and increasing supportive services that can help families avoid or quickly exit homelessness. The NM Coalition to End Homelessness (NMCEH) will lead the effort to secure sustainable funds for the Homeless Prevention & Rapid Re-Housing Program after federal stimulus funding ends, including working with the City of Albuquerque to secure funds from the private sector. In addition, the NMCEH and the City of Albuquerque will work with CoC transitional housing and ESG providers to use ESG and CoC TH funds for rapid re-housing services. The NMCEH will advocate for increased funding for the NM Housing Trust Fund, the Albuquerque Housing Trust Fund, and for expansion of the City of Albuquerque's Housing First program. The Campaign to End Child Homelessness Steering Committee will also advocate for affordable housing and supportive services for homeless families.

- What is the current total number of homeless households with children, as reported on the most recent point-in-time count?** 180
- In 12-months, what will be the total number of homeless households with children?** 160
- In 5-years, what will be the total number of homeless households with children?** 135
- In 10-years, what will be the total number of homeless households with children?** 90

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place 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 demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

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

Health Care:

Albuquerque Health Care for the Homeless has taken the lead in discharge planning by meeting with University of New Mexico Hospital and Presbyterian Hospital staff on improving discharge planning to avoid discharging people to homelessness. The eventual goal of these discussions is to have a formal discharge protocol that will prevent discharge to homelessness. No timeline has been established yet for the development of a formal protocol. In some case people being discharged from Albuquerque hospitals go directly to emergency shelters or the streets. People being discharged from hospitals routinely return to their own housing or move in with family or friends and some may enter a transitional housing programs.

Mental Health:

There is a formal protocol in place for mental health discharge planning. OptumHealth NM, which manages New Mexico's publicly-funded mental health services, requires that local agencies conduct discharge planning and evaluates whether discharge planning is being done as part of its audit process. The consumer, family and treatment team providers assist with the discharge plan; the plan covers living situation after discharge and aftercare. The Las Vegas Behavioral Health Institute (LVBHI) is located outside the Albuquerque CoC, but many patients who are discharged from LVBHI end up homeless in Albuquerque. Albuquerque Health Care for the Homeless (AHCH) is working with LVBHI on discharge planning. People being discharged from mental health institutions routinely return to their own housing or move in with family or friends. In some cases people go directly to emergency shelters or live on the streets. Some may enter a transitional housing program or the Linkages. The NM Human Services Department (NMHSD) launched the Linkages program in 2008 to provide supportive housing for individuals with serious mental illness. The NM Coalition to End Homelessness is working to secure additional funding to expand this program. Because the Linkages program is targeted to individuals with serious mental illness, it will expand the housing opportunities available to people who are discharged from treatment facilities.

Corrections:

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

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, 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 local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

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

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

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

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

In FY10, Albuquerque received funding for 120 HUD VASH vouchers along with \$249,000 to provide supportive services to VASH clients. The VASH vouchers are administered by Albuquerque Housing Services and the local VA provides supportive services. Community homeless service providers, including CoC agencies, can refer their clients to a VA social worker in order to initiate the referral process. VA staff who oversee the HUD VASH vouchers work closely with other service providers to facilitate referrals and are active participants in the Albuquerque Outreach Collaborative, which is a group of outreach workers representing 10 different agencies who meet monthly to address gaps in outreach services and facilitate effective referrals. A representative of the Veterans Administration in Albuquerque attended the July 2010 New Mexico Coalition to End Homeless membership meeting to educate service providers about the new HUD VASH vouchers and how providers could help their clients obtain these vouchers. Albuquerque received \$7 million in NSP funding, \$3 million of which has been used to develop rental units. The NSP developer will develop 78 rental units, of which 55 must be rented to households under 50% AMI. In summer 2010 the CoC Coordinator contacted the NSP developer to find out how homeless service providers could help their clients access these rental units. The NSP developer was very open to accepting clients from homeless service providers. The CoC coordinator provided information on the available NSP units to all homeless service providers, along with information on the referral process, and encouraged them to refer clients to the NSP developer. To date thirteen rental units have been developed; twelve of those units have been rented to households under 50% AMI.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? No

If yes, please describe the established policies that are in currently in place.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

CoC agencies work closely with the Albuquerque Public Schools Title 1 Homelessness Project. When CoC agencies work with families with school-aged children they quickly refer them to the Title 1 staff so that they can receive services for which they are eligible. Title 1 services include after-school tutoring for homeless children and a scholarship program to help high school graduates obtain a college education. Title 1 staff also refer families that they work with to appropriate services within the CoC.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

CoC emergency shelter and transitional housing programs have policies that all school-aged children must be enrolled in school. CoC emergency shelter and transitional housing programs have staff that work with families to ensure that children are enrolled in school and are attending school. Agencies provide assistance with overcoming barriers that prevent children from attending and succeeding in school, such as lack of transportation and school supplies.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

The Veterans Integration Center and the Metropolitan Homelessness Project provide transitional housing to homeless veterans. The VA Veterans Outreach Programs helps homeless veterans connect to VA services and other community resources. The VA has a clinic twice a week at Albuquerque Health Care for the Homelessness to engage veterans who are not accessing VA services. The New Mexico VA provides VASH vouchers and supportive services to homeless veterans, and operates 2 transitional housing programs (in addition to the ones mentioned above). One major CoC Strategic Plan goal is to help homeless persons - including veterans - obtain and remain in permanent housing, and the existing homeless veterans programs are consistent with this goal. The VA Outreach Program works closely with housing programs within the CoC to ensure that homeless veterans are able to obtain transitional and permanent housing and the services they need to stay housed. The transitional housing programs help veterans obtain permanent housing. In the future, the VA Outreach Program will work closely with service providers to ensure homeless veterans are connected to the most appropriate services and housing resource. The Albuquerque CoC will designate some of its CoC permanent housing bonus beds for vets. Finally, the VA will work with services providers, City of Albuquerque and the Metropolitan Homelessness Project on a new collaboration to connect the most vulnerable homeless veterans to permanent housing.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?** No

- Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?** Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	240	Beds	213	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	62	%	67	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	70	%	72	%
Increase percentage of homeless persons employed at exit to at least 20%	38	%	23	%
Decrease the number of homeless households with children.	180	Households	180	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

In the 12 months since submitting the 2009 CoC application, our CoC created 25 new permanent housing beds for chronically homeless persons, which brings our total CH PH beds to 238. However, these beds were still under development when the Housing Inventory was conducted in January 2010. Therefore, according to the instructions, our achievement in this area cannot be included in the chart above. (It should be noted the 2009 Objective 1 question asked about our 12 month goal and we logically believed this meant 12 months from Nov. 2009 which was when the application was due. The 2009 Exhibit 1 instructions did NOT clarify that the 12 month timeframe was from the Jan. 2009 to Jan. 2010 Housing Inventory). In 2009, the Barrett Foundation applied for the PH bonus; if funded, Barrett Foundation would have designated 2 of the newly created beds for CH persons. Unfortunately, this project was not funded. We also did not meet our goal for the percentage of homeless persons employed at exit. Our 2009 proposed achievement was based on our CoC's past achievement in this area, which has far exceeded HUD's objective. That past achievement, however, took place while the economy was much stronger. Like the rest of the country, NM has been severely impacted by the recession. We have a 8.3% unemployment rate, making it very challenging for people experiencing homelessness to find employment.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ‘Exhibit 1 Detailed Instructions’ which can be accessed on the left-hand menu bar.

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 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	159	213
2009	403	213
2010	403	213

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.

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, 2009 and January 31, 2010.

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

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

In 2009 the Albuquerque CoC conducted a much more rigorous and extensive PIT count than we did in 2007 (2008 chronically homeless number is from our 2007 PIT count). In 2009, in addition to conducting a services-based count we sent outreach teams into the streets to count people who were unlikely to access services. As a result we counted more homeless people than we did in 2007, including more chronically homeless people. The 2010 number of chronically homeless people is from our 2009 PIT Count. Although our number of chronic homeless beds did not increase between '09 and '10 housing inventory charts, our CoC has created 25 new permanent housing beds for the chronically homeless between Jan. 2010 and Nov. 2010.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The *Total PH %* will be auto-calculated after selecting *Save*. Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	217
b. Number of participants who did not leave the project(s)	328
c. Number of participants who exited after staying 6 months or longer	109
d. Number of participants who did not exit after staying 6 months or longer	256
e. Number of participants who did not exit and were enrolled for less than 6 months	72
TOTAL PH (%)	67

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select *Save*. The *Total TH %* will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	108
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	78
TOTAL TH (%)	72

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select "Save" and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 776

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	133	17	%
SSDI	49	6	%
Social Security	7	1	%
General Public Assistance	40	5	%
TANF	113	15	%
SCHIP	2	0	%
Veterans Benefits	4	1	%
Employment Income	178	23	%
Unemployment Benefits	9	1	%
Veterans Health Care	1	0	%
Medicaid	96	12	%
Food Stamps	234	30	%
Other (Please specify below)	11	1	%
Child Support			
No Financial Resources	148	19	%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

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

Instructions:

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

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

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

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

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

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

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

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

The Albuquerque CoC reviews the APR data on an annual basis to assess how we are doing helping people access mainstream programs. This year the Albuquerque CoC Steering Committee met in October 2010 to review the APR data.

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.

1/14/10, 2/15/10, 3/1/10, 4/29/10, 6/3/10, 7/1/10, 8/12/10, 9/30/10, 10/27/10

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. annually (every year)

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

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

Has the CoC participated in SOAR training? Yes

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

June 8-9, 2009
August 13-14, 2009
November 5-6, 2009
June 23-24, 2010

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

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

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

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. 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 review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Partners in Housing	2010-10-19 13:30:...	1 Year	Catholic Charities	223,055	Renewal Project	SHP	PH	F
S+C TLS	2010-11-08 11:11:...	1 Year	City of Albuquerque	353,820	Renewal Project	S+C	TRA	U
Dual Diagnosis Ou...	2010-10-18 15:23:...	1 Year	st martin's hospi...	115,500	Renewal Project	SHP	SSO	F
SHP-Cuidando	2010-11-08 11:18:...	1 Year	City of Albuquerque	223,709	Renewal Project	SHP	SSO	F
Mesa House	2010-10-25 12:45:...	1 Year	Transitiona l Livi...	105,000	Renewal Project	SHP	PH	F
Proyecto La Luz-TH	2010-10-19 14:33:...	1 Year	Catholic Charities	202,692	Renewal Project	SHP	TH	F
Hudson House	2010-10-25 12:36:...	1 Year	Transitiona l Livi...	276,300	Renewal Project	SHP	TH	F
SHP-TH	2010-11-01 12:31:...	1 Year	City of Albuquerque	895,822	Renewal Project	SHP	TH	F
Bridges Supportiv..	2010-10-26 09:28:...	1 Year	Barrett Foundatio..	23,780	Renewal Project	SHP	SSO	F
Proyecto La Luz-SSO	2010-10-19 14:08:...	1 Year	Catholic Charities	51,371	Renewal Project	SHP	SSO	F
Pathways Supporte...	2010-10-22 11:22:...	1 Year	Goodwill Industri...	114,866	Renewal Project	SHP	PH	F
Crossroad s non-ch...	2010-10-12 19:51:...	1 Year	Crossroad s for Women	191,940	Renewal Project	SHP	PH	F

Casa Milagro Tran...	2010-10-26 09:33:...	1 Year	Barrett Foundatio..	97,447	Renewal Project	SHP	TH	F
Crossroads Chroni...	2010-11-01 12:58:...	1 Year	Crossroads for Women	112,834	Renewal Project	SHP	PH	F
Social Transition..	2010-10-14 13:27:...	1 Year	Albuquerque Healt...	135,267	Renewal Project	SHP	SSO	F
ACCESS-SSO	2010-10-15 17:25:...	1 Year	Catholic Charities	241,153	Renewal Project	SHP	SSO	F
Silver Gardens II	2010-11-08 18:16:...	2 Years	Supportive Housin...	226,600	New Project	SHP	PH	P1
S+C AHCH & SMHC	2010-11-08 11:07:...	1 Year	City of Albuquerque	1,116,036	Renewal Project	S+C	TRA	U
Renee's Project	2010-11-08 17:59:...	1 Year	Bernalillo County	92,329	Renewal Project	SHP	PH	F
R.I.S.E.	2010-10-22 13:21:...	1 Year	S.A.F.E. House	42,096	Renewal Project	SHP	SSO	F
Sevagram Supporti...	2010-11-09 16:29:...	1 Year	Supportive Housin...	171,226	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$3,316,387
Permanent Housing Bonus	\$226,600
SPC Renewal	\$1,469,856
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NM500 Certificati...	10/19/2010

Attachment Details

Document Description: NM500 Certification of Consistency with the Consolidated Plan