

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-501 - New Mexico Balance of State CoC

CoC Lead Agency Name: New Mexico Coalition to End Homelessness

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

Instructions:

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

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

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

Name of primary decision-making group: New Mexico Coalition to End Homelessness

Indicate the frequency of group meetings: Bi-monthly

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

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

Specify "other" legal status:

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

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

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

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

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

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input 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 New Mexico Coalition to End Homelessness has the capacity to apply for HUD funding and serve as the grantee for projects, however, the Coalition sees a valuable role in having local HUD staff perform the monitoring function. Since the mission of the Coalition is to advocate for its member organizations, it is probably not the best organization to carry out monitoring of those agencies.

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
BOS CoC Steering Committee	This committee leads to CoC process and addresses "big picture" system-wide issues and strategies concerning growth and effectiveness of NM Balance of State Continuum of Care, including membership development, service system assessment and planning, and overall policy guidance. Develops ranking criteria for new and renewal projects. Helps to recruit new projects. Reports to the Coalition membership for final approval of its actions.	Bi-monthly
BOS CoC Impartial Review Committee	This committee uses project application ranking criteria and priorities to review renewal and new project applications and ranks them. The group reviews information from audits and monitoring reports as well as information provided by applicants. The committee reports to the Coalition membership for final approval of its actions.	annually (every year)
NM HMIS Steering Committee	The steering committee addresses issues and strategies for NM HMIS project with HMIS Project Staff, including growth of agency participation, application upgrade priorities, and making change recommendations based on user-groups feedback.	Bi-monthly
Housing Leadership Group of the Behavioral Health Collaborative	Brings together state agencies and private sector advocates to promote development of supportive housing for vulnerable populations. The group coordinates state agency efforts with the Continuum of Care. It operates as an official arm of the Behavioral Health Purchasing Collaborative an inter-departmental collaborative of the State of New Mexico, and is New Mexico's version of an interagency task force on homelessness.	Monthly or more
Mainstream Resources Committee	The committee plans and implements training opportunities for case managers to identify and access mainstream resources. This year and last year the training has focused on the SOAR model for accessing SSI.	Monthly or more

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

Due to the time-sensitive nature of their charge, the BOS CoC Impartial Review Committee typically meets once in the months immediately preceding the CoC application for several hours, and is dormant the rest of the year unless convened for special purposes. The Impartial Review Committee members receive the applications and summary materials about the applicants and the applications ahead of time to help them prepare for the meeting.

1D. Continuum of Care (CoC) Member Organizations

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

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

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

Las Cruces Task Force to End Homelessness	Private Sector	Funder ...	Lead agency for 10-year plan	NONE
Santa Fe Homebuilders Association	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Santa Fe Health Care for the Homeless	Private Sector	Hospitals	Primary Decision Making Group, Attend 10-year planning me...	NONE
Sue Campbell	Individual	Former...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Steve Taylor	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Cheryl Bartlett	Individual	Former...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Ray Masterson	Individual	Former...	Attend 10-year planning meetings during past 12 months	NONE
New Mexico Legal Aid	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Clark Johnson	Individual	Former...	Committee/Sub-committee/Work Group	NONE
San Juan County Partnership	Private Sector	Non-profit	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Paul Lanier	Individual	Former...	Primary Decision Making Group	NONE

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

Instructions:

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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: The Life Link

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, Attend 10-year
(select all that apply) planning meetings during past 12 months, Committee/Sub-committee/Work Group

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, Education, Case Management, Life Skills, Mortgage Assistance, Mental health, Rental Assistance, Employment
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: St. Elizabeth Shelter

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, Attend Consolidated Plan planning meetings during past 12 months, 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, Case Management, Life Skills
(select all that apply)

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Name of organization or individual: La Casa, Inc.

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, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(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, Education, Case Management, Life Skills, Mental health, Legal Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, 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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 - Type of organization
 - Organization role in the CoC planning process
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 - Services provided, if applicable

Name of organization or individual: City of Santa Fe

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, Attend Consolidated Plan focus groups/public forums during past 12 months, 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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 - Organization role in the CoC planning process
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 - Services provided, if applicable

Name of organization or individual: Community Against Violence

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, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work 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, Child Care, Life Skills, Utilities Assistance, Law Enforcement, Legal Assistance, Transportation, Rental Assistance, Employment
(select all that apply)

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 - Services provided, if applicable

Name of organization or individual: Mesilla Valley Community of Hope

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, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, 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? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, (select all that apply) Mortgage Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance

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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: Care 66

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, Attend Consolidated Plan planning meetings during past 12 months, 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, Education, Case Management, Life Skills, Transportation, Alcohol/Drug Abuse, Employment
(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: City of Las Cruces

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 Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, 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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- 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: Santa Fe Community Housing 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: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

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, Life Skills
(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: Youth Shelters and 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: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(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: (select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Transportation

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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: Socorro County Housing Authority

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

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work 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: (select all that apply) Case Management, Life Skills, Utilities Assistance, Rental Assistance

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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: Dreamtree 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: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, 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, Mental health, Transportation, (select all that apply) Alcohol/Drug Abuse, Employment

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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: Supportive Housing Coalition of NM

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, Attend Consolidated Plan planning meetings during past 12 months, 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: 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, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, 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
- 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: Families and Youth, Inc.

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: 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, Street Outreach, Case Management, Life Skills, HIV/AIDS (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
- Type of membership
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented
- Services provided, if applicable

Name of organization or individual: Veteran's Administration, New Mexico Office

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: 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, 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:
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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: El Refugio Inc.

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: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Child Care, Life Skills, Law Enforcement, Mental health, (select all that apply) Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment

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

Instructions:

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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: Battered Families Services, Inc.

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: 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, Child Care, Life Skills, Legal Assistance, Employment
(select all that apply)

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

Instructions:

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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: Crisis Center of Northern 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
(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
(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: La Buena Vida

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: Case Management, Utilities Assistance, Mental health, Rental Assistance, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

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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: Haven 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: Committee/Sub-committee/Work 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, Legal Assistance
(select all that apply)

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

Instructions:

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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: Family Crisis 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: Committee/Sub-committee/Work 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, Education, Case Management, Legal 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: Samaritan 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: 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, Case Management, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, 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: Adelante-SFPS Program

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: 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
(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: Esperanza Shelter

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: 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, Legal Assistance, Transportation, 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: New Mexico Department of Health-Behavioral 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: 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: Healthcare
(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 Human Services 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: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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 Children, Youth & Family Services 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
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Child Care
(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: Village of Los Lunas Housing Authority

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

Type of Organization: Public housing 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: 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: Mortgage Assistance, 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: Eastern Plains Development Corporation

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

Type of Organization: Public housing agencies
(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: 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, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Transportation, 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: Las Cruces Housing Authority

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

Type of Organization: Public housing 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)

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: Santa Fe Mayor's Blue Ribbon Task Force

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: Lead agency for 10-year 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)

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: Las Cruces Task Force to End Homelessness

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: Lead agency for 10-year 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)

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: Santa Fe Homebuilders Association

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: 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)

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: Santa Fe Health Care for the Homeless

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: Primary Decision Making Group, Attend 10-year
(select all that apply) 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? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Healthcare, Mobile Clinic
(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: Sue Campbell

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: Primary Decision Making Group, 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: Steve Taylor

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

Type of Organization: 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

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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: Cheryl Bartlett

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: Primary Decision Making Group, Attend 10-year
(select all that apply) 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 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: Ray Masterson

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: 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)

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 Legal Aid

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: Legal 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: Clark Johnson

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)

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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: San Juan County 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: Primary Decision Making Group, 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: Alcohol/Drug Abuse, 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: Paul Lanier

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: 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? 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) b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

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

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

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

1F. Continuum of Care (CoC) Housing Inventory 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):

Although the demand for both non-DV and DV emergency shelter accommodation has increased statewide, presumably due to the national economic situation, there was a modest decrease of 4 ES beds (2009 = 563; 2010 = 559 for households without children in 2010, and a similar modest decrease of 4 ES family beds (2009 = 600; 2010 = 596). Two shelter programs ceased operations during the year and one new shelter program was opened during the year leading to the slight net decrease in emergency shelter beds.

Safe Haven: Not Applicable

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

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

Transitional Housing: Yes

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

There was a decrease shown on the housing inventory of 90 TH bed for households without children (2009 = 342; 2010 = 252), while the total TH beds available for households with children increased by 67 (2009 = 254; 2010 = 321). This shift in TH resources reflects in part an inaccuracy in previous housing inventory where some S+C program beds were double counted as transitional, and also a shifting of beds by providers from individuals to families with children due to their demands during the past year. The City of Las Cruces opened a new transitional housing program during the year with 17 beds for families with children and 3 for households without children, so there was actually a modest increase of 20 beds total.

Permanent Housing: Yes

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

There was an increase of 45 PH beds for households with children in 2010 (2009 = 104; 2010 = 149), and an increase of 23 PH beds for households without children (2009 = 214; 2010 = 237). This reflects the New Mexico Balance of State Continuum of Care emphasis and prioritization of the development of permanent housing.

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

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, Local studies or non-HMIS data sources, Housing inventory, National studies or data sources, 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):

A stakeholder discussion is held to identify/confirm percentages of estimated need initially estimated through reference to national and local studies and information resources (e.g., Kids Count). This is validated against projections based on the HUD unmet need formula and trends in the annual Housing Inventory Chart.

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, Inadequate staffing, HMIS is unable to generate data for PIT counts for sheltered persons, HMIS unable to generate AHAR table shells, Poor data quality, HMIS unable to generate APR data, Other, No or low participation by non-HUD funded providers, Inadequate resources, HMIS unable to generate CoC- wide data or reports

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 NM-HMIS Project is submitting an HMIS Expansion proposal under the 2010 CoC application cycle. 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. As part of the HMIS expansion, we also plan 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 1 802 Early St.

Street Address 2 PO Box 865

City Santa Fe

State New Mexico

Zip Code 87504

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

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

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

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

Prefix: 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	0-50%
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	86%+

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:

The New Mexico Coalition to End Homelessness is making HMIS more desirable for non-HUD funded agencies by purchasing new and better software with more reporting capabilities, as well as adding support staff. When the new software is online, the Coalition will work through member providers to address agencies not funded through the CoC as community "peers" who also have mutual interest in advocacy and system development, to help these non-funded agencies recognize the need for and utility of comprehensive data in HMIS and how that is ultimately dependent on their participation. We recently started an HMIS Users Group that is focusing on further improvements to the system, such as swipe cards, that will make the HMIS more useful to emergency shelters in particular.

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

Instructions:

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	5%	15%
* Date of Birth	4%	10%
* Ethnicity	4%	2%
* Race	11%	4%
* Gender	0%	0%
* Veteran Status	7%	3%
* Disabling Condition	6%	5%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	20%	3%
* Name	0%	12%

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):

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

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

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

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: (mm/dd/yyyy) 01/30/2011

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: 0-69%
Transitional Housing: 0-69%

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).

Between the 2007 and 2009 PITs conducted by the New Mexico Balance of State CoC, there was a decrease of 145 total persons accessing shelter services on the date of the PIT. This count decreased in part due to the expansion of transitional and permanent supportive housing capacity developed in the interim, but also due to a diminished response return from domestic violence shelter providers in 2009. There was an increase of 223 homeless people counted in transitional housing in the same period. In 2009 the NM BOS CoC PIT counted 189 sheltered and 187 unsheltered chronically homeless persons, nearly doubling the count from 2007. The increase reflects a better count obtained from supportive service programs counting unsheltered persons. Likewise the increased number of unsheltered veterans identified in 2009 is attributed to improved participation from supportive services programs, as well as by improved instructions for counting veterans. There was also a significant increase in Domestic Violence clients between the two PIT counts, although the response from DV programs declined. We suspect this is due, at least in part, to recent economic stress.

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 *guessimates*. 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).

The 2009 NM-BOS CoC PIT employed a provider survey to identify and report the sheltered and unsheltered count, and included provider instruction on survey implementation to assure accuracy of report. The survey as sent to all of the emergency shelters and transitional housing programs in the Balance of State region as well as to soup kitchens, mental health agencies and other social services programs in the region. The surveys to shelters and transitional housing programs included questions about the number of people served, their family status, the number who were chronically homeless, as well as other sub-population information. The survey for unsheltered people was more general and covered family status, veteran status and where the person slept on the night of the count. Followup calls were made to encourage agencies to respond and to clear up any questions about responses. Returned surveys were tallied in a spreadsheet to determine categorical totals and subtotals.

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).

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

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

If Other, specify:

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).

On the questionnaire used to count the unsheltered homeless population, we included a question asking people if they had already been counted at another service site, to avoid duplicate counting. Questionnaire instructions directed those counting to note any who reported having been previously counted, and to not include them again. Also since the sheltered count was limited to one night only, it is unlikely that anyone would have been registered at two shelters for that one night.

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

If Other, specify:

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

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

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

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

The New Mexico Coalition to End Homelessness works with member agencies and other interested parties to increase supportive housing capacity for families with children statewide, and to increase the availability of homeless prevention and rapid rehousing funding. Individual agencies develop and implement outreach strategies for families with children to meet the needs of their respective communities. A recent example is a collaborative effort between CARE 66 and the Supportive Housing Coalition of NM to develop ten units of supportive housing for homeless families in Gallup, NM as part of a mixed-income apartment development. These apartments opened in the summer of 2008, and more such projects are planned. The Coalition and the Mortgage Finance Authority (MFA) provide technical assistance to under-served communities and conduct workshops for agencies interested in developing supportive housing for families. The TA and workshops focus on best practices for helping families obtain permanent housing. Interested agencies in under-served communities are helped to apply for new CoC projects. The Coalition and MFA have also created a statewide system of homeless prevention and rapid rehousing assistance using the HPRP funding now available. Since rapid rehousing is a proven method for reducing family homelessness, the Mortgage Finance Authority and the Coalition are working on ways to keep this type of assistance available beyond the availability of the federal funding.

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):

There are supportive services only agencies in each of the three largest communities in the CoC: Santa Fe, Las Cruces, and Farmington, and these agencies do extensive outreach to people sleeping on the streets. Santa Fe Community Services does direct outreach to those sleeping on the streets of Santa Fe to connect them with benefits and housing, and devotes much of its efforts toward helping those with disabilities obtain SSI. The Mesilla Valley Community of Hope provides outreach to those sleeping on the streets of Las Cruces through a drop in center and works to connect these people with benefits and housing. In Farmington, the San Juan County Partnership does outreach to people sleeping on the streets and helps people connect with benefits and housing. The San Juan County Partnership also offers rental assistance through a variety of funding sources. CoC agencies in other parts of the state develop and implement their own outreach strategies to suit the needs and resources of their respective communities, including 211 registry, advertisement and flyer posting, brochure distribution to other agencies, and direct client outreach. Notable efforts in the New Mexico Balance of State include direct outreach to homeless youth by the Santa Fe Public Schools and by Youth Shelters and Family Services (each has an outreach office, but also regularly visits sites where homeless youth and their friends congregate).

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).

Life Link in Santa Fe is just putting in place seven new units of Shelter Plus Care housing for chronically homeless families where one adult member meets the definition of chronic homelessness. These units will be in place in time for the upcoming housing inventory. Carlsbad Mental Health and Santa Fe Community Housing Trust are both completing projects that will provide permanent supportive housing for people who are chronically homeless. Together these projects will house 10 chronically homeless people when they are completed in mid-2011. In the coming 12 months, the Coalition will continue to identify and recruit new agencies to develop permanent supportive housing in partnership with the NM Supportive Housing Coalition or Yes Housing. The NM Coalition to End Homelessness will also continue to advocate to expand the State Linkages voucher program to accommodate chronically homeless from the current 30 vouchers to 200 vouchers.

Describe the 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 NM Coalition to End Homelessness will continue to recruit new agencies to develop permanent supportive housing for people who are chronically homeless in the balance of state area in partnership with the Supportive Housing Coalition beginning with partners in Socorro, and Las Cruces. The Housing Leadership Group, the official inter-agency State Government group in New Mexico, is working with the Mortgage Finance Authority to include supportive housing units in all new tax credit apartment developments in the state, with some of these units going to chronically homeless people.

How many permanent housing beds do you currently have in place for chronically homeless persons? 150

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 157

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 275

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 500

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).

Having already reached the 77 percent level, the NM Coalition to End Homelessness will work specifically with those agencies that have fewer than 85% of their clients remaining in permanent housing at least six months to help them get their rate above 85%. The Coalition will provide training workshops that focus on housing stability for all the agencies that provide permanent supportive housing and will provide one-on-one technical assistance for the agencies with the lowest rates of housing stability.

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 NM Coalition to End Homelessness will continue to work with member agencies to establish a statewide "Housing First" perspective and approach to working with the special needs of people who are homeless and disabled. The Coalition will provide workshops on the Housing First model and other housing stability best practices, and the Coalition will have discussions on ways to improve housing stability at its regular meetings. The New Mexico Coalition to End Homelessness has also identified a need to create a housing management agency that could own and manage housing in partnership with service agencies, and which would be better prepared than traditional housing operators to work with the needs of people with disabilities who have been homeless. The Coalition will work on planning for this agency over the next couple of years and will implement the plan over the next six years.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 78

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 85

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 NM Balance of State CoC has surpassed the threshold target of 65%, although the performance was not as good this year as the previous year. We will continue to develop our systems to try to reach 74% next year and 90% over the next ten years. In the coming 12 months the NM Coalition to End Homelessness will target those transitional housing agencies with the worst outcomes to help them greatly improve their rates of helping clients move into permanent housing. The Coalition will provide training in best practices to case managers working with transitional housing clients in how to assist homeless individuals and families to move into permanent housing. One-on-one technical assistance will be provided to those agencies with particularly poor performance.

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).

The NM Coalition to End Homelessness will continue to work with member agencies to develop more permanent supportive housing for people with disabilities living in transitional housing to move to. We will also train case managers in best practices for assisting transitional housing clients to locate and maintain permanent housing. The NM Coalition to End Homelessness will also work with member agencies to develop rapid re-housing program components with HPRP and other funding that include preparation and transition of clients from transitional to permanent housing. The Coalition will provide one-on-one assistance to agencies that have poor performance to help them redesign their programs for better success in helping clients obtain permanent housing.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 69
- 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?** 80
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 90

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).

The NM Balance of State CoC has already surpassed the 20% threshold and will work to improve performance in this coming year. It should be noted that the recession has has a noticeable adverse impact on the number of clients obtaining employment. We will provide training workshops to assist agencies to connect clients to mainstream resources, including vocational rehab, job counseling, and rights under the Workforce Investment Act. Federal ARRA funds are also expected to assist the state to develop and track some additional jobs, and the NM Coalition to End Homelessness will consult with the main grantees (City of Albuquerque and the NM Mortgage Finance Authority) to assure that appropriate newly created jobs are available for homeless applicants.

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

What is the current percentage of participants in all CoC funded projects that are employed at program exit? 28

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit? 30

In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit? 40

In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit? 65

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

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

Instructions:

Ending homelessness among households with children, 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)

Building on the success of the mixed-income supportive housing project in Gallup, and in partnership with the NM Supportive Housing Coalition, the NM Coalition to End Homelessness will develop more supportive housing in rural areas where there is a lack of safe decent affordable housing for families with children. This year we are proposing new transitional housing for families in Espanola and Las Cruces. We are also using the new HPRP program as an opportunity to set up homeless prevention and rapid rehousing programs for homeless families throughout the state, and plan to continue these programs with state and local funding when federal funds are no longer available.

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

The New Mexico Coalition to End Homelessness is part of a statewide "Campaign to End Child Homelessness in New Mexico," which has just presented a plan to the State Legislature. The Campaign Steering Committee is responsible for implementing the plan. Some of the highlights of the plan are 1) to continue rapid rehousing programs by seeking state and local funds to continue these programs once the HPRP money is expended, 2) to expand the state funded housing voucher programs for people with disabilities and youth, 3) to expand the service definition for Medicaid Comprehensive Community Support Services to include a full continuum of pre- and post- housing services, 4) to expand state funding for pre-kindergarten and early childhood programs to give all homeless children an opportunity to participate, and 5) to improve the Human Service Department's screening for domestic violence among TANF recipients so that victims of domestic violence can get appropriate assistance more quickly.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 124

In 12-months, what will be the total number of homeless households with children? 110

In 5-years, what will be the total number of homeless households with children? 90

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

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols 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 Coalition to End Homelessness works with the New Mexico Children Youth and Families Department (CYFD) through the Housing Leadership group to develop ways to prevent homelessness among youth aging out of foster care. CYFD has implemented a formal protocol through its Independent Living Program to assist youth with a plan of permanent living arrangement upon leaving the states foster care system. CYFD develops and implements a transitional living plan for each youth and provides support services, such as counseling, employment, educational, life skills, medical, financial and other appropriate support services, to help them achieve self-sufficiency. Each youth is assigned a social worker who coordinates services and helps them find permanent housing. Each youth also receives financial assistance of \$642 per month. With the encouragement of the Housing Leadership group in 2008 the Children Youth and Families Department began a program of supportive housing called "Transitions" for youth exiting foster care who might otherwise become homeless. The Transitions Program began with 20 housing vouchers that are combined with CYFD services. The program has been very successful and there are plans to increase the number of vouchers as funds become available. Youth aging out of foster care are routinely placed in independent living apartments either through the Transitional Program or using earned income and the CYFD financial assistance.

Health Care:

St. Vincents Hospital in Santa Fe has developed and implemented a discharge planning policy, coordinating with St. Elizabeth Shelter, the main emergency shelter in Santa Fe and a member of the NM Coalition to End Homelessness. St. Elizabeth Shelter has arranged with the hospital for a 7 day plan for class 3 medications to be made available while homeless patients transition out of the hospital setting. St. Elizabeth Shelter Staff have been meeting quarterly with hospital discharge planners. The NM Coalition to End Homelessness supports this process with the goal of developing a general discharge planning protocol for the state. Typically homeless patients go to St. Elizabeth Shelter where St. Vincent Hospital pays the cost of their stay so as not to be relying on McKinney-Vento funding for these clients.

Mental Health:

The New Mexico Coalition to End Homelessness works with the New Mexico Human Services and Health Departments on the Housing Leadership group to develop more housing for people with behavioral health disorders. New Mexico's public mental health services are managed by Optum Health, which has implemented a formal discharge planning protocol that begins at admission and continues throughout the course of treatment. The consumer, family, treatment team and prior providers assist with the discharge plan. A written discharge summary is completed during a meeting with the consumer. Each plan covers living situation after discharge; and aftercare plan. In addition, new Medicaid benefits, recently implemented by the State, for individuals with special health care needs, provide care coordination services to those in need of mental health services. In response to the suggestions of the Housing Leadership Group in 2008 the state Human Services Department began a supportive housing pilot program for people with behavioral health disorders who would otherwise be homeless called the Linkages Program. Linkages combines a housing voucher with services provided by a behavioral health provider and the pilot program began with 30 vouchers. There are plans to increase the program to 200 vouchers as funding allows. People being discharged from State Institutions routinely go to privately operated board and care homes, Linkages apartments, or return to their families.

Corrections:

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

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess 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:

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

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

HPRP in the NM BOS CoC catchment area is administered by the NM Mortgage Finance Authority (MFA). The main contractors identified by MFA include four NM BOS CoC member agencies: The Life Link (Santa Fe and several northern counties), the City of Las Cruces, the San Juan County Partnership (San Juan County), and Socorro Housing Authority (several central counties), and several other Coalition member agencies serve as sub-contractors (including the Village of Los Lunas - Valencia County Housing Authority). The NM Coalition to End Homelessness (NMCEH) administers the NM HMIS, which is used for HPRP client services reporting. The NM BOS CoC Coordinator serves as the HPRP HMIS Client Services Reporting Coordinator. NM Coalition to End Homelessness has worked closely with MFA and the City of Albuquerque to plan the development of HPRP in our State, and has a well-established working relationship with the local housing authorities statewide. HPRP orientation presentations have been made to Coalition member agencies at bi-monthly meetings to assist them to understand how to identify potential eligible clients, and where/how to refer them for HPRP services. Monthly phone conferences are held with MFA and HPRP provider agencies to discuss emerging issues, as well best practices including coordination between HPRP, CoC, and other service streams. NM Coalition to End Homelessness is meeting with MFA to plan for continuing some HPRP services after the federal funding is used up.

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)?

The NSP program, the VASH program and the Tax Credit Assistance Program have all be used to fund new supportive housing units for people who are homeless in New Mexico. The New Mexico Coalition to End Homelessness, through bimonthly membership meetings, serves as a forum for the NM Mortgage Finance Authority to present and obtain feedback regarding ARRA plans and activities. NSP in the NM Balance of State CoC catchment area is administered by the NM Mortgage Finance Authority (MFA), and by the Cities of Las Cruces and Santa Fe. NSP funding in the amount of \$1,025,905 was allocated to the Life Link in Santa Fe for Life Link to purchase foreclosed homes to be used as supportive housing for homeless individuals and families. In Las Cruces, \$707,145 in NSP funding was used to purchase transitional housing units for women exiting La Casa, the domestic violence shelter. Local VA representatives have presented information about the VASH program to the New Mexico Coalition to End Homelessness so that member agencies would know how to refer veterans to the VASH program. VASH in New Mexico is currently operating in Santa Fe and Gallup with 35 VASH vouchers in Santa Fe and 25 VASH vouchers in Gallup. The total annual value of the VASH program in the Balance of State region is \$738,000 including the value of the vouchers and services. The NM Coalition to End Homelessness is working with the VA to identify other communities that might be able to participate in the VASH program. The Tax Credit Assistance Program provided \$8,872,429 to fund the 60 unit tax credit project of the Santa Fe Community Housing Trust, which will include 15 units of supportive housing for people who are homeless when it is completed.

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)

The New Mexico Coalition to End Homelessness works with Adelante, which is the McKinney Vento funded program at the Santa Fe Public Schools on the Mayor's Task Force to End Homelessness. Adelante also coordinates a separate group of service providers at the case manager level to discuss current issues about child homelessness. Through these two groups case managers at Adelante and at the CoC funded housing programs stay informed of the services offered to homeless families and the groups work to coordinate with each other.

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)

The New Mexico Coalition to End Homelessness has observed that the educational needs of children are best served when the children are able to remain in the same school for an entire school year and when the children have a stable housing situation for doing homework and feeling secure. Placing homeless children and their families in longer term transitional housing or permanent housing as quickly as possible is the best way to ensure the child can stay in the same school and have a stable home. Therefore the NM Coalition to End Homelessness continues to encourage the development of long term transitional housing, permanent housing and rapid rehousing programs as the best ways to meet the needs of homeless children. The Coalition also supports increasing resources devoted to homeless prevention for families. As mentioned above, Adelante, the McKinney Vento Program at the Santa Fe public schools, coordinates a meeting of providers to keep up with the needs of homeless children in emergency shelters, transitional housing and elsewhere.

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 New Mexico Coalition to End Homelessness has several member agencies in the Balance of State CoC region with specific programs for homeless veterans including the Mesilla Valley Community of Hope in Las Cruces and CARE 66 in Gallup. Other member agencies such as St. Elizabeth Shelter, Life Link, Socorro County Housing Authority, Los Lunas Housing Authority, and Eastern Plains Housing Development have programs that serve many veterans along with a general homeless population. These efforts to help homeless veterans are consistent with the CoCs priority to develop more permanent supportive housing for people with disabilities, which includes housing veterans with disabilities. Prior to the NM Coalition to End Homelessness and its members making permanent housing a priority, there was very little offered in the Balance of State region. In the future the Coalition plans to make permanent supportive housing an ongoing priority for CoC funding as well as to strengthen ties to the VA and the VASH program so that homeless veterans will have a number of options for housing and services available to them. The Coalition will encourage its members to set aside beds for veterans in new permanent supportive housing developments, especially those funded through the CoC.

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? No

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.	162	Beds	150	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	77	%	78	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	73	%	69	%
Increase percentage of homeless persons employed at exit to at least 20%	40	%	28	%
Decrease the number of homeless households with children.	120	Households	124	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.

Between 2009 and 2010, 13 permanent housing beds for the chronically homeless were added, bringing the total to 150 beds in the Continuum region, which was short of our goal. The economic downturn limited the availability of new state capital outlay funding, which had been a significant source of funding for supportive housing. This unavailability of state funds slowed the development of the new housing we are planning for Carlsbad, which will eventually add 9 units for the chronically homeless. The impact of the economic downturn on the state budget has postponed the intended increase in the number of state funded Linkages vouchers from the current 30 vouchers. The CoC was slightly short of the goal of having 73% of those in transitional housing moving to permanent housing but still above the HUD target of 65%. This lowered percentage is due to a few programs in the CoC that still perform poorly in this area, and we plan to provide technical assistance to these agencies in order to bring their performance up. Although the NM BOS CoC did not obtain its proposed achievement for percentage of homeless persons employed - again, due in large part to the economic downturn and its impact on job availability - the CoC continues to perform above the minimal target of 20%. We are still measuring 124 homeless households with children from our 2009 count which is above our target, and we fear that the number may actually have gone up due to the economic downturn.

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	552	123
2009	376	137
2010	376	150

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. 13

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	\$312,000	\$145,000	\$0	\$0	\$0
Operations	\$0	\$74,980	\$22,000	\$0	\$0
Total	\$312,000	\$219,980	\$22,000	\$0	\$0

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

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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)	112
b. Number of participants who did not leave the project(s)	242
c. Number of participants who exited after staying 6 months or longer	81
d. Number of participants who did not exit after staying 6 months or longer	194
e. Number of participants who did not exit and were enrolled for less than 6 months	48
TOTAL PH (%)	78

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	224
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	154
TOTAL TH (%)	69

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: 1,071

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	104	10	%
SSDI	57	5	%
Social Security	33	3	%
General Public Assistance	13	1	%
TANF	91	8	%
SCHIP	10	1	%
Veterans Benefits	9	1	%
Employment Income	296	28	%
Unemployment Benefits	19	2	%
Veterans Health Care	3	0	%
Medicaid	241	23	%
Food Stamps	331	31	%
Other (Please specify below)	78	7	%
CYFD allowance, child support, personal insurance, retirement, pell grant, survivor benefits, medicare, pension, odd jobs, child SSI, workman's comp, child death benefits			
No Financial Resources	429	40	%

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? Yes

4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?

(Select all that apply)

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Preference policy for hiring low and very low income persons residing in the service area, Notify area Youthbuild programs of job opportunities

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

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

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

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

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

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

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

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. semi-annually (twice a 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).

September 16 - 17, 2008

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:	100%
Case managers provide office based assistance to help clients fill out applications or accompanying clients to benefits offices as necessary. Several agencies are now using the SOAR model to get clients on SSI.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	85%
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%
The State Human Services Department has a single application for Medicaid, Food Stamps, General Assistance, Cash Assistance, and Family Planning services.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
In most agencies, a case manager follows up to inquire if benefits were actually received. Some agencies in keeping with the SOAR process, have instituted an SSI/SSDI liaison to assist clients with obtaining and appealing those specific benefits.	

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.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Casa Cerrillos Pe...	2010-11-09 14:32:...	1 Year	St. Elizabeth She...	72,713	Renewal Project	SHP	PH	F
Gallup SHP	2010-11-11 12:49:...	3 Years	Communit y Area Re...	400,000	New Project	SHP	TH	F5
La Vida Nueva TH ...	2010-11-11 13:38:...	1 Year	Valencia Shelter ...	106,666	Renewal Project	SHP	TH	F
NM HMIS Expansion. ..	2010-11-15 16:59:...	3 Years	New Mexico Coalit...	394,798	New Project	SHP	HMIS	F2
Shelter Plus Care	2010-11-10 15:29:...	1 Year	Socorro County Ho...	95,136	Renewal Project	S+C	TRA	U
Shelter Plus Care	2010-11-12 13:51:...	1 Year	Village of Los Lunas	176,772	Renewal Project	S+C	TRA	U
Siringo Senior Pe...	2010-11-08 12:20:...	5 Years	St. Elizabeth She...	190,800	New Project	S+C	PRA	F6
Life Link-La Luz/PRA	2010-11-01 20:08:...	1 Year	City of Santa Fe	223,080	Renewal Project	S+C	PRA	U
Crisis Center Sup...	2010-11-08 15:02:...	3 Years	Crisis Center of ...	380,550	New Project	SHP	TH	F4
S+C Communit y Hou...	2010-11-09 18:34:...	1 Year	City of Las Cruce...	98,520	Renewal Project	S+C	TRA	U
Haven House Domes...	2010-11-12 14:34:...	1 Year	Haven House, Inc.	50,000	Renewal Project	SHP	TH	F
Continuum of Care...	2010-11-11 17:58:...	1 Year	Esperanza Shelter...	94,500	Renewal Project	SHP	TH	F

Chuska	2010-11-11 15:01:...	1 Year	Supportive Housin...	26,775	Renewal Project	SHP	TH	F
La Casa Transiti...	2010-11-11 17:14:...	3 Years	La Casa, Inc.	292,166	New Project	SHP	TH	F3
The Life Link/TRA-A	2010-11-06 15:48:...	1 Year	City of Santa Fe	233,412	Renewal Project	S+C	TRA	U
Shelter Plus Care	2010-10-12 13:15:...	1 Year	City of Santa Fe/...	133,500	Renewal Project	S+C	TRA	U
Drexel House	2010-11-11 12:12:...	1 Year	Catholic Charitie...	26,727	Renewal Project	SHP	TH	F
Sandoval Shelter+...	2010-11-09 14:01:...	1 Year	County of Sandoval	220,416	Renewal Project	S+C	TRA	U
The Life Link/TRA-B	2010-11-06 16:56:...	1 Year	City of Santa Fe	158,484	Renewal Project	S+C	TRA	U
SJCP-2010	2010-11-15 12:30:...	1 Year	San Juan County P...	66,713	Renewal Project	SHP	SSO	F
Shelter Plus Care 2	2010-11-12 10:32:...	5 Years	Socorro County Ho...	288,600	New Project	S+C	TRA	P1
Eastern Plains Ho...	2010-11-10 11:37:...	1 Year	Eastern Plains Ho...	127,920	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	\$2,102,408
Permanent Housing Bonus	\$288,600
SPC Renewal	\$1,467,240
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NM 501 Certificat...	11/15/2010

Attachment Details

Document Description: NM 501 Certificates of Consistency with the Consolidated Plan 2010