

## Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** NM-500 - Albuquerque CoC

**1A-2. Collaborative Applicant Name:** City of Albuquerque

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** NM Coalition to End Homelessness

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	No
Youth Advocates	Yes	No
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	No	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Yes	No
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

SSVF Providers	Yes	Yes
New Mexico VA and Medicaid MCOs	Yes	No
Emergency Shelters	Yes	Yes

**Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.**

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)**

The Albuquerque CoC holds monthly meetings at a regular date, time and location, which are open to all organizations and individuals interested in ending homelessness. The NM Coalition to End Homelessness, which helps the City of Albuquerque coordinate the monthly CoC meetings, maintains an email list for this group that includes over 30 organizations, including housing authorities, DV, youth and veterans providers, housing developers, local government, community members, formerly homeless persons and supportive housing providers. A meeting agenda is emailed out a few days before every meeting and usually includes CoC business and other issues. Discussions at this meeting directly impact CoC policies and strategies. For example, discussions have led to improvements in the Coordinated Assessment System and development of a limited preference for homeless people for Section 8 vouchers with Albuquerque Housing Authority.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)**

The Albuquerque CoC emails an invitation to stakeholders who are not currently members of the CoC at least once a year. The NM Coalition to End Homelessness helps the City of Albuquerque coordinate the CoC. The New Mexico Coalition to End Homelessness's sent out an email to its list-serve, which has over 900 people on it, on 7/28/17 inviting new organization and individuals interested in ending homelessness to join the CoC. The Coalition has a Continuum of Care page on their website, which includes language inviting organizations and individuals to join the CoC. Coalition and City staff also extend invitations to join the CoC throughout the year as they meet with different organizations and community members regarding strategies to end homelessness. CoC member organizations are asked at least annually to invite current and former clients who are homeless or who have experienced homelessness to join the CoC.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.**

**(limit 1000 characters)**

The NM Coalition to End Homelessness (NMCEH) helps coordinate the CoC. On 2/22/17 and 6/5/17 the NMCEH sent emails to 600 people stating that the CoC might be able to apply for new projects and offering to help applicants develop a project. NMCEH met with two agencies who do not have CoC projects about a possible proposal. The Independent Review Committee released an RFP to solicit proposals for new projects on 7/25/17 via the 600 person NMCEH email list and posted the RFP on the NMCEH website. The RFP clearly stated the process for submitting a proposal, clearly stated that nonprofit entities, local housing authorities and units of governments were eligible to apply, and did NOT limit eligibility to those who already have a CoC grant. The RFP stated that NMCEH could review draft proposals up to the deadline, which was meant to support new applicants to the CoC. The IRC selected all 3 proposals that were received; 2 of these were from agencies that do not currently have CoC funds.

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

**1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient’s in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)**

The CoC has incorporated a process into its Governance Charter for consulting with the City of Albuquerque, which is the only Consolidated Planning Jurisdiction within the CoC, on ESG allocation. The City contracts with NM

Coalition to End Homelessness (NMCEH) to coordinate the CoC. The NMCEH, City and CoC membership develop performance standards for ESG projects. NMCEH presents data on ESG sub-recipients performance to the City and CoC members. Based on this info, City, NMCEH and CoC will discuss allocation strategies. NMCEH contracts with the City to do the PIT and HIC and provides this data; for CY 2016 NMCEH provided homeless population, homeless subpopulation, youth and vet PIT data to the City. When the City develops its 5 year Consolidated Plan and annual Action Plan it specifically invites the CoC membership to provide comment. The CoC review the language about homelessness to ensure it accurately presents HIC/PIT data and the state of homelessness in general.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)**

All CoC PSH, RRH and TH providers use a Housing First, low barrier approach. CoC Common Standards require housing programs to prioritize openings for households with high vulnerability scores. Thus, high need households, including those fleeing domestic violence, are prioritized for housing and services. The CoC worked with victim service providers to develop a system where victims of domestic violence (DV) can choose the CoC and ESG housing that best meets their needs using the Coordinated Assessment (CAS) anonymously. The safety of participants is protected because no personal identifying information is saved in the HMIS database. SAFE House, which is a member of the CoC, also operates a Dept of Justice funded RRH program. DV survivors can access this program through the SAFE House shelter, the SAFE House hotline or through one of the many agencies within the CoC that collaborates with SAFE House.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)**

The Coordinated Assessment System (CAS) Director has met with DV providers to understand the needs of DV survivors. The NM Coalition to End Homelessness (NMCEH) offered a Case Management 101 training in 8/17 which covered best practices for helping DV survivors, including safety planning. CoC & ESG DV providers enter data into a comparable database (Osnum); this is the 1st year we got useable data from Osnum. The Independent Review Committee will review data from Osnum at least annually to determine if projects are effectively helping DV survivors achieve housing stability. CoC safety planning protocols are instituted through CAS. If a DV survivors presents to a DV agency, the DV agency can do a hard copy of the

CAS common assessment and accept the survivor if s/he is eligible. A DV survivor can also complete the CAS common assessment at a non-DV agency and opt to have their assessment entered anonymously; they will be referred to the housing option that best fits their needs.

**1C-4. Using the chart provided, for each of the Public Housing Agency’s (PHA) in the CoC’s geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA’s that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.**

**Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Albuquerque Housing Authority		Yes-HCV
Bernalillo County Housing Authority	0.00%	No

**1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)**

Members of the CoC met with Bernalillo County Housing Authority about 2 years ago with the joint goal of developing a preference for households experiencing homelessness. Unfortunately, this did not work out. The New Mexico Coalition to End Homelessness is meeting with the Bernalillo County Housing Authority in October 2017 to renew the discussion about developing a homeless preference. Since the Albuquerque Housing Authority recently developed a preference for homeless households, we hope this will incentivize the Bernalillo County Housing Department to do so as well.

**1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)**

To address the needs of LGBT people, the CoC has focused on training

providers on the needs of LGBT people, on ensuring that LGBT people can safely access housing/shelter programs, and that there are specific programs available to meet their needs, especially for youth. Since 4/16 the NM Coalition to End Homelessness has organized two Transgender 101 workshops, conducted by the NM Transgender Resource Center. The Coalition conducted a training on HUD's Equal Access Rules in August 2017. We will offer this training several times over the next 12 months and it is recorded for people to watch on their own if desired. The CoC adopted an anti-discrimination policy in October 2015 and NMCEH, which contracts with the City to monitor CoC and ESG projects, verifies that programs are in compliance with the local policy and HUD Equal Access Rules. Finally, New Day Youth & Family Services and Casa Q, both members of the CoC have housing and shelter programs that specifically serve LGBT youth.

**1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
<b>Other:(limit 50 characters)</b>	
Educate the general public	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)**

**1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

<b>Mental Health Care:</b>	<input checked="" type="checkbox"/>
<b>Correctional Facilities:</b>	<input checked="" type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>

## 1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.**

**Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

### 1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)  
 (limit 1000 characters)**

Renewal projects are scored on several factors, and their cumulative score determines their ranking. One scored factor is the % of participants with a high vulnerability score. This factor is worth 3 out of 21 points. Vulnerability score is determined by the Coordinated Assessment System's common assessment tool and takes into account history of victimization, behavioral health, length/number of homeless episodes and medical issues among other factors. When evaluating the projects, the Independent Review Committee compares the outcomes for each project to the outcomes for projects that serve similar populations, and considers specific vulnerabilities like chronic homelessness. The IRC uses scored criteria to determine which projects can apply for NEW funding, and use of Housing First is worth the most points. New projects are ranked in order of their score. This way new projects that screen in highly vulnerable populations are given highest ranking.

**1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.**

**Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.**

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

**1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.**

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

**Reallocation: Option 2**

**No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.**

**1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.** 08/17/2017

**Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.**

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 08/31/2017

**Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.**

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?** Yes

**Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.**

**2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.** Page 1-2 in Charter, Pages 1-3 in MOU

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual.** Yes

**2A-3. What is the name of the HMIS software vendor?** Mediware (formerly Bowman)

**2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.** Statewide HMIS (multiple CoC)

**2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells**

**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	372	74	192	64.43%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	310	0	187	60.32%
Rapid Re-Housing (RRH) beds	514	181	333	100.00%
Permanent Supportive Housing (PSH) beds	1,557	0	766	49.20%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.  
 (limit 1000 characters)**

The City of Albuquerque funds Good Shepherd Center Center (GSC) which is a large emergency shelter. The City will require GSC to use HMIS once it identifies funding to pay for the staff costs associated with using HMIS, which will significantly increase ES bed coverage rates. The non-participating TH programs are all privately funded faith based programs. The HMIS Lead Agency will provide technical assistance and support to any of these programs that decide they want to use HMIS. One PSH program (Supportive Housing Coalition's Housing First Program) began using HMIS in 2016 for new participants, and as beds turn over this will increase the PSH bed coverage rate. We anticipate that after doing the 2018 Housing Inventory that 65% of PSH beds will be in HMIS. The other large PSH program within the CoC that is not using HMIS is HUD VASH, which has 288 beds. If the VA were required at the federal level to use HMIS, this would increase PSH HMIS bed coverage by another 18%.

**2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?** 12

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 04/28/2017

## 2B. Continuum of Care (CoC) Point-in-Time Count

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.** 01/23/2017

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 04/28/2017

## 2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)**

More emergency shelters and transitional housing projects used HMIS to report PIT data in 2017 than in 2016. The increase in reporting through HMIS for 2017 allowed us to collect more accurate data, when compared to data collected through a Provider PIT survey. We also made individual phone calls to non-HMIS agencies to ensure that they completed the Provider PIT survey correctly. We improved questions about chronic homelessness on both the Provider PIT survey and the Participant PIT survey. We have also trained HMIS users to answer the chronic homelessness questions more accurately. These changes provided a more accurate count of those experiencing chronic homelessness in our community.

**2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?** Yes

**2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.**

Beds Added:	0
Beds Removed:	439
Total:	-439

**2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?** No

**2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?** Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

**2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)**

This year, street outreach providers were more involved in helping the CoC identify locations where unsheltered people were likely to be located. Outreach teams were out for longer periods of time during daylight hours, where they were more likely to encounter unsheltered people that would be more willing to participate in the survey because they were awake and the temperature was higher. These changes increased the number of unsheltered people encountered and, as a result, counted. In 2017 the PIT was only conducted by street outreach staff, rather than volunteers. Staff may be more skilled at engaging people. Historically, unsheltered people in Albuquerque report CH at a much higher rate than sheltered people. The significant increase in people identified during the 2017 PIT Count impacted the number of people who reported as CH. We improved questions in the participant survey regarding CH. These improved questions provided a more accurate count of those experiencing CH.

**2C-5. Did the CoC implement specific measures to identify youth in their PIT count?** Yes

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)**

In 2017 we made a special effort to learn more about unaccompanied youth experiencing homelessness. Title One Homeless Project liaisons at Albuquerque Public Schools worked with the CoC to conduct the survey with students experiencing homelessness or a housing crisis. New Day Youth and

Family Services, Warehouse 508, and the New Mexico Coalition to End Homelessness also hosted a public event advertised through social media, word of mouth, and public postings. The event was youth focused and included free transportation, entertainment and food, in an effort to engage unaccompanied youth and offer an opportunity to participate in the PIT count survey.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)**

In an effort to reach veterans experiencing homelessness, the CoC worked closely with the VA, the Veteran’s Integration Center and the Goodwill SSVF program to provide accurate data on sheltered veterans and coordinate the unsheltered count. Staff from these programs participated in identifying locations where unsheltered people were likely to be found, and in implementing the unsheltered count. Historically, unsheltered people in Albuquerque report CH at a much higher rate than sheltered people. With improved methods for conducting the unsheltered count in 2017, we were able to identify 384 unsheltered people, compared to 183 people in 2015. This increase in the number of unsheltered people identified allowed us to engage additional families and individuals that report CH. The CoC worked closely with service providers that serve families with children to provide accurate data on sheltered households and to identify locations where unsheltered families were likely to be.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.  
(limit 1000 characters)**

New Mexico Coalition to End Homelessness (NMCEH), which manages the statewide Coordinated Assessment System, is responsible for overseeing the CoC's strategy to reduce first time homelessness. Between federal FY15 and FY16, the # of people in ES/SH/TH who did not have a HMIS record in the previous 24 months only increased by 3 (from 2093 to 2096). The CoC has prevention programs funded by state dollars, CDBG and SSVF. Prevention programs target assistance to households below 30% AMI with imminent risk of evictions, as this is the population most likely to become homeless for the first time. Within 12 months, the NMCEH will work with the Coordinated Assessment System, prevention providers and funders to develop a standardized assessment tool to ensure that prevention funds are targeted to those who meet need it. NMCEH is working with Mortgage Finance Authority, City of Albuquerque, shelters/housing programs to develop a diversion system to prevent households from becoming homeless.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.  
(limit 1000 characters)**

The New Mexico Coalition to End Homelessness (NMCEH), which also manages the statewide Coordinated Assessment System (CAS), oversees the CoC's strategy to reduce length of homelessness. The average & median length of time people in ES and TH were homeless decreased between federal

FY15 and FY16 by 15 days and 4 days, respectively. The CAS helps the CoC quickly identify and house homeless households. Length of homelessness is a factor in a household's vulnerability score, which determines their priority for housing. The CoC prioritizes 85% of available beds for chronically homeless persons, helping them get housed faster. NMCEH coordinates a monthly meeting to review the by-name list of homeless vets, which helps them get housing faster. The City allocates RRH ESG funds to a family shelter and several CoC SSO & TH grants have reallocated to new RRH programs. NMCEH is also working with key stakeholders to build a diversion system to help homeless households exit homelessness quickly.

**3A-3. Performance Measures: Successful Permanent Housing Placement and Retention**

**Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)**

The New Mexico Coalition to End Homelessness (NMCEH), which contracts with the City to help coordinate the CoC, will oversee this performance measure. From federal FY15 to FY16 the % of people exiting street outreach with successful exits increased by 47%, the % exiting ES/TH/RRH to PH decreased from 37% to 35% and the % who remained in PSH or exited to PH was high, with small decrease from 95% to 94%. In the last 6 months, NMCEH evaluated all ESG & CoC recipients on housing placement/retention rates, which it will continue to do annually. NMCEH provides TA to improve outcomes but continuing low housing outcomes will mean reallocation. NMCEH has provided training on Housing First approach, to ensure that all program types are focused on housing outcomes. Coordinated Assessment System quickly connects vulnerable households to most appropriate housing resource, which helps sheltered & unsheltered homeless people obtain housing that best meets their needs and can help them stay housed.

**3A-4. Performance Measure: Returns to Homelessness.**

**Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)**

The New Mexico Coalition to End Homelessness (NMCEH), which contracts with the City to help coordinate the CoC, will oversee this performance measure. Between federal FY15 and FY16, the total number of returns to homelessness within 2 years decreased from 22% to 17%. NMCEH uses HMIS data to monitor/measure returns to homelessness, and has provided TA to the program with the highest returns to homelessness to improve their outcome. Returns to homelessness is also part of the annual CoC evaluation/ranking criteria, which incentivizes programs to monitor and improve this outcome.

NMCEH uses the Coordinated Assessment System to identify who most needs supportive housing to remain housed and prioritize them for supportive housing; NMCEH is also leading efforts to increase funding for supportive services for people after they exit to PH, by advocating for the use of Medicaid to pay for supportive services.

**3A-5. Performance Measures: Job and Income Growth**

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment, non-employment including mainstream benefits.  
(limit 1000 characters)**

The New Mexico Coalition to End Homelessness (NMCEH), which contracts with the City to help coordinate the CoC, will oversee this performance measure. From federal FY15 to FY16, the total change in income for system stayers decreased by 1% and the total change in income for system leavers increased by 9%. To improve these outcomes the CoC has implemented the following strategies: NMCEH conducts at least 2 trainings per year to CoC members and other homeless service providers on accessing mainstream, nonemployment benefits. The NMCEH will continue to coordinate SOAR, provide support to SOAR representatives and build relationships with Social Security Administration to make SOAR successful. St. Martins and Goodwill will continue to create job training opportunities for homeless people. CoC providers will work with these two agencies and other mainstream job training programs (such as Department of Vocational Rehab) to facilitate effective referrals.

**3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).** No

**3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?  
(limit 1000 characters)**

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.** 06/02/2017

**(mm/dd/yyyy)**

## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	663	715	52

**3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.**

Total number of beds dedicated as Dedicated Plus	3
Total number of beds dedicated to individuals and families experiencing chronic homelessness	533
<b>Total</b>	<b>536</b>

**3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.** Yes

**3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.**

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)**

The New Mexico Coalition to End Homelessness (NMCEH) is leading this effort. The main strategies are to quickly identify homeless families, use existing resources more effectively, and create more supportive housing. The CoC uses its Coordinated Assessment System (CAS) to identify, prioritize and re-house homeless families. The CoC has reallocated TH & SSO funds to increase RRH beds. NMCEH and MFA, which funds shelters & RRH programs with state dollars, have begun developing a diversion system to rehouse families quickly. The CoC worked with Albq. Housing Authority to create a limited preference for supportive housing participants, which will create RRH & PSH openings for homeless families. The CoC has successfully advocated for more state and County funds for RRH & PSH. Within the next 3-5 years, the CoC hopes to rapidly rehouse all families within 30 days. Our CoC’s current average length of time homeless is 192 nights.

**3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.**

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	57	189	132

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)**

In Oct 2015 the CoC adopted a policy stating that ESG and CoC programs could not deny or separate participants based on the age, sex, gender, sexual orientation, gender identity or disability. The City of Albuquerque contracts with the NM Coalition to End Homelessness to help coordinate the CoC. NMCEH emailed the policy to all ESG and CoC providers, along with a poster that

described the policy and what process clients should follow if they felt the policy had been violated. Since then, NMCEH has provided one-on-one technical support to programs to help them become compliant with our local policy and HUD's Equal Access Rules as published in 2012 and 2016. NMCEH conducts monitoring visits of all CoC and ESG projects annually. As part of the monitoring visit, NMCEH reviews the program's policies and procedures to ensure they are consistent with our local CoC policy and HUD's Equal Access Rules. NMCEH also conducted a webinar training in August 2017 on the HUD Equal Access Rules.

**3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.**

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

**3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.**

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

**3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)**

The CoC works with New Day, Casa Q and Bernalillo County to increase housing & services for homeless youth. New Day recently received a FYSB demonstration grant to provide TH for homeless LGBT youth. One outcome measure will be the % of youth who exit to safe/stable housing. Casa Q is a new program that provides emergency/transitional housing for homeless LGBT

youth. In the last 12 months, 80% of exiting youth moved into safe/stable stable housing (# of exits to safe place/total # of exits). Bernalillo County just funded transitional living services for homeless youth. The County has contracted with UNM to study the effectiveness of these interventions once they begin. Two emergency youth shelters funded through ESG and the state. In 2016, 31% of youth exited to permanent housing (# of exits to PH/ total # of exits). The Coordinated Assessment System (CAS) lead agency is working with youth providers to create a more integrated CAS so that youth can quickly access housing.

**3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)**

CoC and ESG agencies work closely with the Albuquerque Public Schools Title 1 Homelessness Project. CoC agencies quickly refer families with school aged children to the Title 1 staff so that they can receive services. Title 1 staff make facilitated referrals to other agencies within the CoC and staff have been trained in how to conduct the VI SPDAT so they can connect homeless families to the CoC's Coordinated Assessment System for supportive housing. A representative from Title 1 regularly attends our CoC meetings and serves on the CoC independent review committee. The CoC has a policy requiring CoC agencies to have policies/procedures in place to ensure school aged children are in school and connected to appropriate educational services. The NM Coalition to End Homelessness, which contracts with the City to monitor CoC agencies, monitors whether these policies have been followed.

**3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	No
Early Head Start	No	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).  
(limit 1000 characters)**

When a service provider encounters a homeless vet, the vet is referred to the NM VA main hospital or to the NM VA's regular outreach clinic at Albuquerque Health Care for the Homeless (AHCH) to be assessed for VA services. Vets can complete the Coordinated Assessment System's (CAS) common assessment tool (VI-SPDAT) at one of over 50 organizations, which includes an Addendum to assess if the vet is eligible for VA services. St. Martin's street outreach team conducts outreach to and conducts the VI-SPDAT with the unsheltered homeless. Albuquerque SSVF providers use the CAS to fill SSVF openings. CAS staff will work with the VA when there is a veteran on the by-name list who needs VASH. CAS lead agency conducts a monthly case conferencing meeting with the VA, SSVF providers and Heading Home to review the by-name list of homeless vets and house those vets at the top of the list. Heading Home provides PSH housing to vets who do not qualify for VASH using City of Albuquerque dollars.

**3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?** Yes

**3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?** Yes

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?** No

## 4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.**

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

**4A-1a. Mainstream Benefits**

**CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)**

CoC projects utilize Medicaid service dollars, NM general fund dollars, City of Albuquerque general fund and private funds (including private foundations and individual contributions) to help pay for case management services. CoC case managers routinely help clients apply for SSI, SSDI, SNAP, TANF, Medicaid, VA benefits. During a recent 12 month period, 40% of all CoC participants increased their income. The NM Coalition to End Homelessness (NMCEH) is the organization responsible for overseeing the CoC's strategy for mainstream benefits. NMCEH organizes a full day Case Management 101 training twice a year. Part of the training is devoted to helping case managers understand how to help their clients obtain mainstream benefits. NMCEH is also the state lead for SOAR, which is a model for helping homeless people obtain SSI or SSDI. Case managers may now become SOAR certified via an online training.

NMCEH provides ongoing support to SOAR-trained case managers.

**4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?**

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	22.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	22.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

**4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	22.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	22.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

**4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)**

5 homeless service providers, the police dept. and Medicaid MCOs work together to provide street outreach. Street outreach providers focus on harm reduction activities, helping unsheltered homeless people connect to services/housing and conducting the common assessment tool for the Coordinated Assessment System. Outreach primarily takes place Mon – Fri 8am – 5pm. Outreach also takes place 2x a month starting at 6am year round and early evenings during the summer. Street outreach providers go to locations throughout the entire CoC area where homeless people are likely to be living outside. CoC does have wilderness areas that are hard to access; outreach covers an estimated 90% of the CoC. Outreach providers use a harm reduction approach to engage unsheltered homeless people with significant barriers to accessing housing/services. The CoC has Spanish speaking outreach providers, and they are also able to refer clients to Spanish speaking case managers and therapists.

**4A-5. Affirmative Outreach  
 Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive**

**services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.**

**Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)**

CoC members conduct outreach to people least likely to apply in the absence of special outreach. Albuquerque Health Care for the Homeless, a member of the CoC, conducts regular outreach at the New Mexico Transgender Resource Center. Several organization, including Albuquerque Health Care for the Homeless, St. Martin's, Crossroads for Women and Molina (a Medicaid Managed Care Organization) conduct outreach to shelters, soup kitchens and other service sites to ensure all people experiencing homelessness are aware of housing opportunities and to conduct the common assessment for the Coordinated Assessment Department. Some outreach staff are Spanish. First Nations conducts outreach to homeless Native Americans living in Albuquerque. Staff of CoC membership organizations also attend cultural competency trainings to ensure they are offering cultural appropriate services.

**4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.**

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	233	514	281

**4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).** No

## 4B. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:  
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Rejection letters	08/22/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	NM-500 Consolidat...	09/22/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	NM-500 Rating & R...	09/22/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	NM-500 Public Pos...	09/22/2017
05. CoCs Process for Reallocating	Yes	Process for reall...	08/09/2017
06. CoC's Governance Charter	Yes	CoC & HMIS Govern...	09/26/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Charter & SOP	08/22/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	ABQ Housing Autho...	08/15/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIS Charter & MOU	08/22/2017
11. CoC Written Standards for Order of Priority	No	ABQ CoC Order of ...	08/09/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	NM-500 HDX Compet...	09/26/2017
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:** Rejection letters

## **Attachment Details**

**Document Description:** NM-500 Consolidated App posting

## **Attachment Details**

**Document Description:** NM-500 Rating & Review Procedure

## **Attachment Details**

**Document Description:** NM-500 Public Posting Evidence

## **Attachment Details**

**Document Description:** Process for reallocation

## **Attachment Details**

**Document Description:** CoC & HMIS Governance Charters

## **Attachment Details**

**Document Description:** HMIS Charter & SOP

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** ABQ Housing Authority Homeless Preference

## **Attachment Details**

**Document Description:** HMIS Charter & MOU

## **Attachment Details**

**Document Description:** ABQ CoC Order of Priority

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** NM-500 HDX Competition Report

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
<b>1A. Identification</b>	09/01/2017
<b>1B. Engagement</b>	09/22/2017
<b>1C. Coordination</b>	09/21/2017
<b>1D. Discharge Planning</b>	08/31/2017
<b>1E. Project Review</b>	09/21/2017
<b>2A. HMIS Implementation</b>	09/21/2017
<b>2B. PIT Count</b>	09/01/2017
<b>2C. Sheltered Data - Methods</b>	09/21/2017
<b>3A. System Performance</b>	09/26/2017
<b>3B. Performance and Strategic Planning</b>	09/22/2017
<b>4A. Mainstream Benefits and Additional Policies</b>	09/15/2017
<b>4B. Attachments</b>	09/26/2017

**Submission Summary**

No Input Required



Lisa Huval <lisa.nmceh@gmail.com>

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## Final FY17 Albuquerque CoC Application available online

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**Lisa Huval** <Lisa-H@nmceh.org>

Fri, Sep 22, 2017 at 8:27 AM

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Dear Friends:

This email is going out to all FY17 CoC renewal and new projects applicants, members of the Albuquerque CoC, CoC Board and Independent Review Committee members, and all others who regularly attend our CoC meetings or are on the CoC email list.

The final FY17 Albuquerque Continuum of Care Consolidated Application and Priority Listing are now available online at:

<http://www.nmceh.org/pages/continuumCare.html>

Sincerely,  
Lisa Huval

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Lisa Huval  
Associate Director  
New Mexico Coalition to End Homelessness  
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# New Mexico Coalition to End Homelessness

## Continuum of Care

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### Continuum of Care: What is a CoC?

In the 1990's, the U.S. Department of Housing & Urban Development (HUD) created the Continuum of Care (CoC) program, which funds certain types of programs for people experiencing homelessness. Under the CoC program, geographic communities organize themselves into a CoC and each CoC annually submits an application to HUD to fund projects within the CoC. In New Mexico, there is an Albuquerque CoC and a Balance of State CoC, which covers all parts of New Mexico except for Albuquerque. All applicants must apply as part of one of these CoCs. The Albuquerque and Balance of State CoCs are both coordinated by the New Mexico Coalition to End Homelessness.



HUD's concept for the Continuum of Care is that each CoC should have a continuum of services available to meet the needs of people experiencing homelessness, including prevention, street outreach, emergency shelter, transitional housing and permanent supportive housing. The HUD CoC program does not actually fund all those activities but HUD's expectation is that each CoC will engage in ongoing planning to ensure all these components are in place. Our CoC's ability to continue receiving CoC funding, especially new CoC funding, is partially dependent on the extent to which we have these components in place.

CoC grant funds can be used for acquisition of a building or site, construction, rehabilitation, leasing, operation of the project and supportive services for the project. Because the funds are so flexible and the leasing, operating and supportive services funding is renewable year after year, these grants work very well to start new projects.

Organizations and individuals that are interested in ending homelessness are welcome to join the Albuquerque and/or Balance of State CoC. For more information about the Albuquerque CoC, contact Lisa Huval at (505) 433-5175. For more information about the Balance of State CoC, contact Rada Moss at (505) 982-9000.

### Fiscal Year 2017 (FY17) Continuum of Care (CoC) Application Process

Each year, the Albuquerque CoC and the Balance of State CoC must evaluate, rank and decide on funding amounts for all current CoC projects that are up for renewal and select new permanent housing bonus and reallocated projects. We will post documents here that the Albuquerque CoC and the Balance of State CoC will use during the FY17 CoC Competition to evaluate, rank, reallocate and select renewal and new projects for each CoC. Once that process is complete, we will also add the final project rankings and the amount of funding that each project was allowed to apply for as part of the FY17 CoC Competition.

#### Albuquerque CoC

- FY17 RFP for New Projects
- FY17 RFP Budget Forms
- FY17 Renewal & Evaluation Criteria
- CoC Review, Appeals and Grievance Process Updated Sept 2016
- IRC Minutes 3-16-17
- SRC Meeting Minutes 051017
- SRC Minutes 6-14-17
- IRC Minutes 08-30-17 Final
- FY17 CoC Ranking 8-30-17
- IRC Minutes 5-12-17
- IRC Minutes 8-15-17
- FY17 Albuquerque CoC Priority Listing
- FY17 Albuquerque CoC Consolidated Application
- Special Appeals Committee Minutes 9-15-17

**Albuquerque Continuums of Care  
Review, Appeals and Grievance Process for Selection of New and Renewal Projects**

*Approved June 2014 by the Albuquerque Continuum of Care Membership; Last updated September 2016 by the Albuquerque Continuum of Care Membership*

**1. Overview of Process**

In the Albuquerque Continuum of Care, the Independent Review Committee (IRC) establishes the selection criteria for who can apply to HUD for new and renewal funding, and for what amounts, in the annual Albuquerque Continuum of Care Application. The IRC establishes these criteria with input from the Albuquerque CoC membership and Albuquerque CoC Board.

The Albuquerque CoC issues a RFP each year to select new projects prior to the HUD deadline for submission of the Continuum of Care application. New projects include Permanent Housing Bonus projects and projects funded through reallocation. The Independent Review Committees (IRC) reviews and scores all proposals based on the established selection criteria. The project or projects with the highest score(s) will be selected to apply to HUD for a new Bonus or reallocated project.

An exception to this process may be made if an existing CoC applicant voluntarily chooses to reallocate its existing funding to a new Rapid ReHousing, Permanent Supportive Housing or Coordinated Assessment System project that it would operate. In this scenario, the applicant will not need to go through the competitive RFP process if the IRC does not have any concerns about the applicant's capacity to administer the new project.

The IRC evaluates and ranks all renewal projects based on the established criteria, which includes HUD outcome measures and other factors. The IRC will decide whether to: a) fully fund each renewal project or b) whether to reallocate some or all of a renewal project's funds to a new project.

All CoC meetings, including IRC meetings, related to the evaluation, ranking, reallocation or selection of new and renewal projects will be recorded via written meeting minutes. The minutes will contain the date that the meeting took place and will be shared with the CoC membership.

**2. Process for Reallocation**

The Albuquerque CoC uses the following process to reallocate funding within the Continuum. The purpose of reallocation is to make sure that resources are being used in the most efficient way possible to assist people who are homeless in the CoC region. There are two ways the funds can be selected for reallocation: voluntary reallocation by an agency or involuntary reallocation by the Independent Review Committee.

1. Voluntary reallocation. Agencies may decide to reallocate their CoC funds from an underperforming project to a new project that can be expected to perform better. Agencies may also decide to reallocate their CoC funds so their new project will be more competitive in the national CoC

competition. Voluntary reallocation usually starts when the CoC staff at the New Mexico Coalition to End Homelessness (NMCEH) notify a project that it is underperforming and that reallocation is an option. The CoC's Collaborative Applicant, the City of Albuquerque, contracts with NMCEH to provide technical support to CoC agencies and to assist with the annual application process. The process is then for the agency to work with NMCEH staff to develop a new application that replaces the old project and the NMCEH staff present the new project to the Independent Review Committee for inclusion in the ranking. Voluntary reallocation has been the most common method of reallocation in the CoC.

2. Involuntary reallocation. When a project is underperforming but the agency that manages the project does not voluntarily seek reallocation, the Independent Review Committee can reallocate part or all of the project to a new project at a different agency. When making the decision to reallocate money away from one agency to another, the Independent Review Committee seeks to minimize the impact on clients that may have been served by the underperforming project. This might involve reallocating funding to a project that serves a similar homeless population if possible. Alternatively, the Independent Review Committee might encourage other agencies to fill in gaps created by the reallocation in a future CoC competition.

### **3. Process for Obtaining, and Compiling Data for Renewal Projects**

The Albuquerque CoC will use the following process for obtaining and compiling the data needed to evaluate program outcomes.

- a. Albuquerque CoC membership will select an IRC to review the applications for new and renewal projects. The CoC Governance Charter sets the selection process for the IRC.
- b. The staff of NMCEH will use the annual progress reports (APRs) and HMIS data to prepare a summary chart of renewal project performance using the HUD established performance measures and other performance measures identified by the CoC. Except for VAWA exempted programs, all APRs must be based upon and substantiated by HMIS data.
- c. The staff of NMCEH will distribute the performance chart to each agency that receives CoC funding review.
- d. Agencies that wish to challenge data in the performance chart must show that the data was copied incorrectly from the APR or HMIS or that there was a mistake in the APR or HMIS. If the agency wishes to correct data in the APR or HMIS it must make the corrections to the HMIS data and if there is a change to the APR it must submit a corrected APR to HUD. Once the corrections have been made in HMIS and in the APR, the staff of NMCEH will update the chart.
- e. The staff of NMCEH will also ask all CoC renewal projects to submit documents needed to evaluate their projects on the other evaluation criteria, including HUD monitoring reports, financial audits and LOCCS statements. NMCEH staff will analyze these documents and summarize them in a chart for the Review Committees. The staff of NMCEH will distribute this chart to each agency that receives CoC funding for review.

- f. The staff of NMCEH will distribute the final charts to all of the CoC agencies in advance of the IRC meeting.
- g. The review committees will meet and decide on a ranking of projects and an amount for each project to be included in the application. This includes deciding on whether to reallocate all or some of an existing project's funding to a new project.
- h. After the review committee meetings, the staff of NMCEH will distribute the ranking and award amounts to all of the CoC agencies.
- i. If a CoC agency disagrees with the decision of the IRC, it may file an appeal using the process below.

#### **4. Defining Grievances and Appeals**

There are separate processes for grievances and appeals. The appeals process is designed to resolve the ranking and funding decisions for the annual Continuum of Care application. An appeal should be filed if an agency wants the Continuum of Care committees to change a funding or ranking decision and the appeal must be based on facts or data that the Review Committee did not know about or did not take into account when it made the original decision. A grievance should be filed when an agency feels that there is something unfair within the process. Grievances would include complaints that a staff member or committee member was not impartial or a complaint that the process as was carried out was unfair in some way. An agency could submit both an appeal and a grievance arising from the same issue. An appeal is a quick process about changing the CoC application, but a grievance would likely be a longer process if the review system needs adjusting.

#### **5. Appeals Process**

Any new or renewal applicant who wishes to file an appeal because their project was not selected to be part of the application or because they do not agree with the amount of funding designated for their project can use this appeals process. If the nature of the complaint is a grievance about the process itself or a person involved in the process, the applicant should file a grievance as outlined in the Grievance Process section.

- a. The applicant must email or fax a letter to the Executive Director of the New Mexico Coalition to End Homelessness stating the reason for the appeal within 5 business days of receiving the Review Committee's decision. The appeal must address only factual reasons that the applicant believes the Review Committee made a wrong decision, and the outcome that the applicant is seeking.
- b. The applicant will present its appeal at the next scheduled NMCEH membership meeting; the applicant's presentation must focus on the factual reasons that the applicant believes the Review Committee made a wrong decision, and the outcome that the applicant is seeking. If the next membership meeting will not take place soon enough, the NMCEH will convene a special membership meeting. Members of NMCEH are expected to make a special effort to send a representative to the meeting, since the fairness of the process requires a good turnout.
- c. The NMCEH membership, after hearing the applicant's concerns, can vote whether or not to uphold the Review Committee's original decision. The vote will be conducted in accordance with the NMCEH by-laws with each member agency having one vote. Individual members also have one

vote. The chair of the meeting may call for a voice vote or vote by ballot. The recorder of the meeting will record the votes by agency to ensure that each agency represented votes once. Abstentions will also be recorded. Members of the Review Committees who also happen to be voting members of NMCEH must abstain. Members who have a financial stake in the vote must also abstain.

- d. If the membership votes not to uphold the Review Committee's original decision, the chair will establish a Special Appeals Committee to come up with a final decision on the subject of the appeal. The Special Appeals Committee will consider all practical alternatives including the original Review Committee decision and choose the best alternative based on the facts available. Members of the Special Appeals Committee must be impartial with regard to the issue being decided, meaning that members of the Special Appeals Committee may not be in a position where they or their agency could gain or lose funding based on the decision. Members of the Review Committees may not be on the Special Appeals Committee. The Co-Chairs of NMCEH will nominate the members of the Special Appeals Committee, and the membership will vote to appoint the members for the Special Appeals Committee. The Special Appeals Committee will attempt to reach a decision using consensus. If the group is not able to reach a consensus a vote will be taken and the majority will win (50% plus 1).
- e. The decision of the Special Appeals Committee will be considered final. In other words the Special Appeals Committee would decide the final ranking and amounts for each CoC project.
- f. NMCEH staff and board will set a timeline for an appeals procedure that allows time to meet the CoC application deadline.

## **6. Grievance Process**

If an organization involved in the CoC process has a grievance about the process or about an individual involved in the process, the organization needs to file a grievance with the Board of Directors of the NM Coalition to End Homelessness. It is possible that an agency could file both an appeal and a grievance around the same issue and the appeal and the grievance should be filed simultaneously, if they relate to the same issue. A grievance that is not affected by the CoC funding application can be filed by any CoC agency at any time. Here is the process for filing a grievance.

- a. The organization or individual wishing to file a grievance must submit the grievance in writing to the Co-Chairs of the Board of Directors of the New Mexico Coalition to End Homelessness. The written grievance must state the nature of the grievance, the reason for the grievance and may include the remedy that is being sought. If the grievance is related to a Review Committee decision about ranking or funding the grievance must be submitted within 5 working days of receiving the Review Committee decision.
- b. The Co-Chairs will appoint a Grievance Committee that shall include at least one board member. All members of the Grievance Committee shall be impartial with regard to the nature of the grievance. No members of the Review Committees may serve on the Grievance Committee.

- c. The Grievance Committee will meet in a timely manner in order to resolve the grievance, generally within three weeks of the grievance being filed in writing, although the nature of the grievance may dictate the timing. If the grievance involves CoC funding the Grievance Committee will meet in time to have its findings made available to the committees involved in that process before the final funding decisions are made. The findings of the Grievance Committee will be sent to the appropriate committees or boards for action. Findings of the Grievance Committee can be used as factual evidence during the CoC appeals process.
- d. The Grievance Committee will send a written record of its recommendations immediately (within 24 hours) to the appropriate entities. The Board of NMCEH, and other committees or boards as appropriate will act on the recommendations of the Grievance Committee at their next meetings or at a special meeting.
- e. Grievances are not brought to the membership or to an appeals committee. The Grievance Committee can recommend that a process needs to be changed, a committee member removed or a staff member disciplined. The Grievance Committee will not change a Review Committee's decisions regarding funding or ranking of CoC projects. If an agency wants the decision concerning its funding or ranking to be changed, the agency must also file an appeal.



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ALBUQUERQUE HOUSING AUTHORITY

**ADMINISTRATIVE PLAN**

**FOR THE**

**HOUSING CHOICE VOUCHER PROGRAM**

**April, 2017**

Approved by the HA Board of Commissioners:

Submitted to HUD:

***NEAR ELDERLY DISABLED CATEGORY 2: Vouchers set aside for non-elderly disabled families transitioning from a skilled nursing facility. (Awarded October 1, 2010)***

***Single Room Occupancy (SRO): Single Room Units***

***Five Year Mainstream: Vouchers Set-Aside for Elderly and Non-Elderly Disabled***

***Veterans Affairs Supportive Housing: (VASH) These vouchers are not included in the lottery. Applicants are direct referrals from the U. S. Veterans Administration.***

### **Regular HCV Funding**

Regular HCV funding may be used to assist any eligible family who participates in the lottery process. Families are selected through the lottery process according to the policies provided in Section 4-III.C.

### **4-III.C. SELECTION METHOD**

PHAs must describe the method for selecting applicant families, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

#### **Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the AHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

#### AHA Policy

**FIRST PREFERENCE:** The AHA will offer first preference to any family that has been terminated from AHA's HCV program due to insufficient program funding.

**SECOND PREFERENCE:** AHA will offer 125 vouchers per calendar year to participants in transitional, rapid rehousing or permanent supportive housing programs that meet the following criteria will be eligible for this preference:

- 1) The supportive housing program serves people experiencing homelessness
- 2) The supportive housing program is located in the Albuquerque Housing Authority's (AHA) service area
- 3) The supportive housing program is willing to provide a letter to AHA verifying the resident is a participant and is willing to assist the applicant with the Housing Choice Voucher Program application process
- 4) If possible, the supportive housing program will make a good faith effort to provide or provide linkages to case management or comprehensive community

support services to the participant for at least 3 months after the participant enters the Housing Choice Voucher Program

- 5) At least 20% of the supportive housing program budget comes from local, state or federal government funding.

THIS SECOND PREFERENCE SHALL CONSTITUTE A SEPARATE LOTTERY POOL IN ADDITION TO THE GENERAL POOL.

#### **Income Targeting Requirement [24 CFR 982.201(b)(2)]**

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families who are selected through the lottery process in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

#### AHA Policy

The AHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

#### **Order of Selection**

The AHA system of preferences may select families based on local preferences by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family selected through the lottery, it is not permitted to conduct further lottery selections. [24 CFR 982.204(d) and (e)].

#### PHA Policy

Families will be selected through the lottery process based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected according to the guidelines of the lottery process. The exception to this is the VASH program, which operates on referrals from the US Veterans Administration.



# New Mexico Coalition to End Homelessness

## **Common Standards for Administering Albuquerque and New Mexico Balance of State Continuum of Care (CoC) Permanent Supportive Housing Assistance**

*Updated March 2017*

The New Mexico Coalition to End Homelessness (NMCEH) is required to establish policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance. Permanent Supportive Housing (PSH) is targeted to households who need services in order to maintain housing with prioritization given to households who have been homeless for long periods of time or have experienced repeat episodes of homelessness. At a minimum, candidates for PSH must meet the Eligibility Requirements.

Use of the Common Standards and the Coordinated Assessment System are requirements under the Continuum of Care (CoC) program. The CoC Impartial and Independent Review Committees will evaluate whether CoC programs have adhered to the standards and fully utilized the coordinated assessment system, along with other evaluation criteria, when making annual renewal determinations.

### **1. Eligibility Requirements:**

1. Must meet HUD's definition of homeless as defined in the HEARTH Homeless Definition Final Rule;<sup>1</sup>
2. Must meet any additional criteria stipulated in the CoC Notice of Funding Availability for the grant year under which the program is operating;
3. Must have a member of the household with a severe or significant disabling condition.

### **2. Defining Level of "Service Needs"**

The VI-SPDAT score should be used to determine the level of "service need." The higher the VI-SPDAT score, the higher the service need. When identifying which households have the most severe service needs, PSH projects should look for households with the highest VI-SPDAT scores who meet their program requirements. PSH projects should serve families that have at least a VI-SPDAT score of 9 and individuals that have at least a VI-SPDAT score of 8. In some cases, as described below, a PSH project may serve a household with a lower score than 9 (for families) or 8 (for individuals) if the household has a severe service need that is not captured by the VI-SPDAT. In this case, the process for an exception is that the staff of the agency making the exception will write a letter explaining the reason for the exception and the agency must keep a copy of the letter in their file.

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<sup>1</sup> <https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/>

### **3. Participation in Coordinated Assessment System**

Albuquerque and Balance of State CoC PSH programs must use the statewide Coordinated Assessment System (CAS) to identify which individual or family they will house when they have an opening. The CAS uses the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) as its common assessment tool. The VI-SPDAT helps determine the vulnerability of a homeless household and which type of supportive housing would best meet their needs. Based on a household's answers to the VI-SPDAT, the household receives a vulnerability score between 0-17 for individuals and 0-23 for families. The score includes duration of homelessness, physical health, behavioral health, and other factors to come up with an overall assessment of vulnerability. Each household's VI-SPDAT is entered in the Homeless Management Information System (HMIS), which calculates the score. All agencies that participate in the CAS are able to view in HMIS the homeless households that have completed the VI-SPDAT and are part of the CAS.

All programs that receive CoC funding are required to participate in the Coordinated Assessment System (CAS). In addition to filling housing openings through the CAS, all CoC agencies are also required to conduct VI-SPDATs with household individuals and families that are seeking supportive housing. The overall share of VI-SPDATs that each CoC program is expected to conduct will be worked out at the local level.

### **4. Prioritization:**

#### **A. Dedicated and Prioritized Beds:**

PSH projects, with dedicated chronic homeless beds, must follow the prioritization system listed below when filling an open bed. PSH projects that have beds that are **not** dedicated to chronically homeless people must prioritize at least 85% of open beds for households who meet HUD's definition of chronic homelessness, using the prioritization system listed below. This prioritization system is from HUD's Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.<sup>2</sup>

When filling an opening for a dedicated or prioritized bed(s), PSH programs must:

- 1) First identify the chronically homeless households in the CAS with the highest VI-SPDAT score;
- 2) Of the households with the highest VI-SPDAT score, identify the household with the longest history of living in a place not meant for human habitation, a safe haven or in an emergency shelter (either continuously or the cumulative total length of at least 4 episodes over the last 3 years);
- 3) In the event that there are two households with the same VI-SPDAT score and same length of homelessness, the PSH should offer the housing opening to the household that first presented for assistance.

PSH programs will be able to use the Coordinated Assessment System to identify potential applicants in the priority order listed above.

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<sup>2</sup> <https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>

## **B. Non Dedicated and Non Prioritized Beds:**

A PSH project with non-dedicated beds may fill up to 15% of their openings in their operating year with non-chronically homeless households. In this case, agency staff must write a letter explaining the reason that the household has been given priority and the agency must maintain written documentation on file. The PSH project must use the following prioritization system when filling openings with a non-chronically homeless household. This prioritization system is from Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

**First Priority:** Homeless Individuals and Families with a Disability with Long Periods of Homelessness and Severe Service Needs

- The individual has a VI-SPDAT score of 13 to 17 or the family has a VI-SDPAT score of 16 to 23, or the PSH program can document a severe service need in absence of a high VI-SDPAT score
- 2 Within households that score as listed above, priority should be given to the household with the longest history of living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter (either continuously or the cumulative total length of all episodes over the last 3 years)

**Second Priority:** Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens or Emergency Shelters with Less Severe Service Needs

- The individual has a VI-SPDAT score of 8 to 12 or the family has a VI-SDPAT score of 9 to 15, or the PSH program can document a high service need in absence of a high VI-SDPAT score

**Third priority:** Homeless Individuals and Families with a Disability Coming from Transitional Housing

- An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven
- This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing

PSH programs will be able to use the Coordinated Assessment System to identify potential applicants in the priority order listed above.

## **5. Due Diligence**

When a PSH program has an upcoming opening for a dedicated or prioritized chronic homeless bed(s), the program must use due diligence to find and house a chronically homeless household using the process described below.

In order to expedite this process, the Coordinated Assessment staff will work with the people on the Coordinated Assessment list who appear to be chronically homeless and have the appropriate VI-SPDAT score to gather the required documentation ahead of time. In this way there may be chronically homeless people with full documentation ready to house when an opening occurs.

The PSH program should contact the potential clients and begin the process of documenting chronic homelessness, if it has not been done ahead of time, using the New Mexico Chronic Homelessness Documentation Packet. In order to document chronic homelessness a total of 12 months of homelessness must be documented. The PSH program should accept a chronically homeless household if:

- The qualifying household member has third party documentation for at least 9 months of homelessness and self-certification for the remaining three months OR
- The qualifying household member does not have 3<sup>rd</sup> party verification for at least 9 months, but has the self-certification for the time periods needed that are not covered by 3<sup>rd</sup> party verification AND less than 25% of the PSH program's current households used self-certification for more than 3 months.

The PSH program should document its due diligence to identify and house a chronically homeless household using the due diligence form in the New Mexico Chronic Homelessness Documentation Packet.

If the PSH agency has accepted chronically homeless people into its program who are self-certified for more than three months, the agency should continue to seek third party documentation for the full 9 months for these clients, in order to free up a space for a new household that must use self-certification for 4 or more months.

## **6. Policy of a PSH Project Cannot Locate a Chronically Homeless Person or Family**

The purpose of this policy is to ensure that PSH programs do not have to leave beds unfilled because they cannot identify a chronically homeless household. If the program is **not** able to identify a chronically homeless household in their service area within **14 days** of the bed(s) becoming available, the program should proceed with filling the bed(s) with a non-chronically homeless household using the prioritization system for Non Dedicated and Non Prioritized Beds on Page 3.

If the agency thinks that the person they chose for the opening might actually be chronically homeless, they should work with the client after they are housed to try to document the chronic homelessness.

## **7. Documentation of Homelessness, Chronic Homelessness and Disability**

### **A. Documentation of Homelessness Status**

Homelessness must be documented as required under the Homeless Definition Final Rule. This can be found at: <https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/>

### **B. Documentation of Chronic Homelessness Status**

Chronic homelessness must be documented as required under the Defining Chronic Homeless Final Rule. This document can be found at: <https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>. PSH projects are encouraged to use the New Mexico Chronic Homelessness Documentation Packet to ensure they are documenting chronic homelessness correctly.

### **C. Documentation of Disability**

**Disability must be documented as required under the Homeless Definition Final Rule.** This can be found at: <https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/>

## **8. Operation**

### **A. Length of Stay**

There is no maximum length of stay in Permanent Supportive Housing programs. Residents may stay in permanent supportive housing until they find a different permanent housing situation that better meets their needs, provided they abide by the terms of their lease.

### **B. Client Rent and Occupancy Charges**

i. All clients enrolled in permanent supportive housing programs that receive leasing funds may be required to pay an occupancy charge or rent. If rent or occupancy charges are imposed they may not exceed the highest of:

a) 30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);

(b) 10 percent of the family's monthly income; or

(c) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs.

ii. All clients enrolled in permanent supportive housing programs that receive rental assistance funds must pay a contribution toward rent in accordance with section 3(a)(1) of the U.S. Housing Act of 1937 (42 U.S.C. 1437a(a)(1)). This statute states that the household must pay the highest of:

a) 30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);

(b) 10 percent of the family's monthly income; or

(c) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs.

### **C. Fair Market Rent and Rent Reasonableness Standards**

i. For PSH projects that receive leasing funds, the rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services. In addition, the rents may not exceed rents currently being charged for comparable units, and the rent paid may not exceed HUD-determined fair market rents.

ii. For PSH projects that receive rental assistance funds, , the rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services. Rents may exceed HUD fair market rents, as long as the rent is reasonable in relation to rents being charged for comparable units.



# New Mexico Coalition to End Homelessness

## **Standards for Administering Albuquerque and New Mexico Balance of State Continuum of Care (CoC) Rapid ReHousing Assistance**

*Updated March 2017*

NMCEH is required to establish policies and procedures for determining and prioritizing which eligible individuals and families will receive Rapid Re-Housing assistance (RRH). RRH should be targeted to households that need temporary housing assistance and services in order to maintain housing and have fewer barriers to housing and employment than people who need permanent supportive housing.

Use of the common standards of entry and the coordinated assessment system are requirements under the Continuum of Care (CoC) program. The CoC Impartial and Independent Review Committees will evaluate whether CoC programs have adhered to the standards and fully utilized the coordinated assessment system, along with other evaluation criteria, when making annual renewal determinations.

### **1. Eligibility Requirements**

1. Must meet HUD's definition of homelessness as defined in the HEARTH Homeless Definition Final Rule.<sup>1</sup>
2. Must meet any additional criteria stipulated in the CoC Notice of Funding Availability for the grant year under which the program is operating.

### **2. Prioritization**

Albuquerque and Balance of State CoC Rapid ReHousing programs must use the statewide Coordinated Assessment System (CAS) to identify which individual or family they will house when they have an opening. The CAS uses the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) as its common assessment tool. The VI-SPDAT helps determine the vulnerability of a homeless household and which type of supportive housing would best meet their needs. Based on a household's answers to the VI-SPDAT, the household receives a vulnerability score between 0-17 for individuals and 0-23 for families. The score includes duration of homelessness, physical health, behavioral health, and other factors to come up with an overall assessment of vulnerability. Each household's VI-SPDAT is entered in the Homeless Management Information System (HMIS), which calculates the score. All agencies that participate in the CAS are able to view in HMIS the homeless households that have completed the VI-SPDAT and are part of the CAS.

Rapid ReHousing Projects should prioritize households with a VI-SPDAT score of at least 4r. Rapid ReHousing is usually the most appropriate intervention for individuals that score between a 4 and 7 and for

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<sup>1</sup> <https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/>

families that score between a 4 and 8., If an individual or family receives a score higher than 7 or 8, respectively, they may be more appropriately assisted with permanent supportive housing and it is acceptable to direct a household to permanent supportive housing instead of providing rapid rehousing when it is deemed that this will better meet the needs of that household. However, Rapid ReHousing programs may also serve an individual who scores higher than a 7 or a family that scores higher than an 8 if they feel that household could benefit from Rapid ReHousing.

The CAS will rank homeless households in priority order according to their VI-SPDAT score. The higher the VI-SPDAT score, the higher the priority for the person or family to be placed into housing. In general, Rapid ReHousing programs should identify an individual who scored a 7 or a family that scored an 8 and work down the list from there.

Projects are allowed to accept 20% of their clients with a VI-SPDAT score lower than 4 where other factors justify placing these clients into housing and still be considered to be in full compliance with Coordinated Assessment. In this case, agency staff must write a letter explaining the reason that the household has been given priority and the agency must maintain written documentation on file.

### **Special procedures for Domestic Violence agencies**

1. DV agencies with HUD funded programs are required to participate in Coordinated Assessment, but are not required to enter any data into HMIS. DV agencies should do the VI/SPDAT on paper for any potential transitional housing or rapid rehousing clients and compute the VI/SPDAT score manually.

### **3. Participation in Coordinated Assessment System**

All programs that receive CoC funding are required to participate in the Coordinated Assessment System (CAS). In addition to filling housing openings through the CAS, all CoC agencies are also required to conduct VI-SPDATs with household individuals and families that are seeking supportive housing. The overall share of VI-SPDATs that each CoC program is expected to conduct will be worked out at the local level.

### **4. Documentation of Homeless Status**

Homelessness must be documented as required under the Homeless Definition Final Rule. This can be found at: <https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/>

### **5. Operation**

#### **A. Length of Stay**

The maximum length of assistance under a rapid rehousing program is also 24 months. Programs may initially approve homeless households for a shorter length of assistance based on the estimated time for the household to be able to pay rent on their own, and grant extensions as needed. Homeless households should be reassessed at least every six months to determine their need for further assistance.

#### **B. Client Rent**

All clients enrolled in Rapid ReHousing programs that receive rental assistance funds must pay a contribution toward rent in accordance with section 3(a)(1) of the U.S. Housing Act of 1937 (42 U.S.C. 1437a(a)(1)). This statute states that the household must pay the highest of:

a) 30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);

(b) 10 percent of the family's monthly income; or

(c) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs.

### **C. Fair Market Rent and Rent Reasonableness Standards**

The rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services. Rents may exceed HUD fair market rents, as long as the rent is reasonable in relation to rents being charged for comparable units.



# New Mexico Coalition to End Homelessness

## **Standards for Administering Albuquerque and New Mexico Balance of State Continuum of Care (CoC) Transitional Housing**

*Updated July 2016*

NMCEH is required to establish policies and procedures for determining and prioritizing which eligible individuals and families will receive Transitional Housing (TH) assistance. TH should be targeted to households that need temporary housing assistance and services in order to maintain housing and have fewer barriers to housing and employment than people who need permanent supportive housing.

Use of the common standards of entry and the coordinated assessment system are requirements under the Continuum of Care (CoC) program. The CoC Impartial and Independent Review Committees will evaluate whether CoC programs have adhered to the standards and fully utilized the coordinated assessment system, along with other evaluation criteria, when making annual renewal determinations.

### **1. Eligibility Requirements**

1. Must meet HUD's definition of homeless as defined in the HEARTH Homeless Definition Final Rule<sup>1</sup>.
2. Must meet any additional criteria stipulated in the CoC Notice of Funding Availability for the grant year under which the program is operating.

### **2. Prioritization**

Albuquerque and Balance of State CoC TH programs must use the statewide Coordinated Assessment System (CAS) to identify which individual or family they will house when they have an opening. The CAS uses the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) as its common assessment tool. The VI-SPDAT helps determine the vulnerability of a homeless household and which type of supportive housing would best meet their needs. Based on a household's answers to the VI-SPDAT, the household receives a vulnerability score between 0-17 for individuals and 0-23 for families. The score includes duration of homelessness, physical health, behavioral health, and other factors to come up with an overall assessment of vulnerability. Each household's VI-SPDAT is entered in the Homeless Management Information System (HMIS), which calculates the score. All agencies that participate in the CAS are able to view in HMIS the homeless households that have completed the VI-SPDAT and are part of the CAS.

Transitional Housing projects should prioritize households with a VI-SPDAT score of at least 4. Transitional Housing is usually the most appropriate intervention for individual that score between a 4 and 7 and families that score between a 4 and 8., If an individual or family receives a score greater than 7 or 8, respectively, they

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<sup>1</sup> <https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/>

may be more appropriately assisted with permanent supportive housing and it is acceptable to direct a household to permanent supportive housing instead of providing Transitional Housing when it is deemed that this will better meet the needs of that household. However, Transitional Housing programs may also serve an individual who scores higher than a 7 or a family who scores higher than an 8 if they feel that household could benefit from Transitional Housing.

The CAS will rank homeless households in priority order according to their VI-SPDAT score. The higher the VI-SPDAT score, the higher the priority for the person or family to be placed into housing. In general, Transitional Housing programs should identify individuals who scored a 7 or families who scored an 8 and work down the list from there.

Projects are allowed to accept 20% of their clients from those with a VI/SPDAT score below 4 where other factors justify placing these clients into housing and still be considered to be in full compliance with Coordinated Assessment. In this case, agency staff must write a letter explaining the reason that the household has been given priority and the agency must maintain written documentation on file.

### **Special procedures for Domestic Violence agencies**

1. DV agencies with HUD funded programs are required to participate in Coordinated Assessment, but are not required to enter any data into HMIS. DV agencies should do the VI/SPDAT on paper for any potential transitional housing or rapid rehousing clients and compute the VI/SPDAT score manually.

### **3. Participation in Coordinated Assessment System**

All programs that receive CoC funding are required to participate in the Coordinated Assessment System (CAS). In addition to filling housing openings through the CAS, all CoC agencies are also required to conduct VI-SPDATs with household individuals and families that are seeking supportive housing. The overall share of VI-SPDATs that each CoC program is expected to conduct will be worked out at the local level.

### **4. Documentation of Homeless Status**

Homelessness must be documented as required under the Homeless Definition Final Rule. This can be found at: <https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/>

### **5. Operation**

#### **A. Length of Stay**

The maximum length of stay in transitional housing is 24 months and the maximum length of assistance under a rapid rehousing program is also 24 months. Programs may initially approve homeless households for a shorter length of assistance based on the estimated time for the household to be able to pay rent on their own, and grant extensions as needed.

#### **B. Client Rent and Occupancy Charges**

All clients enrolled in transitional housing programs may be required to pay an occupancy charge or rent. If rent or occupancy charges are imposed they may not exceed the highest of:

- a) 30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);

(b) 10 percent of the family's monthly income; or

(c) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs.

# 2017 HDX Competition Report

## PIT Count Data for NM-500 - Albuquerque CoC

### Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	1222	1318
Emergency Shelter Total	674	706
Safe Haven Total	0	0
Transitional Housing Total	365	228
Total Sheltered Count	1039	934
Total Unsheltered Count	183	384

### Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	255	379
Sheltered Count of Chronically Homeless Persons	165	209
Unsheltered Count of Chronically Homeless Persons	90	170

### Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	108	61
Sheltered Count of Homeless Households with Children	106	56
Unsheltered Count of Homeless Households with Children	2	5

### Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	198	139	163
Sheltered Count of Homeless Veterans	127	123	122
Unsheltered Count of Homeless Veterans	71	16	41

# 2017 HDX Competition Report

## HIC Data for NM-500 - Albuquerque CoC

### HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	372	74	192	64.43%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	310	0	187	60.32%
Rapid Re-Housing (RRH) Beds	514	181	333	100.00%
Permanent Supportive Housing (PSH) Beds	1557	0	766	49.20%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	2,753	255	1478	59.17%

### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	663	715

### Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	57	189

# 2017 HDX Competition Report

## HIC Data for NM-500 - Albuquerque CoC

### Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	233	514

# 2017 HDX Competition Report

## FY2016 - Performance Measurement Module (Sys PM)

### Summary Report for NM-500 - Albuquerque CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

### Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

***Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.***

***Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.***

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

## 2017 HDX Competition Report FY2016 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	2398	2398	2636	37	37	37	0	22	22	19	-3
1.2 Persons in ES, SH, and TH	2834	2835	2989	88	88	73	-15	32	32	28	-4

b.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	2615	-	160		-	33	
1.2 Persons in ES, SH, and TH	-	2966	-	192		-	46	

# 2017 HDX Competition Report

## FY2016 - Performance Measurement Module (Sys PM)

### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0	0	0		0	0		0	0		0	
Exit was from ES	386	444	49	55	12%	33	36	8%	42	36	8%	127	29%
Exit was from TH	212	262	13	18	7%	7	16	6%	5	17	6%	51	19%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	968	976	62	65	7%	70	29	3%	65	22	2%	116	12%
TOTAL Returns to Homelessness	1566	1682	124	138	8%	110	81	5%	112	75	4%	294	17%

### Measure 3: Number of Homeless Persons

#### Metric 3.1 – Change in PIT Counts

## 2017 HDX Competition Report

### FY2016 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1287	1222	-65
Emergency Shelter Total	659	674	15
Safe Haven Total	0	0	0
Transitional Housing Total	445	365	-80
Total Sheltered Count	1104	1039	-65
Unsheltered Count	183	183	0

### Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	2911	2911	3027	116
Emergency Shelter Total	2444	2444	2652	208
Safe Haven Total	0	0	0	0
Transitional Housing Total	598	599	478	-121

## 2017 HDX Competition Report FY2016 - Performance Measurement Module (Sys PM)

### Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	320	338	268	-70
Number of adults with increased earned income	12	14	16	2
Percentage of adults who increased earned income	4%	4%	6%	2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	320	338	268	-70
Number of adults with increased non-employment cash income	92	91	65	-26
Percentage of adults who increased non-employment cash income	29%	27%	24%	-3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	320	338	268	-70
Number of adults with increased total income	99	101	77	-24
Percentage of adults who increased total income	31%	30%	29%	-1%

## 2017 HDX Competition Report

### FY2016 - Performance Measurement Module (Sys PM)

#### Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	246	246	229	-17
Number of adults who exited with increased earned income	21	21	33	12
Percentage of adults who increased earned income	9%	9%	14%	5%

#### Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	246	246	229	-17
Number of adults who exited with increased non-employment cash income	77	78	80	2
Percentage of adults who increased non-employment cash income	31%	32%	35%	3%

#### Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	246	246	229	-17
Number of adults who exited with increased total income	92	93	107	14
Percentage of adults who increased total income	37%	38%	47%	9%

## 2017 HDX Competition Report

### FY2016 - Performance Measurement Module (Sys PM)

#### Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2572	2572	2754	182
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	478	479	658	179
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2094	2093	2096	3

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3427	3429	3734	305
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	664	667	936	269
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2763	2762	2798	36

## 2017 HDX Competition Report

### FY2016 - Performance Measurement Module (Sys PM)

#### Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in the FY2016 Resubmission reporting period.

#### Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	752	755	284	-471
Of persons above, those who exited to temporary & some institutional destinations	50	47	128	81
Of the persons above, those who exited to permanent housing destinations	10	10	28	18
% Successful exits	8%	8%	55%	47%

Metric 7b.1 – Change in exits to permanent housing destinations

## 2017 HDX Competition Report

### FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	2998	3004	3217	213
Of the persons above, those who exited to permanent housing destinations	1120	1126	1139	13
% Successful exits	37%	37%	35%	-2%

#### Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	1005	1001	1176	175
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	952	946	1108	162
% Successful exits/retention	95%	95%	94%	-1%

## 2017 HDX Competition Report **FY2016 - SysPM Data Quality**

### **NM-500 - Albuquerque CoC**

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

## 2017 HDX Competition Report FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	253	294	303	292	404	411	402	394	967	1087	1234	1407	46	72	135	222				
2. Number of HMIS Beds	105	159	172	180	308	282	285	270	523	548	589	704	46	72	135	216				
3. HMIS Participation Rate from HIC ( % )	41.50	54.08	56.77	61.64	76.24	68.61	70.90	68.53	54.08	50.41	47.73	50.04	100.00	100.00	100.00	97.30				
4. Unduplicated Persons Served (HMIS)	1571	1620	2442	2652	545	601	599	478	680	841	1039	1203	1359	1388	1064	1104	0	0	53	224
5. Total Leavers (HMIS)	1454	1484	2315	2515	280	321	387	340	160	173	291	269	1137	1084	725	726	0	0	40	109
6. Destination of Don't Know, Refused, or Missing (HMIS)	190	166	831	151	15	13	17	30	19	14	9	19	72	69	1	11	0	0	0	0
7. Destination Error Rate (%)	13.07	11.19	35.90	6.00	5.36	4.05	4.39	8.82	11.88	8.09	3.09	7.06	6.33	6.37	0.14	1.52			0.00	0.00

## 2017 HDX Competition Report

### Submission and Count Dates for NM-500 - Albuquerque CoC

#### Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/23/2017	

#### Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/28/2017	Yes
2017 HIC Count Submittal Date	4/28/2017	Yes
2016 System PM Submittal Date	6/2/2017	Yes