Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 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: New Mexico Coalition to End Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting 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
EMS/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	Yes
Youth Advocates	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
SSVF Providers	Yes	Yes
New Mexico VA and Medicaid MCOs	Yes	Yes
Emergency Shelters	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 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 veteran 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 Entry System and development of a limited preference for homeless people for Section 8 vouchers with Albuquerque Housing Authority.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

(1)The Albuquerque CoC emails an invitation to new organizations and individuals through the NM Coalition to End Homelessness' (NMCEH) list-serve of over 900 people several times per year, NMCEH also has a Continuum of Care page on their website that includes an open invitation to join, NMCEH and City staff extend invitations throughout the year as they meet with different organizations, community members and policy makers regarding strategies to end homelessness, the CoC membership is encouraged to extend invitations to join the CoC throughout the year as they meet with different organizations and community members regarding ending homelessness, and the CoC membership is asked to invite current and former clients who have lived experience with homelessness to join the CoC.
(2)The CoC outlines the invitation process in public announcements, and in the CoC Governance Charter.
(3)The CoC solicits members regularly throughout the year during conversations and engagements with community stakeholders and members. The NMCEH sends an email invitation several times throughout the year, most

recently sent on 3/19/18.
(4)The CoC membership is encouraged to invite current and former clients who have experienced or are experiencing homelessness to join the CoC through email list serve announcements and during meetings.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)

The NM Coalition to End Homelessness (NMCEH) helps coordinate the CoC. On 5/16/18 NMCEH announced that the CoC might be able to apply for new projects and offering to help applicants develop a project. This information was sent via email to more than 900 stakeholders and was posted to Facebook. The NMCEH met with two agencies that did not have current CoC projects about a possible proposal. The Independent Review Committee released an RFP to solicit proposals for new projects on 7/3/18 and this information was distributed via the NMCEH list-serve and posted to 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. The IRC selected all 6 proposals that were received. One proposal was from an agency that does not currently receive CoC funds and was for the DV Bonus Project. Another project selected was a current CoC project with a subrecipient agency that does not currently receive CoC funds.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

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
Funding Collaboratives	Yes
Private Foundations	No
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
	Not Applicable
	Not Applicable

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

(1) The City contracts with NM Coalition to End Homelessness (NMCEH) to coordinate the CoC. As outlined in its Governance Charter, the CoC actively consults with the two ESG Program recipients that fund projects within our geographical area, the City of Albuquerque and the State of New Mexico (MFA)

through regularly scheduled meetings to discuss planning and allocation of ESG funds. NMCEH also provides the City and the MFA with PIT and HIC data, HMIS data and Coordinated Entry Data; for CY 2017, NMCEH provided data on homeless populations, homeless subpopulations, and youth and veteran PIT data to the City and the MFA to be used in making planning and allocation decisions for ESG funds.
(2) The CoC participates in the evaluation and reporting of ESG Program recipients and subrecipients performance through an annual review and report of program performance data. The City, the MFA and NMCEH collaborate to develop a plan for evaluating ESG project sub-recipients. The NMCEH then conducts an annual analysis for each ESG project sub-recipient on more than 25 established evaluation measures using HMIS, Coordinated Entry, and HIC and PIT data. The results of this analysis are reported to the City, the MFA, and the CoC membership and used to make planning and allocation decisions.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes to both
1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?	Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

(1)Each CoC funded project within the Albuquerque CoC is expected to have a project specific VAWA emergency transfer plan which includes appropriate agreements with landlords and policies to allow for transfer of units when needed. NMCEH, which contracts with the City of Albuquerque to monitor CoC projects, reviews agency policies and procedures and files to ensure that the program has an appropriate transfer plan. The CoC membership also updated their governance charter in May of 2018 to include the obligation to develop and implement a CoC wide emergency transfer plan, with the expectation that this plan will be adopted and implemented by the end of 2018. The CoC has been working with Coordinated Entry System staff to review current policies and procedures and develop appropriate steps to make necessary changes to incorporate a system-wide emergency transfer plan. The CoC Board has met to discuss and draft changes to the CoC Written Standards to incorporate a

system-wide emergency transfer plan.
(2) The CoC maximizes client choice for housing and services, while ensuring safety and confidentiality through training staff and appropriate program policies and protocol. Coordinated Entry System (CES) staff work closely with victim service providers to ensure that safety, planning, and confidentiality protocols are included in the coordinated assessment process. Survivors are informed by CES of available housing options, options for accessing housing through victim service providers, and through non-victim service providers. Survivors are also carefully informed of information sharing protocols and safety measures in place as they navigate the housing system. The CoC membership and the CoC Board include members from victim service providing agencies that are consulted in making system-wide plans and policies, including updates to the CoC's written standards, that include best practices for trauma informed care.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The CoC coordinates multiple annual trainings that address best practices for serving survivors of domestic violence, dating violence, sexual assault, and stalking. In CY 2017, victim service providers conducted two trainings open to all service providers, which included staff from CoC and ESG funded programs that focused on best practices and trauma-informed care for survivors of domestic violence, dating violence, sexual assault, stalking, and human trafficking. Coordinated Entry staff also participated in a specialized training specific to their work that was facilitated by a victim service provider.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The CoC uses data from both HMIS and a comparable database to assess the scope of community needs related to domestic violence, dating violence sexual assault, and stalking. Victim service providers submit de-identified aggregate data through reports from an HMIS comparable database to the CoC (NMCEH) annually. The Coordinated Entry System also provides relevant data on persons who have been assessed that have identified as survivors. The data from these two sources is compiled, analyzed, and presented to the CoC membership for review. This data is used to make informed decisions in developing system-wide plans to address the needs of survivors, and in making informed decisions about funding priorities.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects? Yes

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is

including in its Priority Listing.

SSO Coordinated Entry	
RRH	X
Joint TH/RRH	

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

(1)We estimate that on any given night, the CoC is serving 291 survivors. During the night of the 2018 Point in Time Count, 201 persons were housed through ESG or CoC funded housing programs designated for persons experiencing homelessness, and 90 persons stayed in emergency shelter programs designated for persons experiencing homelessness.
(2)This data was provided through HMIS, comparable database reports, and agency surveys for providers that do not use HMIS or a comparable database.
(3) This data was collected from the HUD Homeless Data Exchange(HUDHDX)

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

(1)The CoC identified 321 active participants in the Coordinated Entry System (CES) that are currently in need of housing and/or service that identify as domestic violence survivors.
(2)The data sources used to calculate the identified need within the CoC geographic area is local CES data.
(3)Data was collected from the local CES By-Name List pulled from HMIS.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)

(1) There is currently an unmet need within the CoC for medium-term rental assist for households that are either actively fleeing, or are survivors of,

domestic violence. The Coordinated Entry System (CES) currently identifies 321 active participants on the CoC By-Name list that would be appropriate for referral to either Rapid ReHousing or Permanent Supportive Housing that do not currently have access to an available voucher.
(2) The CoC estimates that on any given night, there are more than 321 survivors within the Albuquerque CoC that are in need of housing and related services.
(3) The data sources used to calculate the identified need within the CoC geographic area are local CES By-Name List data.
(4) The CoC identified 321 active participants in the Coordinated Entry System (CES) that are currently in need of housing and/or service that identify as domestic violence survivors. There are more survivor households in the CoC that need housing or services than those identified on the By-Name list. The CoC also collaborates with DV providers and the Domestic Violence Coalition of New Mexico in developing more accurate methods for sharing aggregate data on survivors. One of the major challenges identified in this effort is that VAWA laws prevent de-duplication of records, which makes it difficult to identify the exact need at any given time.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

Enlace Comunitario has applied for the DV Bonus project that would add an additional 17 units and 35 beds for survivors of domestic violence experiencing homelessness within our CoC. Enlace Comunitario will work to quickly move households into housing and connect them to services specifically tailored to survivors. Enlace Comunitario has been in operation for 17 years, and specializes in addressing the unique needs of survivors. Enlace Comunitario provides support with child-care, education, job development, and legal services for survivors. Enlace Comunitario also works closely with community partners, including law enforcement, immigration, the judicial system, CYFD, and other domestic service providers to ensure that participants in their programs are connected to a continuum of care. Enlace Comunitario currently operates a HUD Emergency Solutions Grants (ESG) Rapid ReHousing program, and has been using a comparable database for several years to ensure compliance with HUD reporting requirements. If selected for the DV Bonus Project, Enlace Comunitario would have the capacity to increase access to housing for survivors through their internal coordinated entry and assessment process, and through referrals to the main Coordinated Entry System.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:
(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

(1)Enlace Comunitario anticipates that the program will be at full capacity, with

17 households placed within 90 days of executing the grant agreement with HUD.
(2)Enlace Comunitario anticipates that 95% of program participants will exit the program to permanent housing within 24 months of entering the program.
(3)Enlace Comunitario will increase the safety of DV providers by providing specialized supportive services. All staff members receive regular reflective supervision, and a minimum of 40 hours of DV-specific training provided within their first year of service. Staff also continues to receive at least 20 hours of DV training annually. This training ensures that programs are operated in a manner that increases education and options for participants and increases the likelihood of maintained participation, and exits to permanent housing, through client-centered, trauma-information care.
(4)Enlace Comunitario has 32 bilingual (Spanish/ English) and culturally proficient professionals (and many more volunteers), including mental health professionals, attorneys, case managers, and community trainers that have the capacity to assist survivors that have a language barrier access and navigate the housing and service system. These same professionals will also have the capacity to assist all participants in accessing mainstream resources, and mental health and legal services that are uniquely tailored to the needs of survivors.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Albuquerque Housing Authority	7.00%	Yes-HCV	Yes
Bernalillo County Housing Authority	3.00%	No	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

The CoC membership includes representatives from both PHAs within the CoC. Several CoC membership meetings during CY 2017 included discussion of the written policies of the Bernalillo County PHA, and their consideration of adopting and incorporating a homeless preference. The NMCEH has also met with the Bernalillo County Housing Authority several times to discuss the development of a preference for households experiencing homelessness. The Bernalillo County Housing Authority is currently reviewing the implications of adopting a preference. The CoC worked closely with the Albuquerque Housing Authority to develop their preference for homeless households that was adopted in CY 2017, and we are hopeful that this will incentivize the Bernalillo County Housing Authority to do so as well.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? Yes

Move On strategy description. (limit 2,000 characters)

The CoC has a multi-part Move-On Strategy. The CoC has worked with the PHA's to develop a preference for Section 8 vouchers for households that are currently in housing programs for persons experiencing homelessness. Several members of the CoC and the Collaborative Applicant are members of the Albuquerque Affordable Housing Coalition, which works collaboratively on a local level to expand affordable housing options, including advocating to allocate funds from the City Workforce Housing Trust Fund to the development of affordable housing units. CoC programs work collaboratively to identify and utilize all affordable housing options, including tax-credit properties and public housing. Both the Albuquerque and Bernalillo County Housing Authorities opened their waiting list for Section 8 and Public Housing this year, with the CoC membership and Coordinated Entry System team working collaboratively to advertise and support the application process for persons in housing for homeless households.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The NM Coalition to End Homelessness has provided multiple trainings, most recently on 12/12/2017 and 4/4/2018, for the CoC on the Equal Access to Housing Rule. These trainings served to educate providers on meeting the needs of the LGBT population and on providing equal access to safe housing and shelter programs. During the CoC's evaluation and ranking process for the FY 18 competition, all CoC funded projects were asked to sign a document notating whether they were in compliance with the Equal Access to Housing

Rule. The projects that were not in compliance had their funding put up for reallocation. The CoC has also adopted an anti-discrimination policy as a part of their Governance Charter. Various members of the CoC have programs specifically geared towards serving LGBT households. New Day Youth and Family Services and Casa Q both have housing and shelter programs that specifically serve LGBT youth, and the Transgender Resource Center provides a variety of services to the LGBT population.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual 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 (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
Other:(limit 50 characters)	
Engaged/educated neighborhood associations	X
Educated homeless persons about their rights	X
Engaged/educated general public	X

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;

**(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and (4) attach CoC's standard assessment tool.
(limit 2,000 characters)**

(1) The NM Coordinated Entry System (NMCES), covers the entire Albuquerque CoC, through all CoC and ESG funded recipients within the geographic coverage area participating in the system.
(2) The NMCES uses a decentralized approach to participation in the system, opening the coverage of the NMCES to all providers that serve those experiencing homelessness in the community, ensuring that those who are least likely to access services have equal access to housing and services. NMCES has focused on educating stakeholders in the community that interact with target populations that often experience homelessness, but are less likely to apply for assistance, such as: Hospitals and adjacent Emergency Rooms, faith based organizations, Managed Care Originations (MCOs), Core Service agencies, mental health organizations, LGBTQ+ organizations, youth providers, jails and reintegration centers, street outreach providers, the Albuquerque Public Schools, the Albuquerque Police Department and neighborhood associations.
(3) NMCES uses the VI-SPDAT (Vulnerability Index Service Prioritization and Decision Tool) as the common assessment tool, in order to triage those in need of services to the most appropriate housing options. Once an assessment is completed, they are entered into the NM HMIS to be aggregated in a shared list. Some factors used outside the VI-SPDAT to assess the level of assistance needed include: household size, existence of a disabling condition and type, veteran's status, homeless and chronic homelessness status.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

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	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

(1)Renewal projects are scored on several factors, and their cumulative score determines their ranking. One scored factor is the percentage of participants housed within the operating year with a high vulnerability score. This factor is worth 7 out of 25 points. Vulnerability score is determined by the Coordinated Entry 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.
(2)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. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, 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, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	☐	CoC or other Website	☐
Email	☐	Email	☐
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐	Social Media (Twitter, Facebook, etc.)	☐

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your 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? Attachment Required.	Yes
2A-1a. Applicants must: (1) 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, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).	Pg 1-5 in Gov. Charter, Pg 1-3 in MOU
2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.	Yes
2A-3. HMIS Vender. What is the name of the HMIS software vendor?	Mediware (formerly Bowman)
2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.	Statewide HMIS (multiple CoC)

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	870	85	659	83.95%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	385	0	222	57.66%
Rapid Re-Housing (RRH) beds	479	201	277	99.64%
Permanent Supportive Housing (PSH) beds	1,562	0	700	44.81%
Other Permanent Housing (OPH) beds	116	0	96	82.76%

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)

PSH: The Albuquerque CoC has several large PSH housing projects funded through the City of Albuquerque, that are not currently participating in HMIS. The City of Albuquerque has set a requirement that these projects must participate, but several challenges have come up in the effort to enforce this policy. The structure of these projects does not easily accommodate the incorporation of this requirement, and the funding for the work of maintaining HMIS data is limited. The CoC will work with these programs to identify necessary steps to implement changes in organizational structure and work flow to ensure compliance with this requirement to participate in HMIS. The CoC will also work with the City of Albuquerque to identify benchmarks for bringing these projects into compliance, review current funding for necessary HMIS effort, and encourage necessary changes to the recipients' internal systems to ensure that they have the capacity to participate in HMIS.
TH: The CoC has several privately funded TH programs that do not currently participate in HMIS. The CoC will meet with the agencies that operate these programs in an effort to negotiate participation.
Emergency Shelters: The CoC has several privately funded emergency shelter programs that do not participate in HMIS. The CoC will meet with the agencies that operate these programs in an effort to negotiate participation

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 10

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/26/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).	01/22/2018
2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).	04/26/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

Through continued education and training opportunities provided by the CoC, HMIS reporting and non-HMIS reporting service providers within the Albuquerque CoC continue to develop a better understanding of the definition of "chronically homeless." This increased understanding has led to improved data quality in reporting on chronic homelessness, and is likely the cause of the increase in the number of households reported as chronically homeless.
The CoC also made improvements to the instructions and layout of the non-HMIS reporting service provider survey, and worked with each reporting agency one-on-one to ensure that providers clearly understood each question, prepared for the count ahead of time, and provided more accurate data.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	203
Beds Removed:	40
Total:	163

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. 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 2018 sheltered PIT count? No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

Not Applicable

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

(1) The CoC worked with youth providers that use HMIS to ensure that they understood the data collection requirements for the 2018 Sheltered PIT Count. Youth providers also gave the CoC input on improvements to the non-HMIS agency survey to ensure that data was being collected accurately.
(2) The CoC consulted with known youth providers to ensure that all youth providers within the CoC were participating in the 2018 Sheltered PIT Count.
(3) The youth providers educated their participants ahead of the 2018 Sheltered PIT Count to ensure that they understood the purpose of this activity and utilized the assistance of youth in collecting information for the count.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

(1)The CoC and HMIS staff provided ongoing training and technical assistance to both HMIS and non-HMIS reporting service providers, to ensure that provider

staff understand the definition of chronic homelessness, and that they understand how to accurately report this data in HMIS and in non-HMIS surveys for the 2018 Sheltered PIT Count.
(2) The CoC worked closely with providers that serve youth experiencing homelessness starting with the 2017 Unsheltered and Sheltered PIT Count and ongoing through CY 2017 leading to the 2018 Sheltered PIT Count, to ensure that data was accurately being captured for all household members in HMIS, and that non-HMIS reporting service providers were prepared to collect an accurate count.
(3) The CoC worked closely with veteran service providers in the community to ensure they received specific training and technical assistance for the 2018 Sheltered PIT Count regarding veterans experiencing homelessness, to ensure that data reporting was accurate.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	1,958

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

(1)Between FY16 and FY17, the number of people in ES/SH/TH/RRH who were identified as first-time homeless decreased from 2096 to 1958. The CoC has determined that households that are at or below 30% AMI, exiting long-term institutional stays, or aging out of foster care are some of the most at risk of becoming homeless for the first time.
(2)The CoC has prevention programs funded by state dollars, CDBG and SSVF that provide prevention programs targeting assistance to households below 30% AMI with imminent risk of evictions. The CoC also has FEMA emergency assistance funds that are used for prevention and administered through the United Way, who announced in CY17 that they no longer planned to act as the administrator after CY18. The CoC identified that these funds would not continue to be available within the CoC if not administered by an appropriate organization. An established organization within the CoC is working with FEMA and the United Way to take over the administrative requirements and ensure that the funds remain within the Albuquerque CoC.
The CoC, in partnership with the NM Mortgage Finance Authority, which is an ESG recipient that provides funding within the CoC, has worked to develop a Diversion program for the CoC. The CoC developed a system mapping survey to determine provider's understanding of diversion, met with the City of Albuquerque and the MFA to discuss funding diversion, and hosted a full day of diversion training.
The Coordinated Entry System for the CoC has established diversion practices to assist households that present for housing or shelter and self-report as first-time homeless. They have also worked to developed partnerships with community stakeholders that are willing to provide temporary assistance to prevent first time homelessness.

(3)NM Coalition to End Homelessness (NMCEH), which manages the statewide Coordinated Entry System, is responsible for overseeing the CoC's strategy to reduce first-time homelessness.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

(1)The average length of time individuals and persons in families remained homeless was 302 bed nights.
(2)The Coordinated Entry System (CES) staff have increased their support in collecting eligibility documentation for both CoC and non-CoC funded projects. CES staff has developed strong partnerships with key partners in the community, including veteran providers and the Bernalillo County High Utilizer program, to quickly identify households that qualify, and assist in getting these households into their programs.
The CoC has worked closely with community partners, including the ACLU, to file a lawsuit against the State of NM with the purpose of ensuring that persons experiencing homelessness have access to ID's, which are key to obtaining housing and employment.
The CoC has worked with ESG recipients and sub-recipients to develop a system-wide strategy for improving the knowledge of shelter staff within the CoC regarding housing resources, such as Section 8 and tax-credit properties, so that appropriate referrals are made to all available resources, not just CoC and ESG funded housing programs, which increase wait time.
The CoC has worked with the Albuquerque Housing Authority (PHA) to establish a preference for their Section 8 program, for households that are coming from other permanent housing for persons experiencing homelessness. The preference went into effect in CY18, and the CoC has seen an increase in the number of vouchers becoming available due to participants moving on to Section 8 housing.
(3)The CES staff have worked to expand access points for completing the coordinated assessment survey (the VI-SPDAT), which identifies length of homelessness, and households with the longest length of homelessness are prioritized first.
(4)The NM Coalition to End Homelessness, which is contracted with the City of Albuquerque to coordinate the Albuquerque CoC, is responsible for overseeing the CoC's strategy to reduce the length of time homeless.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and

(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	35%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	93%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

(1)All of the CoC and ESG Rapid Re-Housing (RRH) providers have established a working group to address the role of RRH in the broader continuum of care. The group has been working to establish best practices for conducting needs assessments, and providing case management that is focused on obtaining permanent housing.
The CoC worked collaboratively to ensure that, when Section 8 and Project Based housing program waiting lists for both PHA's in the CoC opened, that all participants in these programs were educated on the available vouchers and assisted in navigating the application process.
Several members of the CoC have been working collaboratively with mainstream employment organizations to improve connection to these resources.
(2)The CoC has been working with CoC Permanent Supportive Housing projects to ensure that project policies and procedures limit terminations for program non-compliance to only the most extreme cases. The CoC has provided technical assistance and support to programs in navigating program compliance issues and identifying alternatives to program termination.
All permanent housing programs within the CoC worked pro-actively with program participants to prepare for wait-list openings for PSH Section 8 and Project Based housing program waiting lists, and supported participants in applying for PHA housing.
The CoC has been working to expand and improve access to mainstream resources, including Social Security benefits. The CoC provided a training on the SSA Ticket to Work Program. Members of the CoC participated in two SOAR leadership trainings, and have begun implementing strategies identified during these trainings. Members of the CoC have held strategy sessions to identify potential funding sources for a SOAR dedicated program that provides open access to SOAR services, which includes access for participants of permanent housing programs.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to

homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	13%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

(1) The CoC uses coordinated entry data to aggregate information on persons returning to homelessness. The data is compared to the data on persons who maintain or move to permanent housing and for persons who are homeless for the first time. This allows the CoC to identify factors that are associated with a higher risk of returning to homelessness.
(2) The COC has been promoting housing stability practices. CoC and ESG program recipients have updated program policies and procedures to promote long-term housing stability. Program recipients have removed unnecessary service requirements, improved their termination policies to encourage terminations for only extreme cases, and strengthened their grievance and appeals processes for program participants that feel they may be, or have been, terminated unfairly. Additionally, a specialized Rapid Re-Housing Work Group has been meeting monthly to develop best practices for case management to include focusing services on the goal of exiting to permanent housing, and tailoring services to the needs of individual households. The CoC has been focusing on improving connection to mainstream resources and other community resources. The CoC is developing a system-wide resource guide, that is driven by real-time input and feedback from frontline staff. This resource guide is now consistently being used by dozens of case managers within the CoC. The CoC is also expanding planning efforts and access to SOAR, SSI & SSDI application assistance.
(3) The New Mexico Coalition to End Homelessness, which is contracted by the City of Albuquerque to coordinate the CoC, is responsible for overseeing the CoC's strategy to reduce first time homelessness.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

(1) The CoC has focused on increasing access to employment and non-

employment cash resources by providing case management training on the Social Security Administration's (SSA) Ticket to Work Program, which provides the opportunity for persons receiving SSA benefits to maintain their benefits while working. The CoC has provided multiple in-person and online trainings on cash resources provided by the SSA and the Human Services Division to include SNAP, WICC, TANF, and General Assistance. Within the past year, the CoC has also worked with 28 persons to become certified in the SSA SOAR program, to connect households to SSI/SSDI benefits more rapidly and effectively. The CoC has identified access to employment cash resources as a primary focus over the next year, and has held strategy sessions to determine current efforts and system gaps in developing an action plan.
(2) Mainstream employment organizations have been working with housing and shelter providers to develop satellite programs housed within service agencies that more effectively connect participants to services and supports provided by mainstream employment organizations. A new employment training site has been established to model an existing program that has been successful. Both programs operate public coffee shops that provide three months of paid employment training, resume building, and referrals and support with job search for persons currently experiencing homelessness, or households in programs for persons experiencing homelessness. These programs are operating with technical assistance and support from mainstream employment organizations.
(3) New Mexico Coalition to End Homelessness (NMCEH), which serves as the Collaborative Applicant, is responsible for overseeing the CoC's strategy to increase access to job and income growth from employment.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)	05/24/2018

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter: (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	507
Total	507

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written 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? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

(1) The CoC is focused on leveraging existing resources to more effectively rapidly rehousing families with children within 30 days of becoming homeless. The CoC uses its Coordinated Entry System (CES) to identify, prioritize and re-house homeless families. The CoC has also reallocated TH & SSO funds to increase RRH beds prioritized for families experiencing homelessness, and increased the number of CES access points in locations that are likely to be accessed by families with children.
(2) A specialized Rapid Re-Housing Work Group has been meeting monthly to develop best practices for case management to include focusing services on the goal of exiting to permanent housing and improving supports in household budgeting and financial planning, and employment search. Programs within the CoC have also focused on limiting returns to homelessness through housing stability focused policies and procedures. This working group has also developed a strategy to expand employment opportunities and child-support resources for families in Rapid Rehousing programs. The CoC has also been focusing on improving connections to mainstream resources. The CoC is developing a system-wide housing and resource guide, that is driven by real-time input and feedback from frontline staff. This guide provides service providers and households seeking support and housing in navigating local housing and service resources.
(3) New Mexico Coalition to End Homelessness (NMCEH), which operates the CoC's Coordinated Entry System, is responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination 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.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

(1)The CoC works with youth providers, New Day, Casa Q and Bernalillo County, to effectively utilize their existing resources and supporting additional funding to expand new housing and services for youth. With the support of the CoC Membership, New Day received a new FYSB demonstration grant to provide TH for homeless LGBT youth. Youth providers have also submitted grant applications for 8 potential new projects that serve youth during CY17.
(2)In an effort to increase availability and services for youth experiencing unsheltered homelessness, the Coordinated Entry System (CES) staff has worked with youth providers to develop and implement a coordinated assessment tool that is tailored to youth, trained new CES users that are most likely to interact with youth experiencing unsheltered homelessness, effectively expanding access to CES. The CoC has worked with youth providers to identify and implement strategies for reaching youth that are not self-presenting for assistance, and connected youth providers to existing outreach systems that

now include youth providers in outreach activities and strategies.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

(1)The CoC uses HMIS data and agency surveys to inventory the units and beds available within the CoC dedicated to youth experiencing homelessness to measure whether or not strategies to increase housing and services within the CoC are effective. The CoC used CES aggregate data on active youth participants on the By-Name list and on youth housing placements to measure whether or not strategies to increase access to available housing and services are effective.
(2)The CoC reviews HIC data on the total number of programs, units and beds available on an annual basis, and HMIS data such as recidivism, length of time homeless, and housing stability to assess whether or not strategies to increase available housing and services are effective. The CoC reviews the Point in Time Count data provided annually in the HIC report and quarterly reports from HMIS to ensure that existing resources are being utilized effectively. The average utilization rate reported in the 2018 HIC for youth designated beds increased by 19% over 2017. The CoC also reviews aggregate data provided through the Coordinated Entry By-Name list and housing placements of youth households to determine whether or not youth accessing the system has increased over time, in an effort to ensure that strategies for increasing access to available housing and service resources are effective.
(3)The CoC believes that the use of HIC & PIT, HMIS, and CES data is an appropriate way to measure the effectiveness of the CoC's strategies to increase availability and access to housing and services because the data is collected from a broad array of the housing and service providers, including youth providers, and captures detailed data over an extended period of time.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

(1)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 Entry System for supportive housing.

(2)The CoC has met with the McKinney-Vento State Education Agency and the Local Education Agency to discuss available resources and access to referral materials, CoC and Coordinate Entry System (CES) policies and plans to facilitate a CoC wide training for housing and service providers to learn about education resources available through McKinney-Vento.
(3)The CoC worked closely with Title 1 Homeless Project, the Albuquerque Public Schools, and Albuquerque and State Charter Schools, the University of New Mexico and Central New Mexico Community College to implement the CY17 Unsheltered PIT Count, in an effort to identify and count youth and families with children. During the PIT Count, a special effort was made to provide resource materials and education to these entities on the Coordinated Entry System.
(4)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-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)**

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. The CoC has developed a standard form for program staff to use to document these requirements. The CoC has worked with ESG recipients to update their written standards to ensure that ESG programs are also ensuring that program participants are enrolled in school and connected to educational resources.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

	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 years	No	No
Tribal Home Visting Program	No	No

Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 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 Entry System's (CES) 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. Albuquerque SSVF providers use the CES to fill SSVF openings. CES staff will work with the VA when there is a veteran on the by-name list who needs VASH. The CES 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.

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 experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary.	Yes

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	X
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	X
There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	
Other:	

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

(1)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. The CoC also meets with the Social Security Administration, and Disability Determination Services on a quarterly basis to discuss system-gaps, updates, and SOAR related planning.
(2)The CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness through in-person and webinar training opportunities, email list-serve announcements on updates in processes or policies regarding mainstream

benefits, and through a newly developed local housing and resource guide, that is updated and directed by front-line staff and used by dozens of service providers within the CoC to identify and connect to mainstream benefits. The New Mexico Coalition to End Homelessness 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.
(3)The NM Coalition to End Homelessness (NMCEH) serves as the CoC Collaborative Applicant and is responsible for overseeing the CoC's strategy for mainstream benefits.

4A-2.Housing First: Applicants must report: (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	20
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	20
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must: (1) describe the CoC's outreach; (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area; (3) describe how often the CoC conducts street outreach; and (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

(1)There 19 agencies within the CoC that conduct outreach, to include housing and service providers, core service mental health organizations, Medicaid MCOs, and the police department. Outreach methods and goals vary for each agency, with some agencies focusing on meeting basic and medical needs, some focusing on needle exchange, and harm reduction, and some focusing on connection to immediate shelter or housing resources. All outreach providers within the CoC are encouraged to participate in training to conduct the standard assessment tool to connect to the Coordinated Entry System. Outreach providers meet monthly to discuss system gaps, best practices, and case conferencing for persons who it is a challenge to connect to the Coordinated

Entry System, housing and services.
(2)The CoC's street outreach covers 100% of the CoC's geographic area.
(3)Outreach times vary, with regularly scheduled activities taking place daily from Monday through Friday from 8:00 am – 5:00 pm, on Saturday mornings from 6:00 – 10:00 am, and Saturday evenings from 10:00 pm – 2:00 am. Outreach providers also respond to referrals, as needed, in response to requests for street outreach services made by the community and service providers.
(4)In an effort to tailor its street outreach to persons least likely to request services, street outreach providers go to locations throughout the entire CoC area where people are likely to be living outside. 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. Street outreach providers utilize the support of professionals with specialized skill sets and resources, as needed, to assist those least likely to access service in connecting to housing and services.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC 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; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

(1)The CoC monitors program policies to ensure that strategies for affirmatively furthering fair housing are implemented in a manner that markets housing and supportive services to eligible persons and those lease likely to apply in the absence of special outreach. Public notices are posted regarding fair housing and available programs, and CoC programs update community partners of their available housing and service programs regularly during meetings. The CoC monitors programs to ensure that appropriate records are kept of marketing activities. Special outreach is made to community partners that may encounter populations that encounter discrimination based on a protected class. The CoC works closely with key community partners, such as the ACLU, the Transgender Resource Center, and LGBTQ providers to ensure that persons facing discrimination are aware of their right to access housing and service. Program staff are trained and provided technical assistance regarding fair housing laws. For FY18, the CoC Independent Review Committee developed an evaluation measure to ensure that all CoC programs are following fair housing laws, and reallocated funds away from programs that were not in compliance. The CoC and Coordinated Entry staff provide information on rights and remedies available under federal, State, and local fair housing and civil rights laws.
(2)The CoC communicates effectively with persons with disabilities and limited English proficiency through the Coordinated Entry System (CES) and program staff referrals. The CoC connected to translation resources available to assist persons who have limited English proficiency or with disabilities in communication. These community partners include multiple CoC agencies that employ Spanish speaking case managers, First Nations, which employ's persons that speak native languages, the Asian Family Center and the

Community Outreach Program for the Deaf.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	363	479	116

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? 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
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Administratio...	09/14/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	CE Assessment Tool	09/14/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	CoC Rating and Ra...	09/14/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	Consolidated Appl...	09/14/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting Pr...	09/14/2018
1E-4. CoC's Reallocation Process	Yes	CoC Process for R...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Projects Accepted...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Project Rejection...	09/14/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Local Competition...	09/14/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC and HMIS Lead...	09/14/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policy and P...	09/14/2018
3A-6. HDX–2018 Competition Report	Yes	FY 2018 CoC Compe...	09/14/2018
3B-2. Order of Priority–Written Standards	No	Order of Priority	09/14/2018

3B-5. Racial Disparities Summary	No	Racial Disparity ...	09/14/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description:

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: CoC Rating and Ranking Procedure

Attachment Details

Document Description: Consolidated Application

Attachment Details

Document Description: Public Posting Project Selections, Ranking and

CoC Application

Attachment Details

Document Description: CoC Process for Reallocation

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

Document Description: Project Rejection-Reduction Notification

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: CoC and HMIS Lead Governance

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description: FY 2018 CoC Competition Report

Attachment Details

Document Description: Order of Priority

Attachment Details

Document Description: Racial Disparity Assessment Summary

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/14/2018
1C. Coordination	09/14/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/14/2018
2A. HMIS Implementation	09/14/2018
2B. PIT Count	09/14/2018
2C. Sheltered Data - Methods	09/14/2018
3A. System Performance	09/14/2018
3B. Performance and Strategic Planning	09/14/2018
4A. Mainstream Benefits and Additional Policies	09/14/2018
4B. Attachments	09/14/2018

Submission Summary	No Input Required

ALBUQUERQUE HOUSING AUTHORITY

ADMINISTRATIVE PLAN

FOR THE

HOUSING CHOICE VOUCHER PROGRAM

April 2018

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)].

Prior to instituting the lottery system AHA will exhaust its present waiting list and give those applicants an opportunity to be screened for admission.

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 PREFERENECE: 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

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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 PREFEENCE 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.

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New Mexico Coordinated Entry System Consent Form

Authorization to complete the VI-SPDAT survey and participate in the Coordinated Entry System

Individual Survey

Date:

Interviewer's Name:		Agency/Location:
First Name:		Last Name:
DOB:	SSN:	HMIS ID: (*if applicable)*

We want to help match you to the most appropriate housing we can but we do understand that it is a hard discussion to have your personal information entered into a shared database HMIS (Homeless Management Information System). Regardless of gender, if you're actively fleeing a domestic violence situation (including sexual assault, stalking, or dating violence) or are in fear for your safety because of a prior domestic violence situation, your information is protected under the Violence Against Women Act (VAWA) and will be de-identified in the secured shared data base.

By checking the box ☐, you wish to have your information de-identified

.

By signing this consent form, I agree to and understand the following:

- I agree to allow my responses to this survey to be disclosed and received by all agencies that participate in the NMCES, via HMIS, to aid in determining if I may be eligible for available housing and related programs. The full list of participating agencies will be provided and/or read to me upon request.
- I understand that information I provide can be shared with participating agencies and funding sources in New Mexico for the purpose of finding appropriate housing, supportive service and reporting. Information includes but is not limited to;
    - All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen survey; History of Housing and Homelessness, Risks, Socialization and Daily Functioning, Wellness, Health & Additional information.
- I agree to allow a case manager, direct service provider or NMCEH staff to enter all the information provided through this survey into HMIS.
- I understand that participating in the NMCES does not guarantee that I will be accepted into a housing and/or supportive services program.
- I understand that this survey is not an application for housing but a process to match me to the most appropriate housing once resources become available
- I understand that additional information and documentation may be required by an agency that is offering housing or supportive services before entering the housing or supportive services program.
- I understand that I, or my outreach worker/case manager, can be contacted about my survey and current living situation.
- I understand that at any point I can request that my information be de-identified or made anonymous in HMIS.
- This authorization will expire two (2) years after the date it is signed.
- I understand that I have a right to request a copy of this consent form after I have signed it.

Sign below if you consent to participating the NMCES

Your signature below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely chosen to participate in NMCES. By agreeing to participate, you are not giving up any of your legal rights.

Printed Name of Participant	Signature of Participant	Date

Please contact Coordinated Entry staff to request a copy of this authorization, get more information on NMCES or to request that your information be de-identified in HMIS. Coordinated Entry staff can be reached at:
Phone: 505.217.9570 Text: 505.226.3848 or Email: cap@nmceh.org.

New Mexico Coordinated Entry System:
Individuals Only

I'll be honest; some questions are personal in nature. If you feel uncomfortable or upset during the interview, you may ask to take a break, skip any of the questions, or stop the survey. No one will be upset or angry if you decide to. If you do not understand a question, let me know and I will be happy to clarify. There are no right or wrong answers and there are no answers that will prevent you from receiving services, so please answer as honestly as you feel comfortable doing.

Questions		
1. Where do you sleep most frequently? ***(check one)*** □Shelters □Transitional Housing □Safe Haven □Outdoors □Other (specify):		
2. How long has it been since you lived in permanent stable housing?		
3. In the last three years, how many times have you been homeless?		
4. In the past six months, how many times have you...		
a) Received health care at an emergency department/room?		
b) Taken an ambulance to the hospital?		
c) Been hospitalized as an inpatient?		
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?		
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?		
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?		
	Yes	No
5. Have you been attacked or beaten up since you've become homeless?		
6. Have you threatened to or tried to harm yourself or anyone else in the last year?		
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?		
8. Does anybody force or trick you to do things that you do not want to do?		
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?		
10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?		
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?		
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?		
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?		
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?		
15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?		
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?		
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?		
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?		
19. When you are sick or not feeling well, do you avoid getting help?		
(Female respondents only) 20. Are you currently pregnant?		

New Mexico Coordinated Entry System:
Individuals Only

Questions	Yes	No
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?		
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?		
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:		
a) A mental health issue or concern?		
b) A past head injury?		
c) A learning disability, developmental disability, or other impairment?		
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?		
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?		
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?		
(Yes or No) 27. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?		

Additional Questions	
Is this the first time you have experienced homeless?	□ Yes □ No
Where did you sleep last night?	
How long have been sleeping there?	____ Years ____ Months
About how long have you been staying on the streets and/or in shelters this time?	____ Years ____ Months
If I added up ever month you were homeless over the last three years, how many months would that be?	____ Months
Do you have, or been told you have a disabling condition by a professional such as: ***(check all that apply)*** □ Developmental □Mental Health □Physical □Chronic Health Condition Substance Abuse: □Drug □Alcohol	
Do you have health insurance?	□ Medicaid □ Medicare □VA □Private Insurance □IHSP □None □ Other
Do you have a regular monthly income?	Amount: $ Source:
Do you have any non-cash benefits such as food stamps?	Amount: $ Source:
Have you ever served at least one day active duty in the US Military?	□ Yes □ No
Have you ever been a victim of Domestic Violence?	□ Yes □ No
How long have you lived here?	
What was the last city & state you resided in before coming to here?	
Do you have any past evictions or felonies that might make it hard for you the rent apartment?	□ Yes □ No
Are you currently working with anybody such as a case manager or service provider for support?	□ Yes □ No
Personal Contact: *cell phone, message number*	Other Contact: *Friend or Family, case manager or advocate*

Demographics	
What gender do you identify as?	□ Male □ Female □ Transgender Male to Female □ Transgender Female to Male □ Other
What race do you most identify with? ***(Select all that apply)***	□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Refused
If **yes** to American Indian or Alaska Native, Tribal affiliation:	
Would you say that you are?	□ Non-Hispanic/Non-Latino □ Hispanic/Latino

New Mexico Coordinated Entry System Consent Form

Authorization to complete the VI-SPDAT survey and participate in the Coordinated Entry System

Family Survey

Interviewer's Name:		Agency/Location:
HH First Name:		HH Last Name:
Date:	Time:	SSN:
Age:	DOB:	HMIS ClientID: *(if applicable)*
Partner's information that is with or will be joining the household *(if applicable)*		
First Name:		Last Name:
Age:	DOB:	SSN:

We want to help match you to the most appropriate housing we can but we do understand that it is a hard discussion to have your personal information entered into a shared database HMIS (Homeless Management Information System). Regardless of your gender, if you're actively fleeing a domestic violence situation (including sexual assault, stalking, or dating violence) or are in fear for your safety because of a prior domestic violence situation, your information is protected under the Violence Against Women Act (VAWA) and will be de-identified in the shared data base.

By checking the box □, you wish to have your information de-identified

By signing this consent form, we agree to and understand the following:

- I/we agree to allow my/our responses to this survey to be disclosed and received by all agencies that participate in the NMCES, via HMIS, to aid in determining if I/we may be eligible for available housing and related programs. The full list of participating agencies will be provided and/or read to me upon request.
- I/we understand that information I/we provide can be shared with participating agencies and funding sources in New Mexico for the purpose of finding appropriate housing, supportive service and reporting. Information includes but is not limited to;
  - All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen survey; History of Housing and Homelessness, Risks, Socialization and Daily Functioning, Wellness, Health & Additional information.
- I/we agree to allow a case manager, direct service provider or NMCEH staff to enter all the information provided through this survey into HMIS.
- I/we understand that participating in the NMCES does not guarantee that I/we will be accepted into a housing and/or supportive services program.
- I/we understand that this survey is not an application for housing but a process to match me/us to the most appropriate housing once resources become available
- I/we understand that additional information and documentation may be required by an agency that is offering housing or supportive services before entering the housing or supportive services program.
- I/we understand that I/we, or my outreach worker/case manager, can be contacted about my survey and my current living situation.
- I/we understand that at any point I/we can request that my information be de-identified or made anonymous in HMIS.
- This authorization will expire two (2) years after the date it is signed.

Sign below if you consent to participating the NMCES

Your signature/'s below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely chosen to participate in NMCES. By agreeing to be participating, you are not giving up any of your legal rights.

Head of Household Printed Name	Head of Household Signature	Date
Partner Printed Name	Partner Signature	Date

Please contact Coordinated Entry staff to request a copy of this authorization, get more information on NMCES or to request that your information be de-identified in HMIS. Coordinated Entry staff can be reached at the New Mexico Coalition to End Homelessness at (505) 217-9570 or cap@nmceh.org.

New Mexico Coordinated Entry System
Families Only

I'll be honest; some questions are personal in nature. If you feel uncomfortable or upset during the interview, you may ask to take a break, skip any of the questions, or stop the survey. No one will be upset or angry if you decide to. If you do not understand a question, let me know and I will be happy to clarify. There are no right or wrong answers and there are no answers that will prevent you from receiving services, so please answer as honestly as you feel comfortable doing.

Questions	Response
1. How many children under the age of 18 are currently with you?	
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?	
(If household includes a female) 3. Is any member of the family currently pregnant?	□ yes □ no

4. Please provide a list of children's ages…

How old	Date of birth	Currently with you	Believe they will be joining you once housed
		□ Yes □ No	□ Yes □ No
		□ Yes □ No	□ Yes □ No
		□ Yes □ No	□ Yes □ No
		□ Yes □ No	□ Yes □ No
		□ Yes □ No	□ Yes □ No
		□ Yes □ No	□ Yes □ No

5. Where do you and your family sleep most frequently? ***(check one)***
□Shelters □Transitional Housing □Safe Haven □Outdoors □Other *(specify)*:

	Response
6. How long has it been since you and your family lived in permanent stable housing?	
7. In the last three years, how many times have you and your family been homeless?	
8. In the past six months, how many times have you or anyone in your family...	
a) Received health care at an emergency department/room?	
b) Taken an ambulance to the hospital?	
c) Been hospitalized as an inpatient?	
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	
e) Talked to police because they a witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?	
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	

	Yes	No
9. Have you or anyone in your family been attacked or beaten up since they've become homeless?		
10. Have you or anyone in your family threatened to or tried to harm them self or anyone else in the last year?		
11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?		
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?		
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?		
14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?		
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?		
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?		

New Mexico Coordinated Entry System

Families Only

Questions	Yes	No
17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?		
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?		
19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?		
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?		
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?		
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?		
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?		
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?		
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?		
26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	Yes	No
a) A mental health issue or concern?		
b) A past head injury?		
c) A learning disability, developmental disability, or other impairment?		
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?		
28. Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?		
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?		
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?		
(*Yes or No)* 31. Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?		
32. Are there any children that have been removed from the family by a child protection service within the last 180 days?		
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?		
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?		
35. Has any child in the family experienced abuse or trauma in the last 180 days?		
(If there are school-aged children) 36. Do your children attend school more often than not each week?		
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?		
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?		
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?		

New Mexico Coordinated Entry System
Families Only

Questions		
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...	Yes	No
a) 3 or more hours per day for children aged 13 or older?		
b) 2 or more hours per day for children aged 12 or younger?		
(If there are children both 12 and under & 13 and over) 41. Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?		

Additional Family Information

Head of Household information

How long have you lived in New Mexico this time?

What was the last city you resided in before coming to New Mexico?

What gender do you identify with? □ Male □ Female □ Transgender Male to Female □ Transgender Female to Male □ Other

What race do you most identify with? □ American Indian or Alaska Native □ Asian □ Black or African American
(Select all that apply) □ Native Hawaiian or Other Pacific Islander □ White □ Refused

If **yes** to American Indian or Alaska Native, Tribal affiliation:

Would you say that you are? □ Non-Hispanic/Non-Latino □ Hispanic/Latino

Have you ever served at least one day active duty in the US Military? □ Yes □ No

What kind of health insurance do you have? □ Medicaid □ Medicare □VA □Private Insurance □IHSP □None □ Other

Do you have, or been told you have a disabling condition by a professional such as: ***(check all that apply)***
□ Developmental □Mental Health □Physical □Chronic Health Condition Substance Abuse: □Drug □Alcohol

Have you ever been a victim of Domestic Violence? □ Yes □ No

Is this the first time you have experienced homeless? □ Yes □ No

Where did you sleep last night?

How long have been sleeping there? _____ Years _____ Months

About how long have you lived on the streets and/or in shelters this time? _____ Years _____ Months

Looking at the last 3 years, what is the total number of months you have stayed on the street or in shelters? _____ Months

What was your monthly income, if any, last month? Amount: $ Source:

What were your monthly non-cash benefits? Amount: $ Source:

Have you ever been in jail or prison? □ Jail □ Prison □ No ***(If yes)*** # of times? _____ and when last released? _____

Would you be able, willing and want to relocate to another part of the state if housing was to become available? □ Yes □ No

Personal Contact: *cell phone, message number*	Other Contact: *Friend or Family, case manager or advocate*

If you don't have any contact information: where and when is the best place or avenue to reach you?

Partner's information (*if applicable)*

What gender do you identify with? □ Male □ Female □ Transgender Male to Female □ Transgender Female to Male □ Other

What race do they most identify with? □ American Indian or Alaska Native □ Asian □ Black or African American
(*Select all that apply)* □ Native Hawaiian or Other Pacific Islander □ White □ Refused

If **yes** to American Indian or Alaska Native, Tribal affiliation:

Would they say that they are? □ Non-Hispanic/Non-Latino □ Hispanic/Latino

Have they ever served at least one day active duty in the US Military? □ Yes □ No

Do they have, or been told they have a disabling condition by a professional such as: ***(check all that apply)***
□ Developmental □Mental Health □Physical □Chronic Health Condition Substance Abuse: □Drug □Alcohol

Have you ever been a victim of Domestic Violence? □ Yes □ No

New Mexico Coordinated Entry System Consent Form

Authorization to complete the VI-SPDAT survey and participate in the Coordinated Entry System

Youth Individual Survey

Interviewer's Name:		Agency/Location:
First Name:		Last Name:
Date:	Time:	SSN:
Age:	DOB:	HMIS ClientID: (*if applicable)*

We want to help match you to the most appropriate housing we can but we do understand that it is a hard decision to have your personal information entered into a shared database HMIS (Homeless Management Information System). Regardless of gender, if you're actively fleeing a domestic violence situation (including sexual assault, stalking, or dating violence) or are in fear for your safety because of a prior domestic violence situation, your information is protected under the Violence Against Women Act (VAWA) and will be de-identified in the secured shared data base.

By checking the box ☐, you wish to have your information de-identified

By signing this consent form, I agree to and understand the following:

- I agree to allow my responses to this survey to be disclosed and received by all agencies that participate in the NMCES, via HMIS, to aid in determining if I am eligible for available housing and related programs. The full list of participating agencies will be provided and/or read to me upon request.
- I understand that information I provide can be shared with participating agencies and funding sources in New Mexico for the purpose of finding appropriate housing, supportive service and reporting. Information includes but is not limited to;
    - All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen survey; History of Housing and Homelessness, Risks, Socialization and Daily Functioning, Wellness, Health & Additional information.
- I agree to allow a case manager, direct service provider or NMCEH staff to enter all the information provided through this survey into HMIS.
- I understand that participating in the NMCES does not guarantee that I will be accepted into a housing and/or supportive services program.
- I understand that this survey is not an application for housing but a process to match me to the most appropriate housing once resources become available
- I understand that additional information and documentation may be required by an agency that is offering housing or supportive services before entering the housing or supportive services program.
- I understand that I, or my outreach worker/case manager, can be contacted about my survey.
- I understand that at any point I can request that my information be de-identified or made anonymous in HMIS.
- This authorization will expire two (2) years after the date it is signed.
- I understand that I have a right to request a copy of this consent form after I have signed it.

Sign below if you consent to participating the NMCES

Your signature below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely chosen to participate in NMCES. By agreeing to participate, you are not giving up any of your legal rights.

Printed Name of Participant	Signature of Participant	Date

Please contact Coordinated Entry staff to request a copy of this authorization, get more information on NMCES or to request that your information be de-identified in HMIS. Coordinated Entry staff can be reached at the New Mexico Coalition to End Homelessness at (505) 217-9570 or cap@nmceh.org.

New Mexico Coordinated Entry System:
Youth Individuals Only

I'll be honest; some questions are personal in nature. If you feel uncomfortable or upset during the interview, you may ask to take a break, skip any of the questions, or stop the survey. No one will be upset or angry if you decide to. If you do not understand a question, let me know and I will be happy to clarify. There are no right or wrong answers and there are no answers that will prevent you from receiving services, so please answer as honestly as you feel comfortable doing.

Questions		
2. Where do you sleep most frequently? **(check one)** □Shelters □Transitional Housing □Safe Haven □Couch Surfing □Outdoors □ Other:		
	Response	
2. How long has it been since you lived in permanent stable housing?		
3. In the last three years, how many times have you been homeless?		
4. In the past six months, how many times have you...		
a) Received health care at an emergency department/room?		
b) Taken an ambulance to the hospital?		
c) Been hospitalized as an inpatient?		
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?		
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?		
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?		
	Yes	No
5. Have you been attacked or beaten up since you've become homeless?		
6. Have you threatened to or tried to harm yourself or anyone else in the last year?		
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?		
8. Were you ever incarcerated when younger than age 18?		
9. Does anybody force or trick you to do things that you do not want to do?		
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?		
11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?		
12. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?		
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?		
14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?		
15. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	Yes	No
a) Because you ran away from your family home, a group home or a foster home?		
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?		
c) Because your family or friends caused you to become homeless?		
d) Because of conflicts around gender identity or sexual orientation?		
e) Because of violence at home between family members?		
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?		
16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?		
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?		

New Mexico Coordinated Entry System:
Youth Individuals Only

Questions	Yes	No
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?		
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?		
20. When you are sick or not feeling well, do you avoid getting help?		
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?		
22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?		
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?		
24. If you've ever used marijuana, did you ever try it at age 12 or younger?		
25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	Yes	No
a) A mental health issue or concern?		
b) A past head injury?		
c) A learning disability, developmental disability, or other impairment?		
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?		
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?		
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?		

Additional Information
How long have you lived in New Mexico this time?
What was the last city you resided in before coming to New Mexico?
What gender do you identify as? □ Male □ Female □ Transgender Male to Female □ Transgender Female to Male □ Other
What race do you most identify with? □ American Indian or Alaska Native □ Asian □ Black or African American ***(Select all that apply)*** □ Native Hawaiian or Other Pacific Islander □ White □ Refused
If **yes** to American Indian or Alaska Native, Tribal affiliation:
Would you say that you are? □ Non-Hispanic/Non-Latino □ Hispanic/Latino
Have you served at least one day active duty in the US Military? □ Yes □ No
What kind of health insurance do you have? □ Medicaid □ Medicare □VA □Private Insurance □IHSP □None □ Other
Do you have, or been told you have a disabling condition by a professional such as: ***(Check all that apply)*** □ Developmental □Mental Health □Physical □Chronic Health Condition Substance Abuse: □Drug □Alcohol
Have you ever been a victim of Domestic Violence? □ Yes □ No
Is this the first time you have experienced homeless? □ Yes □ No
Where did you sleep last night?
How long have been sleeping there? ____ Years ____ Months
About how long have you lived on the streets and/or in shelters this time? ____ Years ____ Months
Looking at the last 3 years, what is the total number of months you have stayed on the street or in shelters? ____ Months
What was your monthly income, if any, last month? Amount: $ Source:
What were your monthly non-cash benefits? Amount: $ Source:
Have you ever been in jail or prison? □ Jail □ Prison □ No ***(If yes)*** # of times? _____ and when last released? _____
Would you be able, willing and want to relocate to another part of the state if housing was to become available? □ Yes □ No

Personal Contact: *cell phone, message number*	Other Contact: *Friend or Family, case manager or advocate*

New Mexico Coalition to End Homelessness

FY 2018 Evaluation and Ranking Criteria for Albuquerque Continuum of Care (CoC) Renewal Projects

Overview:

The U.S. Department of Housing and Urban Development (HUD) releases the Continuum of Care (CoC) Program Notice of Funding Availability (NOFA) annually, to provide funding to non-profit organizations, states, and/or local governments to assist individuals and families experiencing homelessness. As of FY 2017, this program provides approximately $5.8 million dollars in homeless services funding to the City of Albuquerque, through the Albuquerque CoC, for permanent supportive housing (PSH), rapid re-housing (RRH), transitional housing (TH), and supportive services (SSO) for CoC infrastructure projects like the NM Coordinated Entry System (NMCES) and Planning. The NOFA for the FY 2018 competition has yet to be released. The competitive application requires each local Continuum of Care to rank, score, and select new and renewal projects according to HUD's funding priorities and project performance. The Albuquerque CoC appoints an Independent Review Committee (IRC) to carry out this process.

The Albuquerque CoC is required to have a fair and impartial process for evaluating both renewal and new projects, which it does through an IRC. The IRC is appointed annually by the CoC membership. Members of the Albuquerque IRC cannot be affiliated with an organization that receives CoC funding or an organization that plans to apply for CoC funding in the current application cycle. This includes current staff, board members and clients of CoC funded agencies. There is one exception to this policy. The City of Albuquerque is permitted to have one representative on the IRC, even though the City receives CoC funding. The CoC has decided that, as the CoC Collaborative Applicant, the City should be involved in evaluating all CoC projects. In addition, the City keeps only a small amount of the CoC funding it receives to help pay for administrative costs, and contracts the remaining funds to non-profit organizations to operate the CoC programs.

This document includes details regarding the process that the Albuquerque IRC will use to evaluate, score, and rank renewal projects and to evaluate, score, and select new projects.

Evaluation Criteria and Process:

The IRC will evaluate renewal projects on a project-by-project basis using the criteria listed in the Evaluation Criteria chart. When evaluating renewal projects, the IRC will also take contextual factors into consideration in their evaluations. The contextual factors include: programmatic design, how comparable programs in Albuquerque are performing, and the severity of needs and vulnerabilities experienced by the program participants. The IRC will also consider the service needs for specialized populations, including youth, victims of domestic violence, families with children, people experiencing chronic homelessness, veterans and those with severe mental illness.

Evaluation Criteria Chart

#	Evaluation Criteria	Data Source
1	Fiscal Stability	Current year's operating budget and most recent financial audit and/or completed fiscal year financial statements.
2	The extent to which the project meets HUD's threshold criteria for renewal projects including: a) Whether there have been significant and/or unresolved findings from the City of Albuquerque, Mortgage Finance Authority or HUD b) Whether the project is serving the number of people promised in the grant c) Whether the project has any unexpended funds at the end of the operating year and whether they are drawing down funds regularly d) Whether the project has submitted its Annual Progress Report on time e) Whether the project is serving eligible participants	For recently completed and current grant years: a) City of Albuquerque, Mortgage Finance Authority, HUD, and Collaborative Applicant CoC monitoring reports b) eLOCCS reports c) APRs d) FY 2016 Project Application
3	The extent to which the project is in full compliance with the Homeless Management Information System (HMIS) requirements, including data timeliness standards.	HMIS data showing the percentage of entry/exit records less than 3 days.
4	The extent, to which the project used prioritization through the Coordinated Entry System (CES), which includes: **PSH:** The percentage of new households who entered the project from the top 35% of the CES list. **PSH *(excluded from ranking):*** The percentage of new households who were chronically homeless **TH & RRH:** The percentage of new households who had a VI-SPDAT score in the range of 7-17 for individuals and 8-23 for families.	New households who entered the project between March 1, 2017 to February 28, 2018 using Coordinated Entry Data.
5	Returns to Homelessness: All project types The percentage of households who exit to permanent housing destinations who return to emergency shelter within six months.	Using HMIS, households who exited between March 1, 2015 to March 1, 2016 and returned to emergency shelter within six months
6	Successful Housing Outcomes & Retention: **PSH:** The percentage of households who remained in the permanent housing program as of the end of the operating year or exited to permanent housing. **TH and RRH:** The percentage of households who exited to permanent housing.	Using HMIS, all households served between March 1, 2017 to February 28, 2018
7	Income Retention & Growth: *(All sources)* The percentage of persons age 18 and older, who maintained or increased income as of February 28, 2018 or at program exit.	Using HMIS, all households with persons 18 and older, served between March 1, 2017 to February 28, 2018.

Evaluation Criteria Continued:

#	Evaluation Criteria	Data Source
8	Cost Effectiveness: This will be determined by calculating the average cost per successful housing outcome (criteria #6 for definition). **Formula**: Cost Effectiveness = Total CoC Funding for Program / the number of households with successful housing outcomes	Using HMIS and FY16 Project Award Amounts, from March 1, 2017 to February 28, 2018
9	Nondiscrimination and Equal Accesss This will be determined by agency form submitted to the IRC confirming compliance with the Equal Acess Rule and federal civil rights laws.	Agency response, audits, and HMIS data

Evaluation Process:

Renewal projects will be evaluated on a pass/needs improvement basis for each of the evaluation criteria listed above. Analysis will be maintained on a spread sheet that will be made available to the CoC membership. A project that "passes" will be deemed eligible for renewal, unless there are other unusual circumstances brought to the attention of the IRC. Projects that "need improvement" in one or more of the evaluation criteria will be required to submit a corrective action plan to the IRC. The project will be eligible for renewal, if the IRC determines that the action plan is sufficient. The NM Coalition to End Homelessness will provide technical assistance and support to grantees in implementing approved corrective action plans as needed.

Exclusions from Evaluation:

New projects funded in FY 2017that have yet to complete a full grant year, resulting in insufficient data for the IRC to make an evaluation decision. New projects funded through the FY 2017 Consolidated Application will be excluded from the FY 2018 evaluation process.

Ranking Criteria and Process:

All project applications approved by the ABQ IRC, with the exception of the project application for CoC Planning, must be listed on the FY 2018 CoC Project Priority Listing in rank order from highest scoring to lowest scoring. A certain portion of renewal funding for the Albuquerque CoC will fall within Tier 1 and a certain portion will fall within Tier 2. The exact portion of funding that will fall within each tier will be established by the FY 2018 NOFA. The purpose of this two-tiered approach is to allow CoCs to indicate to HUD which projects are prioritized for funding.

HUD will establish each CoC's Tier 1 and Tier 2 amounts based on the total amount of funds requested by eligible renewal project applications, and the eligible renewal project amount(s) that were reallocated as listed on the reallocation forms, in the CoC Renewal Project Priority Listing. HUD will post a report that lists each CoC's estimated Tier 1 amount, CoC Planning amount, and Permanent Housing Bonus amounts.

Notice: All new Permanent Housing (PH) projects that have not completed a full year of funding will be placed in Tier 1 above TH renewals. TH project renewals will be placed in Tier 1 below all PSH and RRH projects that rank in Tier 1, if the project receives a "pass" on all the evaluation criteria. This is in recognition that the two TH projects in the Albuquerque CoC meet a special need in the community by serving people in recovery who feel that a facility-based setting can best support their recovery. Transitional Housing projects will be scored and ranked against each other based on the criteria described in the Scoring Chart listed below and ranked in order.

Project Ranking

Each renewal projects will be scored by the ranking criteria described in the Project Scoring chart below. In the chart includes two components. The scoring criteria describes the measure being reviewed. The scoring logic describes the formula that is used to calculate the points that will be awarded for each criteria. The "Points" column indicates the total amount of points a project can attain from the given criteria.

The following data sources will be used to calculate awarded points for renewal projects:

- Successful housing outcomes and retention: APR from HMIS *(DV only: comparable data base)*
- Prioritization or openings using CES: Report generated by CES from HMIS
- Income retention and growth: APR from HMIS *(DV only: comparable data base)*
- Returns to homelessness: HMIS Recidivism report

Renewal projects will be ranked in decending order from highest to lowest. Final ranking will be based on the total points accrued and IRC evaluation. Ranking will determine which renewal projects will be placed into Tier 1 or Tier 2.

Project Scoring Chart:

Scoring Criteria	Scoring logic	Points
Successful Housing Outcomes & Retention: PSH: Maintained or exited to PH TH & RRH: Exited to PH	**PSH:** % who exited to housing or are still in PSH program (x 10)	10
	TH &RRH: % who exited to permanent housing (x 10)	
Prioritization of Openings using CES: PSH: Adhering to written standards TH & RRH: Prioritizing within the set range *(scoring range: 7-17 for individuals and 8-23 for families)*	**PSH:** % of households that scored in the top 35% of the CES list (x 7)	7
	TH & RRH: % of households in scoring rang (x7) *(scoring range: 7-17 for individuals and 8-23 for families)*	
Income Retention and Growth *(All sources):* PSH, & RRH: Retained or increased total income. TH: Increased total income.	**PSH & RRH:** % who retained or increased total income (x5)	5
	TH: % who increased total income (x5)	
Returns to Homelessness: PSH, TH & RRH: Households that did not return to emergency shelter after exit	**PSH, TH & RRH: %** who have not returned to emergency shelter within six months (x 3)	3
	Maximum score available:	25

Supportive Services Only – Coordinated Entry System Projects (SSO-CES)

A special review committee comprised of representatives from agencies that fund or utilize the CES and HMIS will meet to evaluate the dedicated CES renewal projects in the Albuquerque CoC (the Albuquerque CoC does not fund any HMIS grants). The purpose and scope of the Special Review Committee (SRC) is described in the Albuquerque CoC Governance Charter, along with the process for selecting committee members. The IRC will make final funding and ranking decisions regarding the dedicated CES renewal projects after receiving the Special Review Committee's report.

Reallocation

Reallocation refers to two different processes:

- The first refers to the process whereby an existing project chooses to change project component types. An example of this type of reallocation would be a Transitional Housing project that converts to Rapid Re-Housing. This process involves the project voluntarily surrendering its renewal funds for the component type it no longer wishes to operate, and then reapplying for the same amount of funds as a new project within the desired new component type.

- The second refers to the process whereby the IRC reviews the performance and expenditures of all projects and determines that a project, or projects, must involuntarily reduce the amount of funds that they are permitted to apply for, or where the IRC determines that a project, or projects, must involuntarily give up all funds.

Through the reallocation process, the Albuquerque IRC ensures that projects submitted through the CoC Collabartive Application best align with the HUD CoC Program funding priorities and contribute to a competitive application that secures HUD CoC Program funding to address and end homelessness in the Albuquerque CoC. The IRC will make decision regarding reallocation based in compliance with HUD guidelines, and the Albuquerque CoC Governance Charter.

Appeals and Grievance Process

Any renewal applicant who wishes to file an appeal based on their projects final ranking within the FY 2018 CoC Renewal Project Priority Listing, or 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 the appeals process outlined in the Albuquerque Continuum of Care Review, Appeals, and Grievance Process for Selection of New and Renewal Projects.

Gmail

Lisa Maury <lisam.nmceh@gmail.com>

ABQ CoC Consolidated Application

1 message

Lisa Maury <lisa-m@nmceh.org> Fri, Sep 14, 2018 at 2:41 PM
Bcc: Juliann Salinas <jsalinas@enlacenm.org>, Lorenzo Leyva <lleyva@enlacenm.org>, "Son-Stone, Linda (IHS/ALB)" <linda.son-stone@fnch.org>, Abby Long <along@amityfdn.org>, Adan Carriaga <Adan.Carriaga@molinahealthcare.com>, "Weber, Allison" <Allison.Weber@va.gov>, Amy Malick <a_malick@sbcglobal.net>, Andrew Estocin <aestocin@abqha.org>, anitacordova@abqhch.org, Anna Jones <ajones@safehousenm.org>, bchurch@tls-nm.org, Bee Chavez <bee-c@nmceh.org>, Bernadette Rodriguez <brodriguez@abqha.org>, "Betty M. Valdez" <bmvaldez@bernco.gov>, brie.aahc@gmail.com, Briezy Darling <briezydarling@gmail.com>, cathy@mycreativecommunications.com, Chan Smith-Stetson <ChanS@headinghome.org>, charlesgriego10@gmail.com, Charles Ward <chalkboardcharlie@yahoo.com>, cchavez@barrettfoundation.org, darrb48@aol.com, David Plaza <dplaza@goodwillnm.org>, Tenderlove Albuquerque <tenderloveabq@yahoo.com>, Dennis Plummer <dennisp@headinghome.org>, Dorothee Otero <DorotheeO@headinghome.org>, Gabriel Campos <gcampos@cabq.gov>, Hana Gossett <hana-g@nmceh.org>, Heather Hawkins <heatherhawkins@crossroadsabq.org>, Henrietta Correa <henriettacorrea@gmail.com>, walkerj@ccasfnm.org, Jennifer Martinez <jmartinez@tls-nm.org>, Jenny Metzler <JennyMetzler@abqhch.org>, Jodie Jepson <JodieJ@headinghome.org>, Joe Puleo <joepuleo@crossroadsabq.org>, John Ames <james@hopeworksnm.org>, boog1s@msn.com, John Ross <johnross@crossroadsabq.org>, joshua.wellbaum@uhc.com, knashe@tls-nm.org, Julie Skelton <director@familypromiseabq.org>, "Bridge, Linda" <lbridge@abqha.org>, Lisa Maury <lisam.nmceh@gmail.com>, mlopez@bernco.gov, mkargas@southwestcare.org, Monica Chavez <mchavez@cabq.gov>, Natalie Michelback <nmichelback@housingnm.org>, Nevin Marquez <nmarquez@smhc-nm.org>, Patricia Gonzales <pgonzales@safehousenm.org>, Patrick Manzanares <pmanzana@nmsu.edu>, "Scott, Patrick D" <scott_p@aps.edu>, Quinn Donnay <qdonnay@ndnm.org>, Rene Palacios <rpalacios@mysteelbridge.org>, roman seaburgh <roman-s@nmceh.org>, Shanae Eggert <SEggert@barrettfoundation.org>, Stacy Ruiz <stacyruiz@cabq.gov>, Stephanie Mercer <smercer@bernco.gov>, Steve Johnson <sjohnson@ndnm.org>, sross@thehousingcoalition.org, Steven Serrano <steven.serrano@casaq.org>, Tammy Hanks <tammyh@clnkids.org>, Terri Ellis <TerriEllis@abqhch.org>, Trina Wheeler <Trina.Wheeler@molinahealthcare.com>, Vicky Palmer <vpalmer@smhc-nm.org>, vmgarcia@bernco.gov, Whitney Conyers <whitneyconyers@gmail.com>, Joscylyn Huffmaster <jhuffmaster@shcnm.org>, Benjamin Wakashige <bwakashige@gmail.com>, Ilyssa B <bozzamountain@gmail.com>, "Ramos, Jason C." <jason.ramos@va.gov>, Kelle Senye <kelle@aanm.org>, lauratcombs@icloud.com, David Sisneros <davids@headinghome.org>, Kevin Arthun <kevin-a@nmceh.org>

Dear Friends:

This email is going out to all FY18 CoC renewal and new projects applicants, members of the Albuquerque CoC, CoC Board and Independent Review Committee members, and others who regularly attend our CoC meetings or are on the CoC email list.

The Albuquerque Continuum of Care Consolidated Application, Priority Listing, and Project Listing for the HUD FY 2018 CoC Program Competition are now available for review on the New Mexico Coalition to End Homelessness Website at www.nmceh.org.

Please feel free to contact me with any questions regarding our submission to HUD.

Thank you,

--

Lisa Maury
Albuquerque Continuum of Care Program Director
New Mexico Coalition to End Homelessness
505.433.5175
www.nmceh.org
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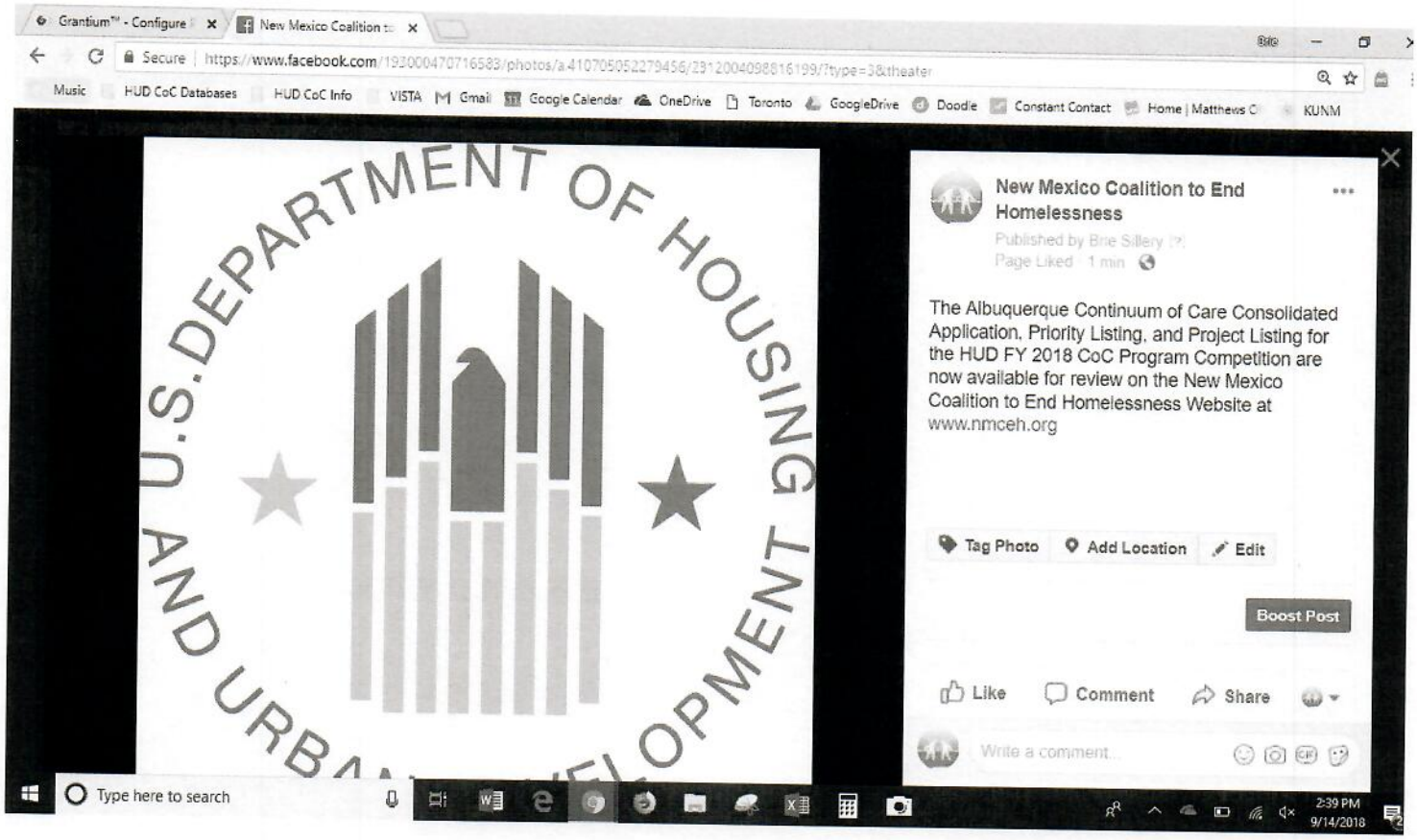
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New Mexico Coalition to End Homelessness
Published by Brie Sillery
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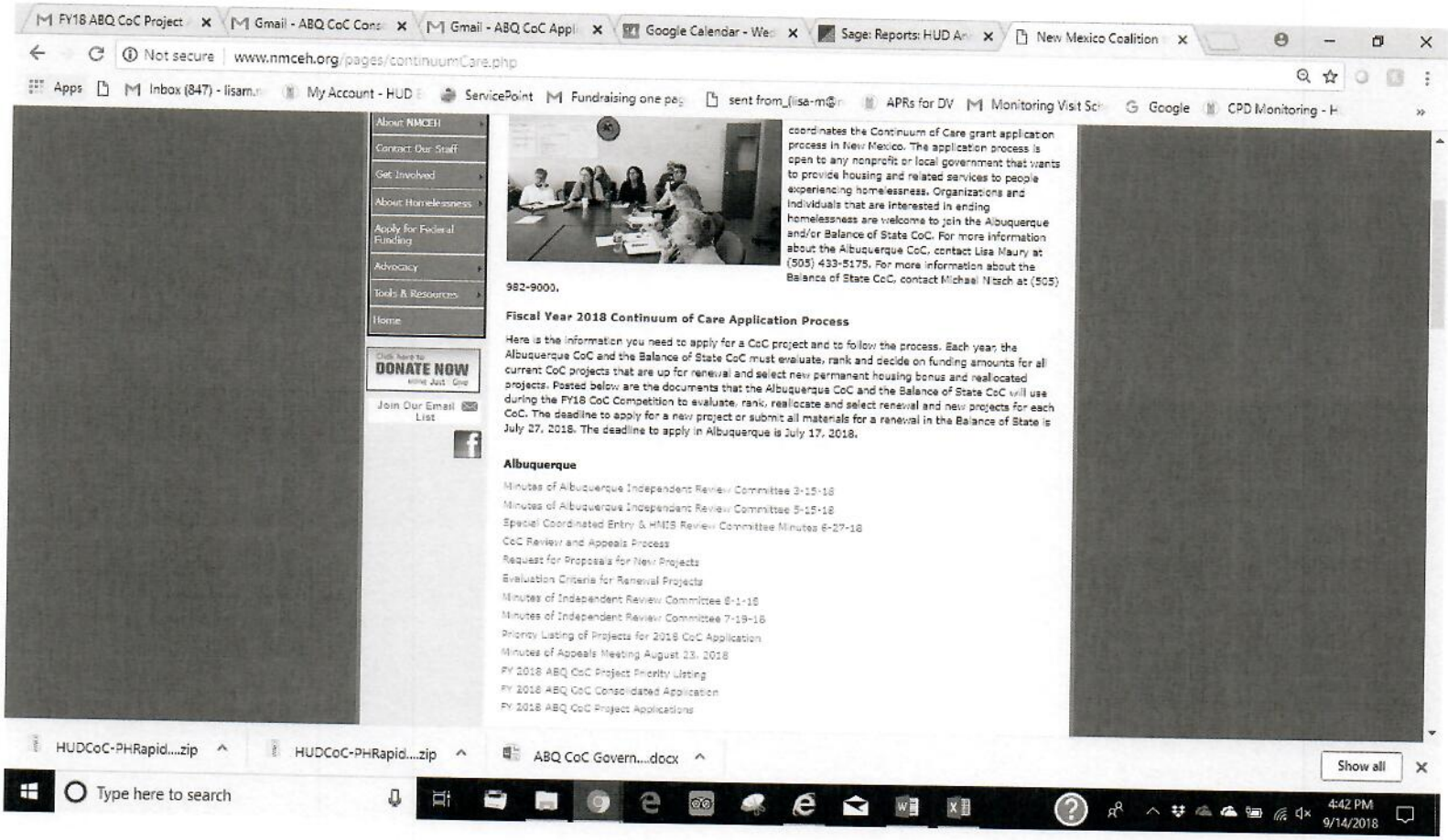
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coordinates the Continuum of Care grant application process in New Mexico. The application process is open to any nonprofit or local government that wants to provide housing and related services to people experiencing homelessness. Organizations and 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 Maury at (505) 433-5175. For more information about the Balance of State CoC, contact Michael Nitsch at (505) 982-9000.
Fiscal Year 2018 Continuum of Care Application Process
Here is the information you need to apply for a CoC project and to follow the 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. Posted below are the documents that the Albuquerque CoC and the Balance of State CoC will use during the FY18 CoC Competition to evaluate, rank, reallocate and select renewal and new projects for each CoC. The deadline to apply for a new project or submit all materials for a renewal in the Balance of State is July 27, 2018. The deadline to apply in Albuquerque is July 17, 2018.
Albuquerque
Minutes of Albuquerque Independent Review Committee 3-15-18
Minutes of Albuquerque Independent Review Committee 5-15-18
Special Coordinated Entry & HMIS Review Committee Minutes 6-27-18
CoC Review and Appeals Process
Request for Proposals for New Projects
Evaluation Criteria for Renewal Projects
Minutes of Independent Review Committee 6-1-18
Minutes of Independent Review Committee 7-19-18
Priority Listing of Projects for 2018 CoC Application
Minutes of Appeals Meeting August 23, 2018
FY 2018 ABQ CoC Project Priority Listing
FY 2018 ABQ CoC Consolidated Application
FY 2018 ABQ CoC Project Applications
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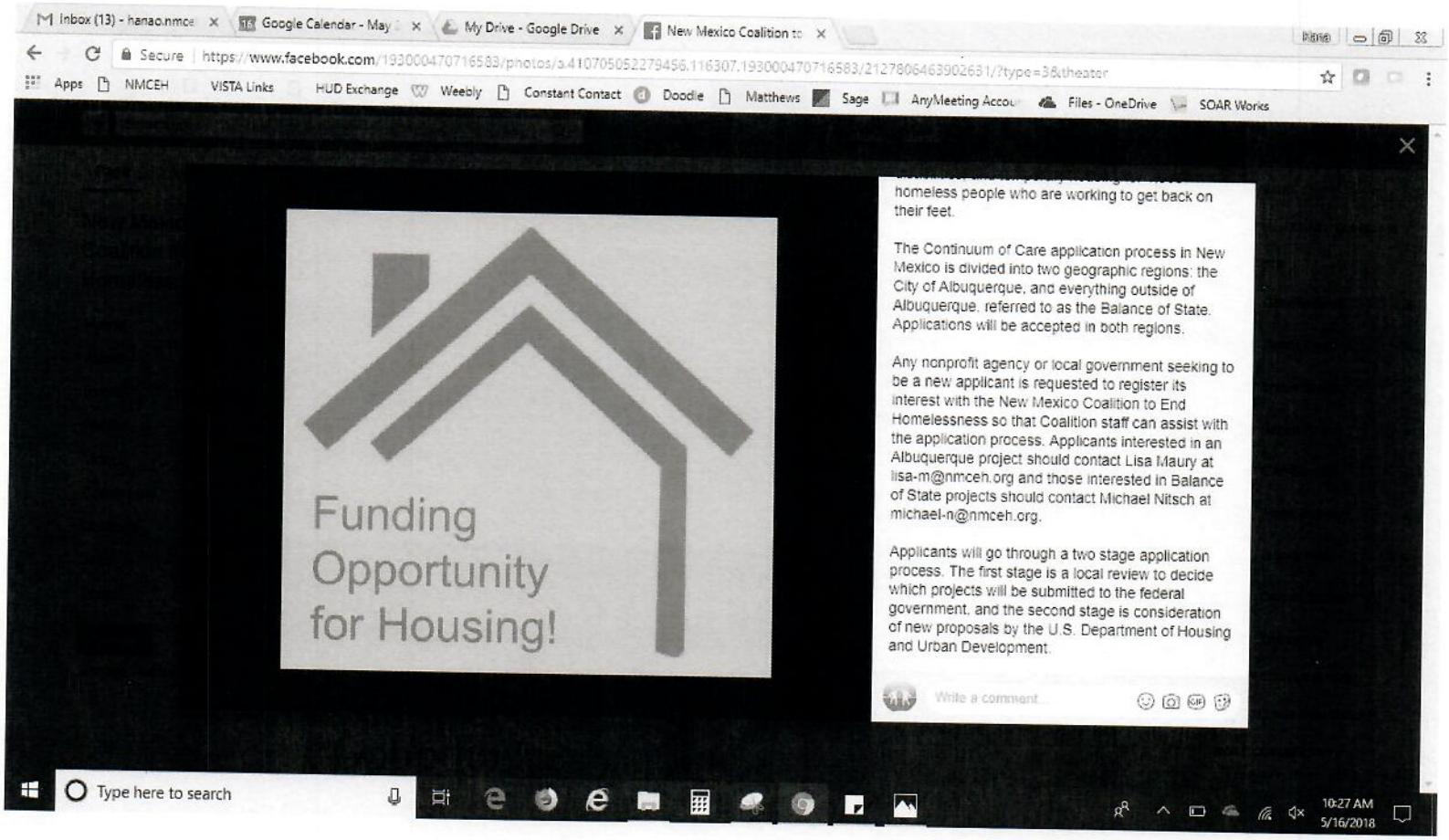
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homeless people who are working to get back on their feet.
The Continuum of Care application process in New Mexico is divided into two geographic regions: the City of Albuquerque, and everything outside of Albuquerque, referred to as the Balance of State. Applications will be accepted in both regions.
Any nonprofit agency or local government seeking to be a new applicant is requested to register its interest with the New Mexico Coalition to End Homelessness so that Coalition staff can assist with the application process. Applicants interested in an Albuquerque project should contact Lisa Maury at lisa-m@nmceh.org and those interested in Balance of State projects should contact Michael Nitsch at michael-n@nmceh.org.
Applicants will go through a two stage application process. The first stage is a local review to decide which projects will be submitted to the federal government, and the second stage is consideration of new proposals by the U.S. Department of Housing and Urban Development.
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Participants were more focused on my emotions

Fewer teens drinking milk, smoking

From **PAGE B5**

versity of North Carolina researcher who studies how diets change.

"This is not a healthy trend for our long-term health," he said.

For teens, the government recommends 3 cups daily of dairy products — milk, yogurt or cheese.

The survey by the Centers for Disease Control and Prevention is conducted every two years. About 15,000 students at 144 high schools were surveyed last year. The surveys are anonymous and voluntary, and there's no check of medical records or other documents to verify answers.

Some of the findings:

■ Not as many teen are having sex, although there wasn't much change from the 2015 survey results. Last year, about 40 percent said they'd ever had sex, down from 48 percent a decade ago.

■ There was no substantial recent change for cigarette smoking, either. About 9 percent are current smokers, down from more than 27 percent when the survey started in 1991. Ditto alcohol, with 30 percent saying they currently use alcohol, down from 51 percent in 1991.

■ Marijuana use seems to hovering, with about 36 percent of students saying they had ever tried it. But overall, illegal drug use seems to be falling, including for synthetic marijuana, ecstasy, heroin, inhalants, and LSD and other hallucinogenic drugs. For the first time, the survey asked if they had ever abused prescription opioid medications. About 14 percent did.

■ Another first-time question: Have you had a concussion from a sport or physical activity at least once in the previous year? Nationally, 15 percent said they had. The finding may sound high but it's not far off from what's been reported by some other researchers, said Michael Collins, who runs a University of Pittsburgh-affiliated sports concussion program.

New Mexico Coalition to End Homelessness

Human Services Agencies Take Note

The New Mexico Coalition to End Homelessness is seeking non-profit agencies or local governments to be part of the Continuum of Care Process to house homeless people. About $1 million for new projects is available to apply for in July.

info@nmceh.org or 505-982-9000

Gmail

Hana Gossett <hanao.nmceh@gmail.com>

Funding Available to House Homeless People (CoC)

1 message

NMCEH Hank Hughes <hank-h@nmceh.org>
Reply-To: hank-h@nmceh.org
To: hana-g@nmceh.org

Tue, Jul 3, 2018 at 9:47 AM

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New Mexico Coalition to End Homelessness

Federal Funding Available
Applications Due in July
Continuum of Care Grants

The New Mexico Coalition to End Homelessness coordinates the Continuum of Care grant application process in New Mexico. The application process is open to any nonprofit or local government that wants to provide housing and related services to people experiencing homelessness. 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 Maury at (505) 433-5175. For more information about the Balance of State CoC, contact Michael Nitsch at (505) 982-9000.

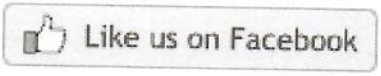
Both Albuquerque and the Balance of State CoC regions are now accepting applications for new projects. It is also time for all renewal projects to apply. The deadline to apply for a new project or submit all materials for a renewal in the Balance of State is July 27, 2018. The deadline to apply in Albuquerque is July 17, 2018.

The application materials are now available on our website:

Click here to go to the CoC Application Materials

Information about he Continuum of Care grants can be found on the U.S. Department of Housing and Urban Development website:

Click here to go to the HUD CoC Notice of Funding Availability



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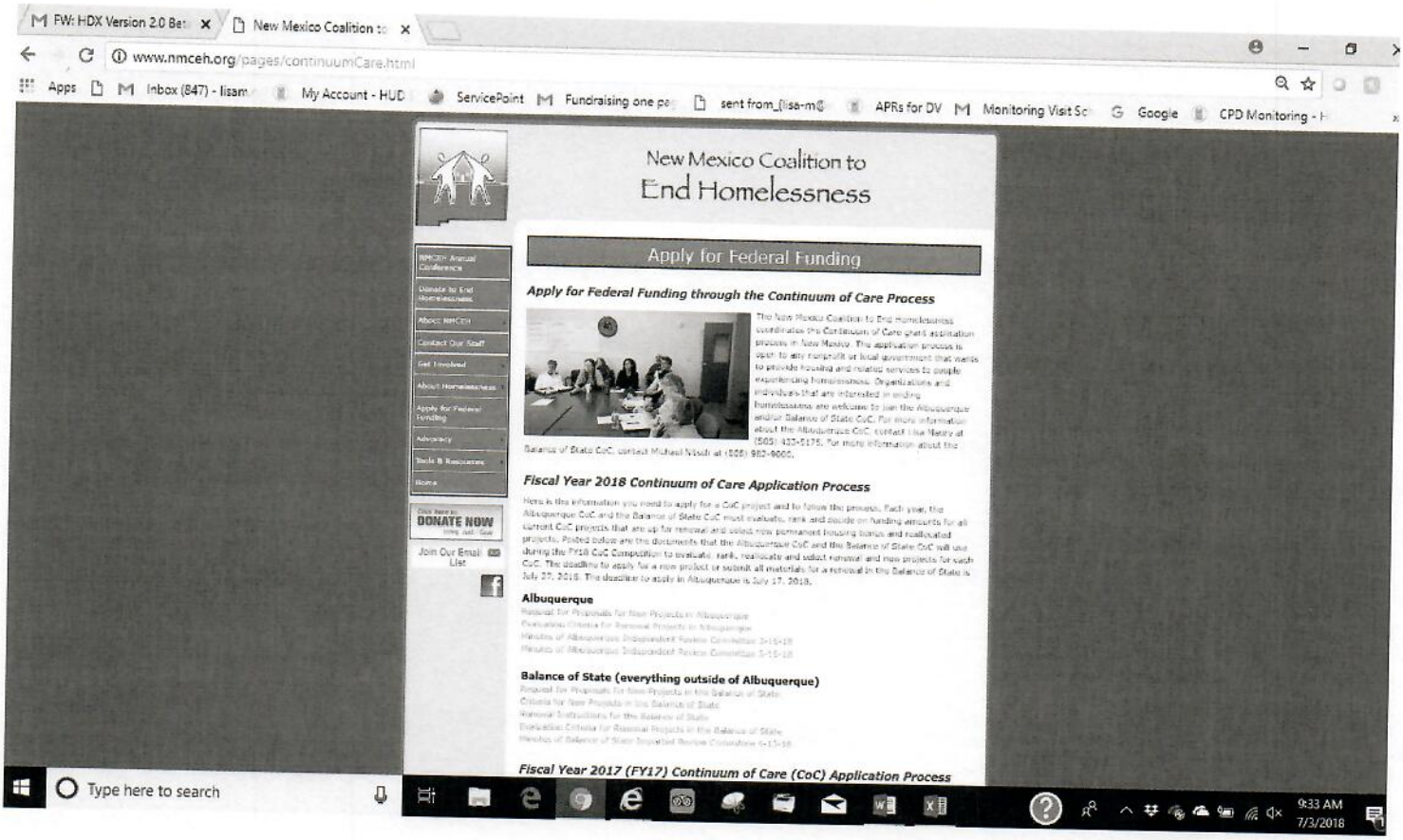


New Mexico Coalition to
End Homelessness

FY 2018 Request for Proposals for a New Albuquerque Continuum of Care Permanent Housing Project

Overview of Albuquerque Continuum of Care (CoC)

The Albuquerque Continuum of Care prepares the Continuum of Care Consolidated Application for submission to the Department of Housing and Urban Development (HUD) annually. The New Mexico Coalition to End Homelessness (NMCEH) coordinates this process. There are currently twenty-two projects funded through the Albuquerque Continuum of Care. The Continuum's priorities have been and continue to be: 1) continued funding of existing projects that fill important needs in addressing homelessness in Albuquerque, consistent with *A Community Response to Homelessness in Albuquerque Plan* and 2) funding to support the development of new permanent housing for people experiencing homelessness.

Funding for New Projects in 2018

The purpose of this request is to solicit eligible projects for inclusion in the FY 2018 Continuum of Care Application. Applicants may apply for the full $325,963, or can apply for a lower amount.
HUD released the FY 2018 CoC Notice of Funding Availability (NOFA) on June 20th, 2018. The full NOFA can be found at: https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/.

In 2018, the Albuquerque Continuum of Care can apply for $325,963, in one or more new bonus projects. There may also be additional funding available through reallocation. Please see the *FY 2018 Evaluation and Ranking Criteria for Albuquerque Continuum of Care (CoC) Renewal Projects* for details about the reallocation process. Whether a CoC receives funds for the Permanent Housing Bonus is based on three overarching criteria: CoC need, CoC overall performance, and project quality. The Permanent Supportive Housing bonus allows all CoCs to apply for funding to create:

1) A Permanent Supportive Housing (PSH) project that exclusively serves chronically homeless individuals and/or families (see last page for a definition of chronic homelessness) or with 100% DedicatedPLUS beds; or
2) A Rapid Re-Housing (RRH) project that serves one or more of the eligible populations listed in the NOFA; or
3) A Joint Transitional Housing and Rapid Re-Housing project that will combine TH and RRH into a single project that serves individuals and families experiencing homelessness. See NOFA for details; or
4) A Supportive Services Only (SSO-CE) project to operate a coordinated entry system.

Expansion Projects

CoC renewal projects that wish to use bonus and reallocated funds to expand their existing project will be able to submit an Expansion Project Application and, if funded, will have just one grant agreement that includes the renewal and expansion funding. For more details, please see the FY 2018 NOFA. Renewal projects that apply for expansion funds will need to respond to this RFP, for their Expansion Project Application to be considered for inclusion in the Consolidated Application.

Grant Term

The grant term for new ABQ CoC projects depends on the type of funding applied for. See the FY 2018 NOFA for details. If funding for recurring expenses is requested by a new project that is selected, the project will be eligible to continually apply for renewal projects.

Eligible Activities

PSH projects can apply for leasing, rental assistance, capital costs, supportive services, HMIS and/or administrative funding. RRH projects can apply for rental assistance, supportive services, HMIS and/or administrative funding. Joint TH-RRH projects can apply for capital costs, leasing, operating to provide TH, rental assistance to provide RRH, HMIS, services and administrative funding. SSO-CES projects can apply for leasing of units or structures (office rent), supportive services, operations, HMIS, and administrative funding. Request for administrative costs must not exceed 10% of the project amount. For detailed information about each of the eligible activities, see the CoC Program Interim Rule at: http://hudhre.info/documents/CoCProgramInterimRule_FormattedVersion.pdf

Application & Selection Process for Standard Bonus

The permanent housing project(s) with the highest score(s) will be selected first. If the highest scoring project applied for less than $325,963, then the IRC will also select the second highest scoring project, and so on until $325,963 worth of projects have been selected. If two or more projects have very close scores, the IRC may also split the bonus funds between these projects.

The Albuquerque CoC Independent Review Committee (IRC) will review and score all project proposals received by the deadline that meet the minimum criteria. All PSH, PH-RRH, and Joint TH-RRH (permanent housing) projects that receive at least 90 % of available points will be prioritized for new funds over SSO-CES projects, to align with the Continuum's priorities that are stated as: 1) continued funding of existing projects that fill important needs in addressing homelessness in Albuquerque, consistent with *A Community Response to Homelessness in Albuquerque Plan* and 2) funding to support the development of new permanent housing for people experiencing homelessness.

Selection Process for Reallocated Funds

Reallocated funds cannot be combined with new funds into one single project. The IRC will consider the feasibility of project implementation based on available amounts, and system gaps created by projects with reduced or reallocated funds, when selecting projects to apply for reallocated funds.

Selection Process for DV Bonus

The FY 2018 HUD Appropriations Act provides up to $50 million for "rapid re-housing projects and supportive service projects providing coordinated entry and for eligible activities that the Secretary determines are critical in order to assist survivors of domestic violence, dating violence, and stalking." In the FY 2018 CoC Program Competition, CoCs will be able to apply for a DV Bonus for PH-RRH projects, Joint TH and PH-RRH component projects, and SSO projects for coordinated entry (SSO-CE). A CoC may apply for up to 10 percent of its Preliminary Pro Rata Need (PPRN), which for the Albuquerque CoC is $313,195. The IRC will evaluate and select DV Bonus projects separately and these projects will be assigned a unique ranking number in the Albuquerque Collaborative Application. Eligible DV Bonus projects will be separated from the standard ranking by HUD to compete with all national DV Bonus eligible projects.

For DV Bonus projects, the project(s) with the highest score(s) will be selected first. If the highest scoring project applies for less than $313,195, then the IRC will also select the second highest scoring project, and so on until $313,195 worth of projects have been selected. If two or more projects have very close scores, the IRC may also split the bonus funds between these projects.

The organization(s) whose project(s) is/are selected will fill out all necessary HUD application forms for inclusion in the FY 2018 Albuquerque CoC Consolidated Application to HUD. HUD will select which bonus projects to fund based on how they score in the national competition on specific criteria; see the FY 2018 NOFA for details. Applicants should note that the Albuquerque IRC has historically placed all new projects into "Tier 2" in the project priority list in the CoC Consolidated Application to HUD.

Selection Criteria

In order to be considered, your project must meet HUD's minimum requirements for the new projects:

- The project must be located in Albuquerque, NM.
- The project request must not exceed $325,962.78
- The project must serve the appropriate target population.
- The project must request eligible activities and not exceed limits for admin funding.
- The applicant must be a nonprofit, unit of government (local, county or state), instrumentality of local government or public housing authority.
- Applicant must be in good standing with HUD which means there may not be any significant issues related to capacity, performance, or unresolved audit/monitoring finding related to one or more existing grants.
- Applicant must agree to fully participate in the Statewide Coordinated Entry System. This includes participating in the Homeless Management Information System (HMIS), signing the HMIS data sharing agreement, filling all project openings from the Coordinated Entry System, and housing people according to the priorities listed in the Albuquerque and Balance of State CoC Common Standards for Administering Permanent Supportive Housing, Rapid Re-Housing or Transitional Housing.
- If the applicant currently receives Continuum of Care and/or Emergency Solutions Grant funding, it must be fully using HMIS, as required by HUD, for all CoC or ESG funded projects.
- The applicant must provide evidence that they can meet HUD's match requirement, if applicable. The applicant must match all grant funds, except for leasing funds, with at least 25 percent cash or in-kind contributions from other sources. Cash match must be used for the costs of eligible CoC activities. HUD will require in-kind match contributions to have MOUs that meet certain criteria; see CoC Program Interim Rule for details. No match is required for leasing costs. **For the application, list your match sources and amount for each source.** If your project is selected, you will need to provide written documentation of your match sources.

In order to be considered, your project must also meet the following minimum criteria established by the CoC IRC:

- The organization must have the authority to undertake the proposed project. If your project is selected, you will be asked to provide a board resolution showing that the board approves the proposed project.
- The organization must have the financial stability to undertake the proposed project. The IRC will determine this by analyzing audits and financial statements.
- If you are applying for acquisition/rehab, new construction or operating funds for a site-based project, you must have site control. The IRC will consider on a case-by-case basis any applications where obtaining site control is contingent upon receiving CoC funds. If your project is selected, you will be asked to provide a deed or lease showing you have site control.
- The NMCEH staff will ask the local HUD field office if it has concerns about the applicant's capacity to undertake the proposed project. If so, the IRC will not select the proposed project.

For projects that meet the criteria above, the IRC will evaluate applicants on how well they meet the scored criteria listed below.

Selection Criteria for 2018 New Housing Projects		
HUD Continuum of Care NOFA Criteria		
Selection Criteria	**Description**	**Maximum Points**
Housing First approach	Priority will be given to projects that utilize a Housing First approach. Describe your organization's experience with utilizing a Housing First approach. Full points will be given to applicants that can demonstrate a history of using Housing First. Indicate to what extent your project will utilize a Housing First approach by answering **all** of the following questions: 1) What will be the process for accepting a new client into the program? 2) What will the eligibility criteria be? Specifically address whether the program will accept people with little/no income, active or history of substance abuse, criminal record or history of domestic violence. 3) Under what circumstances will you terminate a client from the program? Specifically address whether the program will terminate clients for failure to participate in supportive services, failure to make progress on a service plan, loss of income or failure to increase income, being a victim of domestic violence or for other activity not typically covered in a lease agreement. 4) What services, if any, will you require clients to receive in order to stay in the housing program? 5) What will happen if a client relapses while in the program?	25
Relevant Experience	Describe the experience of the applicant and potential sub-recipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application.	10
Project Readiness	Describe the estimated schedule for the proposed activities. Full points will be given to projects that can begin soon after the grant is awarded. In order for new construction, acquisition and rehab projects to receive full points for this question, they must have a budget prepared by a licensed architect or contractor and a commitment for at least 50% of the total development costs. You will be asked to provide proof if your project is selected.	10

Supportive Services	Describe how participants will be assisted to obtain and remain in permanent housing, increase their employment and/or income and maximize their ability to live independently. Specifically describe which evidence-informed practices the project will use in providing supportive services. In order to receive full points, you must clearly describe the evidence-informed practices that they project will use.	10
Financial Stability	Please include any relevant information regarding the financial stability of your organization. This will also be evaluated based on the organization's financial audit and statements.	20
Outcomes	Describe the outcomes you will use to determine success for this project and how you will measure those outcomes. Outcomes should focus on how the project will help clients improve their lives or benefit the community, rather than just measuring the amount or types of services provided.	10
Maximum Possible Score		**85**

Selection Criteria for 2018 New SSO-CES Projects		
HUD Continuum of Care NOFA Criteria		
Selection Criteria	**Description**	**Maximum Points**
Integration into the Existing Coordinated Entry System	Priority will be given to projects that clearly outline how the new project will align with the current goals and needs of the Albuquerque CoC and existing Coordinated Entry System. 1) What steps will the new project take to ensure that activities align with the goals of the existing CES? 2) What current gaps in the system will be addressed by this project? 3) How will this project increase access to housing for hard to reach/hard to serve households? 4) How will this project decrease length of homelessness for households on the CES list? 5) What components of the CES process will this project be responsible for completing (e.g. conducting assessments, data entry, collection of eligibility documentation, training new users, system maintenance, etc.)? 6) Please provide the estimated number of households that will be served by this project annually.	30
HMIS	The project application clearly outlines how the project budget and application provides a clear indication that appropriate funds, resources, and time will be dedicated to meet HMIS requirements, including effectively collecting and entering HMIS data in a timely and accurate manner.	20
Relevant Experience	Describe the experience of the applicant and potential sub-recipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application.	10
Outcomes	Describe the outcomes you will use to determine success for this project and how you will measure those outcomes. Outcomes should focus on how the project will help clients improve their lives or benefit the community, rather than just measuring the amount or types of services provided.	10

Financial Stability	Please include any relevant information regarding the financial stability of your organization. This will also be evaluated based on the organization's financial audit and statements.	10
Project Readiness	Describe the estimated schedule for the proposed activities. Full points will be given to projects that can begin soon after the grant is awarded.	5
Maximum Possible Score		**85**

Submission Requirements and Deadline

You must submit 9 hard copies and an electronic copy of all items listed below to:
Lisa Maury, Albuquerque Continuum of Care Program Director
New Mexico Coalition to End Homelessness
2501 San Pedro Ave NE, Suite 202
lisa-m@nmceh.org

Applications must be received by July 24th, 2018

Lisa can review draft applications before the deadline, if the draft proposal is submitted with sufficient time to review it. You can email draft proposals to lisa-m@nmceh.org.

A full application must include the following:

- Project narrative (see below for details). The narrative should be in a searchable format (i.e. Word or a PDF that was converted from a Word document);
- Proposed project budget, using the provided budget forms in excel. Complete the summary budget, the match budget and all applicable detailed budget pages;
- Detailed copy of the organization's current fiscal year operating budget including year-to-date information;
- Audited financial statement for the most recent completed fiscal year including balance sheet (you do not need to provide hard copies of the audit; an electronic copy will be sufficient).

Narratives should be 3 pages or less and should include:

- A complete and concise narrative that addresses the component type applied for: PSH, RRH, Joint TH-RRH, or SSO-CES, how many households will be served, and for housing programs, how many total people will be in those households when the program is at full capacity, the entire scope of the project including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the community/target population(s);
- State the amount of funding requested, type of funding requested and the grant term;
- Address whether the project meets the HUD and local minimum criteria;
- Address each of the scored evaluation criteria **in the order presented in the RFP.**

Please contact Lisa Maury at 433-5175 or lisa-m@nmceh.org with any questions.

HUD's Definition of Chronic Homelessness:

An individual (including a minor) or an adult head of household (or if there is no adult in the family, a minor head of household) who meets the following criteria is chronically homeless.

First, the applicant must meet this criteria:

- Is currently living an emergency shelter or a place not meant for human habitation (i.e. a park or car); or
- Is currently in an institution but has been there less than 90 days and was living in a shelter or place not mean for human habitation immediately prior to entering the institution

Second, the applicant must also meet one of these criteria:

- Has been continuously homeless for 12 months or more. Homeless means living in an emergency shelter or in a place not meant for human habitation (i.e. in a park or car). If the individual is in an institution, this does not count as a "break" in the 12 months if he/she has been there less than 90 days and was living in a shelter or place not mean for human habitation immediately prior to entering the institution; or
- Has had 4 episodes of homelessness in the last 3 years, with the cumulative total of the 4 episodes at least 12 months and each episode separated by a break of at least 7 consecutive nights. Homeless means living in an emergency shelter or in a place not meant for human habitation (i.e. in a park or car). A "break" means that the person was <u>not</u> living in an emergency shelter or place meant for human habitation, but instead had some form of housing (i.e. a motel he/she paid for, staying with a family member or his/her own apartment).

Third, the applicant must have an eligible documented disability.

New Mexico Coalition to End Homelessness

FY 2018 Evaluation and Ranking Criteria for Albuquerque Continuum of Care (CoC) Renewal Projects

Overview:

The U.S. Department of Housing and Urban Development (HUD) releases the Continuum of Care (CoC) Program Notice of Funding Availability (NOFA) annually, to provide funding to non-profit organizations, states, and/or local governments to assist individuals and families experiencing homelessness. As of FY 2017, this program provides approximately $5.8 million dollars in homeless services funding to the City of Albuquerque, through the Albuquerque CoC, for permanent supportive housing (PSH), rapid re-housing (RRH), transitional housing (TH), and supportive services (SSO) for CoC infrastructure projects like the NM Coordinated Entry System (NMCES) and Planning. The NOFA for the FY 2018 competition has yet to be released. The competitive application requires each local Continuum of Care to rank, score, and select new and renewal projects according to HUD's funding priorities and project performance. The Albuquerque CoC appoints an Independent Review Committee (IRC) to carry out this process.

The Albuquerque CoC is required to have a fair and impartial process for evaluating both renewal and new projects, which it does through an IRC. The IRC is appointed annually by the CoC membership. Members of the Albuquerque IRC cannot be affiliated with an organization that receives CoC funding or an organization that plans to apply for CoC funding in the current application cycle. This includes current staff, board members and clients of CoC funded agencies. There is one exception to this policy. The City of Albuquerque is permitted to have one representative on the IRC, even though the City receives CoC funding. The CoC has decided that, as the CoC Collaborative Applicant, the City should be involved in evaluating all CoC projects. In addition, the City keeps only a small amount of the CoC funding it receives to help pay for administrative costs, and contracts the remaining funds to non-profit organizations to operate the CoC programs.

This document includes details regarding the process that the Albuquerque IRC will use to evaluate, score, and rank renewal projects and to evaluate, score, and select new projects.

Evaluation Criteria and Process:

The IRC will evaluate renewal projects on a project-by-project basis using the criteria listed in the Evaluation Criteria chart. When evaluating renewal projects, the IRC will also take contextual factors into consideration in their evaluations. The contextual factors include: programmatic design, how comparable programs in Albuquerque are performing, and the severity of needs and vulnerabilities experienced by the program participants. The IRC will also consider the service needs for specialized populations, including youth, victims of domestic violence, families with children, people experiencing chronic homelessness, veterans and those with severe mental illness.

Supportive Services Only – Coordinated Entry System Projects (SSO-CES)

A special review committee comprised of representatives from agencies that fund or utilize the CES and HMIS will meet to evaluate the dedicated CES renewal projects in the Albuquerque CoC (the Albuquerque CoC does not fund any HMIS grants). The purpose and scope of the Special Review Committee (SRC) is described in the Albuquerque CoC Governance Charter, along with the process for selecting committee members. The IRC will make final funding and ranking decisions regarding the dedicated CES renewal projects after receiving the Special Review Committee's report.

Reallocation

Reallocation refers to two different processes:

- The first refers to the process whereby an existing project chooses to change project component types. An example of this type of reallocation would be a Transitional Housing project that converts to Rapid Re-Housing. This process involves the project voluntarily surrendering its renewal funds for the component type it no longer wishes to operate, and then reapplying for the same amount of funds as a new project within the desired new component type.

- The second refers to the process whereby the IRC reviews the performance and expenditures of all projects and determines that a project, or projects, must involuntarily reduce the amount of funds that they are permitted to apply for, or where the IRC determines that a project, or projects, must involuntarily give up all funds.

Through the reallocation process, the Albuquerque IRC ensures that projects submitted through the CoC Collabartive Application best align with the HUD CoC Program funding priorities and contribute to a competitive application that secures HUD CoC Program funding to address and end homelessness in the Albuquerque CoC. The IRC will make decision regarding reallocation based in compliance with HUD guidelines, and the Albuquerque CoC Governance Charter.

Appeals and Grievance Process

Any renewal applicant who wishes to file an appeal based on their projects final ranking within the FY 2018 CoC Renewal Project Priority Listing, or 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 the appeals process outlined in the Albuquerque Continuum of Care Review, Appeals, and Grievance Process for Selection of New and Renewal Projects.

Gmail

Lisa Maury <lisam.nmceh@gmail.com>

CoC Projects that will be included & ranked in FY18 Priority Listing

1 message

Lisa Maury <lisa-m@nmceh.org> Sat, Sep 1, 2018 at 4:19 PM

Bcc: Juliann Salinas <jsalinas@enlacenm.org>, Lorenzo Leyva <lleyva@enlacenm.org>, "Son-Stone, Linda (IHS/ALB)" <linda.son-stone@fnch.org>, Abby Long <along@amityfdn.org>, Adan Carriaga <Adan.Carriaga@molinahealthcare.com>, "Weber, Allison" <Allison.Weber@va.gov>, Amy Malick <a_malick@sbcglobal.net>, Andrew Estocin <aestocin@abqha.org>, anitacordova@abqhch.org, Anna Jones <ajones@safehousenm.org>, bchurch@tls-nm.org, Bee Chavez <bee-c@nmceh.org>, Bernadette Rodriguez <brodriguez@abqha.org>, "Betty M. Valdez" <bmvaldez@bernco.gov>, brie.aahc@gmail.com, briezydarling@gmail.com, cathy@mycreativecommunications.com, Chan Smith-Stetson <ChanS@headinghome.org>, charlesgriego10@gmail.com, Charles Ward <chalkboardcharlie@yahoo.com>, cchavez@barrettfoundation.org, darrb48@aol.com, David Plaza <dplaza@goodwillnm.org>, Tenderlove Albuquerque <tenderloveabq@yahoo.com>, Dennis Plummer <dennisp@headinghome.org>, Dorothee Otero <DorotheeO@headinghome.org>, Gabriel Campos <gcampos@cabq.gov>, Hana Gossett <hana-g@nmceh.org>, Hank Hughes NMCEH <Hank-H@nmceh.org>, Heather Hawkins <heatherhawkins@crossroadsabq.org>, "Shultz, Heidiliza" <hlshultz@cabq.gov>, Henrietta Correa <henriettacorrea@gmail.com>, walkerj@ccasfnm.org, Jennifer Martinez <jmartinez@tls-nm.org>, Jenny Metzler <JennyMetzler@abqhch.org>, Jodie Jepson <JodieJ@headinghome.org>, Joe Puleo <joepuleo@crossroadsabq.org>, John Ames <james@hopeworksnm.org>, boog1s@msn.com, John Ross <johnross@crossroadsabq.org>, joshua.wellbaum@uhc.com, knashe@tls-nm.org, Julie Skelton <director@familypromiseabq.org>, "Bridge, Linda" <lbridge@abqha.org>, Lisa Maury <lisam.nmceh@gmail.com>, mlopez@bernco.gov, mkargas@southwestcare.org, Monica Chavez <mchavez@cabq.gov>, Natalie Michelback <nmichelback@housingnm.org>, Nevin Marquez <nmarquez@smhc-nm.org>, Patricia Gonzales <pgonzales@safehousenm.org>, Patrick Manzanares <pmanzana@nmsu.edu>, "Scott, Patrick D" <scott_p@aps.edu>, Quinn Donnay <qdonnay@ndnm.org>, Rene Palacios <rpalacios@mysteelbridge.org>, roman seaburgh <roman-s@nmceh.org>, Shanae Eggert <SEggert@barrettfoundation.org>, Stacy Ruiz <stacyruiz@cabq.gov>, Stephanie Mercer <smercer@bernco.gov>, Steve Johnson <sjohnson@ndnm.org>, sross@thehousingcoalition.org, Steven Serrano <steven.serrano@casaq.org>, Tammy Hanks <tammyh@clnkids.org>, Terri Ellis <TerriEllis@abqhch.org>, Trina Wheeler <Trina.Wheeler@molinahealthcare.com>, Vicky Palmer <vpalmer@smhc-nm.org>, vmgarcia@bernco.gov, Whitney Conyers <whitneyconyers@gmail.com>, "Huval, Lisa L." <lisahuval@cabq.gov>, Joscylyn Huffmaster <jhuffmaster@shcnm.org>, Benjamin Wakashige <bwakashige@gmail.com>, Ilyssa B <bozzamountain@gmail.com>, "Ramos, Jason C." <jason.ramos@va.gov>, Kelle Senye <kelle@aanm.org>, lauratcombs@icloud.com, David Sisneros <davids@headinghome.org>, Kevin Arthun <kevin-a@nmceh.org>

Dear Friends:

This email is going out to all FY18 CoC renewal and new projects applicants, members of the Albuquerque CoC, CoC Board and Independent Review Committee members, and others who regularly attend our CoC meetings or are on the CoC email list.

Projects listed in the attached chart will be included and ranked in the FY18 CoC Priority Listing that is submitted to HUD at the ranking level and funding amount listed in the chart. Projects applicants that will not be included and ranked in the Priority Listing have received written notification via a separate email from me. The attached ranking includes six new projects from Catholic Charities, HopeWorks, Enlace Comunitario, and the New Mexico Coalition to End Homelessness.

The process and criteria that the IRC used to make funding and ranking decisions for all renewal and new projects can be found at the NM Coalition to End Homelessness website at: http://www.nmceh.org/pages/continuumCare.php

This includes:

1) FY18 Evaluation & Ranking Criteria for Renewal Projects
2) Request for Proposals for New CoC Projects
3) CoC Review, Appeals & Grievance Process
4) All Independent Review Committee & Special HMIS/Coordinated Assessment Committee Meeting Minutes

Thank you

--

Lisa Maury
Albuquerque Continuum of Care Program Director
New Mexico Coalition to End Homelessness
505.433.5175

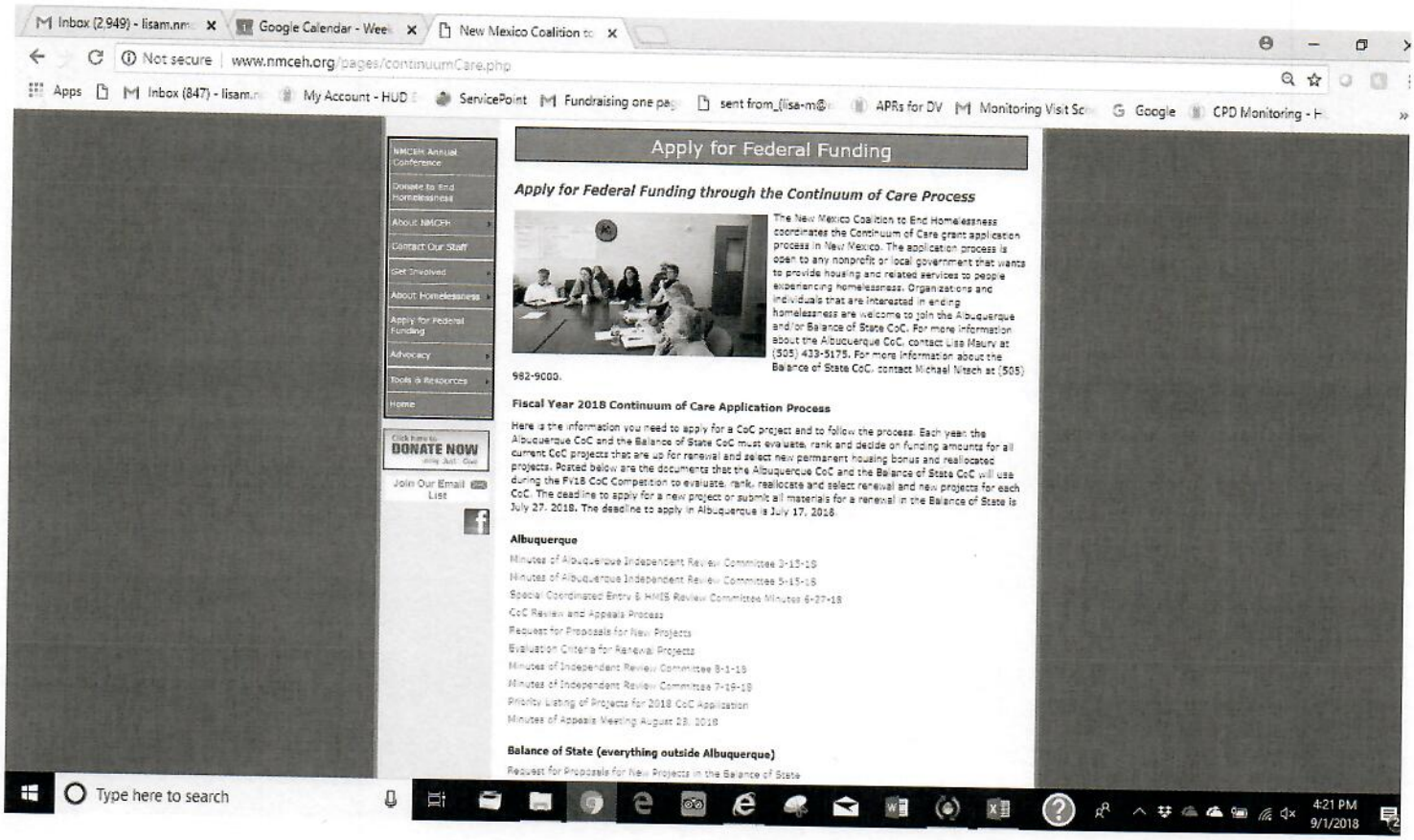
New Mexico Coalition to End Homelessness

FY18 Albuquerque CoC Project Priority Listing

Ranking*	Grantee	Grant Name	Project Type	Score*	Award Amount	Cumlative Total	Tier
1	Catholic Charities	La Luz RRH	RRH	22.34	$228,401	$228,401	1
2	Supportive Housing Coalition of NM	Downtown@ 700-2nd	PSH	22.30	$70,510	$298,911	1
3	Catholic Charities	Partners in Housing	PSH	21.72	$284,170	$583,081	1
4	Therapeutic Living Services	Mesa House	PSH	20.29	$109,233	$692,314	1
5	Catholic Charities	Partners in Housing Services	PSH	19.65	$52,350	$744,664	1
6	AHCH	Supportive Housing	PSH	19.51	$127,641	$872,305	1
7	City of Albuquerque	Rental Assistance - AHCH/SMHC	PSH	19.37	$1,427,548	$2,299,853	1
8	St. Martin's Hope Works	Welcome Home	PSH	19.28	$93,880	$2,393,733	1
9	City of Albuquerque	Rental Assistance -TLS	PSH	18.76	$428,285	$2,822,018	1
10	Bernalillo County	Renee's Project	PSH	18.29	$49,832	$2,871,850	1
11	Therapeutic Living Services	Frank Gray House	PSH	17.40	$157,383	$3,029,233	1
12	Barrett Foundatoin	Milagro PSH	PSH	15.85	$92,028	$3,121,261	1
13	City of Albuquerque	CLNkids RRH	RRH	15.49	$217,983	$3,339,244	1
14	City of Albuquerque	RRH	RRH	15.33	$867,485	$4,206,729	1
15	City of Albuquerque	Transitional Housing	TH	13.48	$138,982	$4,345,711	1
16	St. Martin's	Dual Diagnosis	TH	13.00	$92,700	$4,438,411	1
17	NMCEH	Coordinated Entry	SSO	n/a	$25,000	$4,463,411	1
18	NMCEH	Coordinated Entry	SSO	n/a	$35,570	$4,498,981	1
19	AHCH	Coordinated Entry	SSO	n/a	$35,570	$4,534,551	1
20	Supportive Housing Coalition of NM	Casita Bonita	PSH	n/a	$513,027	$5,047,578	1
21	Catholic Charities	Partners In Housing - Leasing	PSH	n/a	$325,962	$5,373,540	$59,172 in Tier 1; $266,790 in Tier 2
22	NMCEH	Coordinated Entry	SSO	n/a	$59,173	$5,432,713	2
23	HopeWorks	HopeWorks Village	PSH	n/a	$139,986	$5,572,699	2
24	NMCEH	Coordinated Entry	SSO	n/a	$185,977	$5,758,676	2
DV Bonus	Enlace Comunitario	HOGARES	RRH	n/a	$313,195	$6,071,871	2

PSH = Permanent Supportive Housing RRH = Rapid ReHousing
TH = Transitional Housing SSO = Supportive Services Only
*Project ranking and score are based on the criteria outlined in the FY 2018 Albuquerque Continuum of Care Evaluation and Ranking Criteria for Renewal Projects

Website Final Priority Listing 090118.JPG



Gmail

Lisa Maury <lisam.nmceh@gmail.com>

Final Renewal and Ranking Decision for AHCH CES

1 message

Lisa Maury <lisa-m@nmceh.org> Thu, Aug 23, 2018 at 4:36 PM
To: anitacordova@abqhch.org, Terri Ellis <TerriEllis@abqhch.org>
Cc: Hank Hughes NMCEH <hank-h@nmceh.org>, Mark Oldknow NMCEH <mzo.nmceh@gmail.com>
Bcc: Hana Gossett <hana-g@nmceh.org>, Brie Sillery <brie-s@nmceh.org>, roman seaburgh <roman-s@nmceh.org>

Hello Anita and Terri,

The Special Appeals Committee met today and reviewed the appeal submitted by Albuquerque Healthcare for the Homeless regarding the Albuquerque Independent Review Committee's decision to fully reallocate the AHCH Coordinated Entry grant to a new NMCEH Coordinated Entry grant.

The appeals committee determined that the funds should be divided evenly between the two projects at $35,570 each, with the renewed AHCH Coordinated Entry grant placed immediately below the two NMCEH CES grants in the final ranking. I have attached the final project ranking list for your reference.

I have also released the application for the AHCH CES grant back to you to be updated with the new budget of $35,570. If you have any questions about what updates are needed in eSnaps, please contact Mark Oldknow for assistance at 505.982.9000 or at the email listed above.

We will be posting the minutes and final ranking to for the FY 2018 CoC Application next week, but please let me know if you have any questions about the outcome of their decision in the meantime.

Thank you,

--

Lisa Maury
Albuquerque Continuum of Care Program Director
New Mexico Coalition to End Homelessness
505.433.5175
www.nmceh.org
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FY18 Final ABQ Project Ranking.pdf
146K

Gmail

Lisa Maury <lisam.nmceh@gmail.com>

Final FY18 ABQ CoC Project Ranking

1 message

Lisa Maury <lisa-m@nmceh.org> Thu, Aug 23, 2018 at 4:55 PM
To: John Ross <johnross@crossroadsabq.org>, Heather Hawkins <heatherhawkins@crossroadsabq.org>
Cc: Hank Hughes NMCEH <hank-h@nmceh.org>
Bcc: Hana Gossett <hana-g@nmceh.org>, Brie Sillery <brie-s@nmceh.org>

Hello John and Heather,

It is the responsibility of the Albuquerque Continuum of Care to formally notify Crossroads for Women in writing that the following programs will not be renewed through the Albuquerque CoC FY18 Renewal Application.

- Crossroads Chronic PSH
- Crossroads Non-Chronic PSH

The funds reallocated from these programs have been reassigned to new programs that will serve persons experiencing homelessness within our community. On behalf of the New Mexico Coalition to End Homelessness and the Albuquerque Independent Review Committee, we appreciate your collaboration in making this difficult funding decision and taking proactive steps to find alternative housing options for the participants in these programs.

We look forward to our continued partnership in working to end homelessness in Albuquerque.

Thank you,
--
Lisa Maury
Albuquerque Continuum of Care Program Director
New Mexico Coalition to End Homelessness
505.433.5175
www.nmceh.org
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FY18 Final ABQ Project Ranking.pdf
146K

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Lisa Maury <lisam.nmceh@gmail.com>

ABQ CoC Application - Important Deadlines & Dates

1 message

Lisa Maury <lisa-m@nmceh.org> Mon, Jul 16, 2018 at 12:22 PM
Bcc: Nevin Marquez <nmarquez@smhc-nm.org>, bchurch@tls-nm.org, Melinda Rossi <mrossi@tls-nm.org>, Jennifer Martinez <jmartinez@tls-nm.org>, Terri Ellis <TerriEllis@abqhch.org>, anitacordova@abqhch.org, Shanae Eggert <SEggert@barrettfoundation.org>, cchavez@barrettfoundation.org, Stephanie Mercer <smercer@bernco.gov>, Steve Ross <sross@shcnm.org>, Laura Sandoval <Lsandoval@shcnm.org>, John Ames <james@hopeworksnm.org>, Tammy Hanks <tammyh@clnkids.org>, Ilyssa Bozza <ibmountain@yahoo.com>, John Ross <johnross@crossroadsabq.org>, Heather Hawkins <heatherhawkins@crossroadsabq.org>, walkerj@ccasfnm.org, Anna Jones <ajones@safehousenm.org>, Patricia Gonzales <pgonzales@safehousenm.org>, "Shultz, Heidiliza" <hlshultz@cabq.gov>, roman seaburgh <roman-s@nmceh.org>, Hank Hughes NMCEH <hank-h@nmceh.org>, Brie Sillery <brie-s@nmceh.org>, Hana Gossett <hana-g@nmceh.org>, Mark Oldknow NMCEH <mzo.nmceh@gmail.com>, Michael Nitsch <michael-n@nmceh.org>, Kevin Arthun <kevin-a@nmceh.org>

Good afternoon everyone,

Below you will find some important information regarding the FY 2018 CoC Consolidated Application, including updates, instructions, and deadlines. **Please read through this email carefully as it contains important information.** Please feel free to contact me with any questions regarding the information provided below.

Renewal Project Applications

Renewal applications should be submitted into eSnaps for CoC review by next Friday, July 27th.

HUD has released the Navigational Guides and Detailed Instructions for New and Renewal projects on the HUD Exchange. These are the tools you will need to guide you in completing your applications in eSnaps.

A few important items to note:

- All instructional links can be found here under the 'Submitting Applications for Project Funding' tab.
- There are some significant changes from last year, so we **strongly** encourage you to consult the guidance before jumping into your applications.
- For technical assistance, please reach out to Mark Oldknow in our Santa Fe office at 505.982.9000.

New Project Applications

The Albuquerque IRC has elected to expand the RFP for new projects to include the opportunity to apply for SSO-CES projects, and to include updated language regarding the DV-Bonus designation. **They have moved the RFP deadline back to July 24th.** I have attached the RFP and the budget spreadsheets. Please let me know if you have any questions.

Application Timeline

Below is a list of important dates to keep in mind as we move through the application process.

July 16th (Today): Responses to IRC evaluation of renewal projects due
July 19th: IRC makes final renewal and ranking decisions regarding renewal projects
July 24th: New project applications for bonus fund RFP due/Final ranking published
July 27th: Renewal projects submitted to eSnaps
August 3rd: Corrections to renewal applications complete
First week of August (date TBD): IRC selects bonus projects for FY18 Application
Second week of August (date TBD): New projects submit applications into eSnaps
Mid-August (date TBD): If IRC decisions appealed, NMCEH membership meeting to hear appeals to ranking and renewal decisions. Appeals committee meets and makes final decision for FY18 Priority Listing.

Thank you,
--
Lisa Maury
Albuquerque Continuum of Care Program Director
New Mexico Coalition to End Homelessness
505.433.5175

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---

2 attachments

FY 2018 ABQ CoC RFP for New Projects.pdf
462K

Budget Forms for FY18 RFP.xlsx
28K

Gmail

Hana Gossett <hanao.nmceh@gmail.com>

Funding Available to House Homeless People (CoC)

1 message

NMCEH Hank Hughes <hank-h@nmceh.org> Tue, Jul 3, 2018 at 9:47 AM
Reply-To: hank-h@nmceh.org
To: hana-g@nmceh.org

Having trouble viewing this email? Click here

New Mexico Coalition to End Homelessness

Federal Funding Available
Applications Due in July
Continuum of Care Grants

The New Mexico Coalition to End Homelessness coordinates the Continuum of Care grant application process in New Mexico. The application process is open to any nonprofit or local government that wants to provide housing and related services to people experiencing homelessness. 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 Maury at (505) 433-5175. For more information about the Balance of State CoC, contact Michael Nitsch at (505) 982-9000.

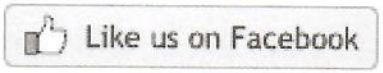
Both Albuquerque and the Balance of State CoC regions are now accepting applications for new projects. It is also time for all renewal projects to apply. The deadline to apply for a new project or submit all materials for a renewal in the Balance of State is July 27, 2018. The deadline to apply in Albuquerque is July 17, 2018.

The application materials are now available on our website:

Click here to go to the CoC Application Materials

Information about he Continuum of Care grants can be found on the U.S. Department of Housing and Urban Development website:

Click here to go to the HUD CoC Notice of Funding Availability



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ALBUQUERQUE CONTINUUM OF CARE GOVERNANCE CHARTER

Original Governance Charter Approved by the Albuquerque Continuum of Care Membership January of 2014
Last updated by the Albuquerque CoC Membership September of 2018

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ALBUQUERQUE CONTINUUM OF CARE (COC) GOVERNANCE FLOW CHART

Albuquerque CoC Collaborative Applicant: City of Albuquerque

Responsible for ensuring CoC meets all CoC responsibilities as described in the CoC Interim Rule. Duties include operating the CoC, designating and operating an HMIS and Coordinated Entry System, CoC Planning and preparing annual application.

- Entity that submits the full application to HUD on behalf of the COC
- Entity that applies for and receives CoC Planning funds from HUD (if available)

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NMCEH

The City contracts with NMCEH to carry out day-to-day tasks of coordinating and administering the CoC duties as described above, including completing and submitting the application. NMCEH coordinates and staffs all CoC groups described below.

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NMCES Governing Committee

Representatives from NMCEH, the City of Albuquerque, the New Mexico Mortgage Finance Authority (MFA) and several CES user agencies meet quarterly to address issues and discuss strategies for the NMCES project.

HMIS Governing Committee

Representatives from NMCEH, the City of Albuquerque, the New Mexico Mortgage Finance Authority (MFA) and several HMIS user agencies meet quarterly to address issues and discuss strategies for the NMHMIS project.

Albuquerque Strategic Collaborative (CoC Membership)

Representatives from relevant organizations within a geographic area who ensure that the CoC duties described in the CoC Interim Rule are carried out.

To be a member of The Continuum of Care, a person or organization must:

- Sign a Memorandum of Collaboration agreeing to be an active member of the Albuquerque CoC Membership (also known as the Albuquerque Strategic Collaborative to End Homelessness) and have a representative attend at least 50% of meetings annually.
- Be a member of NMCEH. To be a member must complete and submit NMCEH member form annually. Dues can be waived or reduced if necessary.

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CoC Board

Elected by the CoC membership to provide leadership, oversight and guidance for CoC funded projects.

Special Review Committee

Elected by the CoC membership. Representatives from agencies that use or fund the CES and/or HMIS meet to evaluate the HMIS and CES grants and provide their feedback to the IRC.

Independent Review Committee (IRC)

Elected by the CoC membership, the IRC is responsible for evaluating and ranking renewal projects and selecting new projects.

RESPONSIBILITIES OF THE ALBUQUERQUE CONTINUUM OF CARE (CoC)

The Albuquerque CoC has the following responsibilities as defined and required in the CoC Interim Rule, An updated version of the CoC Program interim rule was published in the Federal Register on April 1, 2017

The Albuquerque CoC will operate the Continuum of Care, which includes:

(1) Hold meetings of the full membership, with published agendas, at least semi-annually;

(2) Invite new members to join publicly available within the geographic area at least annually;

(3) Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process will be reviewed, updated, and approved by the Continuum at least once every 5 years;

(4) Appoint additional committees, subcommittees, or workgroups;

(5) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with §578.7(b) of the CoC Interim Rule and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;

(6) Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipients performance, evaluate outcomes, and take action against poor performers;

(7) Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;

(8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

(9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

(i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;

(ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance (these policies must include the emergency transfer priority required under § 578.99(j)(8));

(iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance (these policies must include the emergency transfer priority required under § 578.99(j)(8));

(iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;

(v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance (these policies must include the emergency transfer priority required under § 578.99(j)(8)); and

(vi) Where the Continuum is designated a high-performing community, as described in subpart G of the Interim Rule, policies and procedures set forth in 24 CFR 576.400(e)(3)(vi), (e)(3)(vii), (e)(3)(viii), and (e)(3)(ix).

The Albuquerque CoC will designate and operate an HMIS, which includes:

(1) Designate a single Homeless Management Information System (HMIS) for the geographic area;

(2) Designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead;

(3) Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.

(4) Ensure consistent participation of recipients and subrecipients in the HMIS; and

(5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

The Albuquerque CoC will conduct Continuum of Care planning, which includes:

(1) Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:

(i) Outreach, engagement, and assessment;

(ii) Shelter, housing, and supportive services;

(iii) Prevention strategies.

(2) Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:

(i) Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons;

(ii) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons;

(iii) Other requirements established by HUD by Notice.

(3) Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;

(4) Providing information required to complete the Consolidated Plan(s) within the Continuum's geographic area;

(5) Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and subrecipients.

(6) The Albuquerque CoC will prepare a VAWA Emergency transfer plan for the Continuum of Care that meets the requirements under 578.99(j)(8) of the CoC Interim Rule.

The Albuquerque CoC will prepare an application for funds, which includes:

(1) Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD under § 578.19 of the CoC Interim Rule;

(2) Establish priorities for funding projects in the geographic area;

(3) Determine if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted for the projects within the geographic area;

> (i) If more than one application will be submitted, designate an eligible applicant to be the collaborative applicant that will collect and combine the required application information from all applicants and for all projects within the geographic area that the Continuum has selected funding. The collaborative applicant will also apply for Continuum of Care planning activities. If the Continuum is an eligible applicant, it may designate itself;
>
> (ii) If only one application will be submitted, that applicant will be the collaborative applicant and will collect and combine the required application information from all projects within the geographic area that the Continuum has selected for funding and apply for Continuum of Care planning activities.

The Continuum retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the Continuum. This includes approving the Continuum of Care application.

2017-2018
MEMORANDUM OF UNDERSTANDING
FOR THE ADMINISTRATION AND MANAGEMENT OF A NEW MEXICO HOMELESS MANAGEMENT INFORMATION SYSTEM (NM-HMIS)

This Memorandum of Understanding is entered into this 1st day of **October, 2017** by and between the New Mexico Coalition to End Homelessness (NMCEH), Mortgage Finance Authority (MFA), and the City of Albuquerque (COA).

Common Objectives: This Memorandum of Understanding (MOU) is designed to reflect the understandings between the NMCEH, MFA, and the COA; the parties to this MOU have the common overall objectives of providing an effective and efficient management information system that meets all federal and state-level requirements to collect, store, analyze and report data for homeless clients and client services statewide. Targeted agencies are those serving people who are either currently homeless or at risk of homelessness.

Term: The term of this Agreement is effective as of **October 1, 2017**, and will terminate on **September 30, 2018**, unless amended or terminated earlier pursuant to its terms.

Review: Review of this MOU shall be made on or before **October 1, 2018** at which time this Agreement may be extended, modified or terminated.

Communications: NMCEH will schedule regular Governance Committee meetings to include representatives from each party to this MOU to be held at least quarterly to review implementation of this MOU and to address issues of mutual concern and policy issues.

NMCEH, MFA, and COA agree to the following allocation of responsibilities under this MOU.

I. NMCEH shall perform as follows:

A. Project Management:

- provide comprehensive project management and daily administration, including procurement for software, reports and consultants as needed, and retention of system license;
- develop and maintain adequate HMIS staffing, including consultants, to assure project success, including writing the timeline for the specific hiring window as well as writing job descriptions, qualifications and conducting interviews. Provide MFA and COA with a list of names and updates when changes occur;
- develop and maintain, in coordination with MFA and the COA, adequate financing to ensure project success, as outlined below in Financial Resources;
- provide appropriate agency setup, user training and technical assistance on an as needed basis;
- comply with all required standards, data collection, and reporting responsibilities, including QPR, COC APR, HUD AHAR, bi-annual point in time counts, and reports for COC, ESG and any other reports as scheduled; verify NM HMIS compliance, in coordination with MFA and COA, as part of regular monitoring reviews; provide MFA and COA with reports upon request;

- provide monitoring results reports to MFA and COA to identify agencies in need of technical assistance and to improve participation and data quality; these will be submitted with monthly invoice as part of the ESG Performance Agreement between MFA and NMCEH, included with **Schedule D, Monthly Report;**

- monitor and manage application vendor issues;

- maintain documentation of financials, performance, technical assistance and training;

- provide data management reports to:

  MFA: submitted with monthly invoice as part of the ESG Performance Agreement between MFA and NMCEH, included with **Schedule D, Monthly Report**

  COA: submitted quarterly as part of the Agreement between COA and NMCEH

- assist domestic violence agencies with the ongoing implementation of Osnium for monthly client data reports;

- collect agency user fees;

B. System Development:

- develop statewide strategy and governance structure, in coordination with MFA and COA, to include long-term planning;

- support participation and data quality of funded targeted agencies, in coordination with MFA and COA, through incentives, contract requirements and monitoring;

- develop and implement a strategy to increase participation in NM HMIS by non-funded targeted agencies, e.g., marketing, demonstrations and other such action items as are identified within the strategy.

II. MFA and COA shall perform as follows:

- assist NMCEH to develop and maintain adequate financing to ensure project success;

- assist NMCEH to develop and implement a strategy to increase participation in NM HMIS by non-funded targeted agencies;

- assist NMCEH to verify NM HMIS compliance as part of regular MFA monitoring reviews;

- communicate results of EHAP and COC monitorings to all other parties to this MOU, to identify agencies in need of technical assistance and to improve participation and data quality; these reports will be sent as they are completed;

- assist NMCEH to develop statewide strategy and governance structure, including long-term planning;

- assist NMCEH to develop strategy to increase participation in NM HMIS and data quality of funded targeted agencies through incentives, contract requirements and monitoring;

III. Financial Resources. MFA and COA have already provided initial financial resources for HMIS management. These funds will be provided annually, by both MFA and COA, to sufficiently match the federal COC funding that NMCEH receives this year.

- COA will commit fifty-seven thousand six hundred forty dollars ($57,640) for operations.
- MFA will provide ESG funds, in the amount of seventy-six thousand six hundred forty three dollars and fifty cents, ($76,643.50), as well as resources from the MFA General Fund, in the amount of forty thousand dollars, ($40,000), subject to funding availability and applicable regulations.

IV. Agency User Fees. All provider agencies must pay a user fee in order to access NM HMIS. NMCEH will collect $50 per year from each individual user and $50 per year from each user with an ART report writing license.

V. Termination. This MOU may be terminated only upon the failure of any party to perform as required, and only after that party has received a written notice of the breach and thirty (30) days opportunity from receipt of that notice to cure the breach.

VI. Amendment. This MOU shall not be amended except by written instrument signed and executed by all parties.

VII. Governing Law. This MOU shall be construed and governed by the laws of the State of New Mexico.

VIII. Liability. Each party shall be solely responsible for its own liability under this MOU, subject to the immunities and limitations of the New Mexico Tort Claims Act, §§41-4-1 NMSA 1978 et seq.

IN WITNESS WHEREOF, the parties execute this Agreement as set forth below:

Henry B. F. Hughes
Executive Director
New Mexico Coalition to End Homelessness

11/3/17
Date

Isidoro Hernandez
Deputy Director of Programs
Mortgage Finance Authority

11/9/17
Date

Douglas H. Chaplin
Director
Department of Family and Community Services, City of Albuquerque

11/8/17
Date

New Mexico Coalition to End Homelessness

New Mexico Homeless Management Information System (HMIS)

Policies and Procedures

Version 3.2

(Update Approved by NM HMIS Governing Committee: 10 March 2015)

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New Mexico Homeless Management Information System (NM HMIS)
Standard Operating Procedures

The guidelines set forth in this document are subject to change.
This is version 3.1 effective 15 January 2014.

This document details the Policies and Standard Operating Procedures (SOP) that govern the operations of the New Mexico Homeless Management Information System (NM HMIS) and have been developed to establish standards for the collection, storage and dissemination of private and confidential information by the users of the NM HMIS. It outlines the roles and responsibilities of all agencies and persons with access to NM HMIS data – from data collection through data entry and reporting - and it contains important and useful information about the ways in which NM HMIS data is secured and protected. All agencies using the NM HMIS should read this document in full and assure that each of its users understands and are held responsible to comply with its contents.

U.S. Dept. of Housing and Urban Development (HUD) HMIS Requirement

A Homeless Management Information System (HMIS) is a computerized data collection tool used by communities to collect, to manage, and to report ongoing data on people who are homeless and receive assistance from the community. HUD requires NM HMIS to provide unduplicated statistical demographic reports on the numbers and characteristics of clients served as well as on program outcomes, but does not require report of any client-specific information from the NM HMIS for the programs it funds. Only de-identified and/or aggregate-level data is reported to HUD. This data can be used to calculate the size and needs of these populations, and to describe service utilization patterns. In July 2003, the U.S. Department of Housing and Urban Development (HUD) published a draft notice for HMIS. This notice required all recipients of HUD McKinney-Vento Act program funds to participate in HMIS. In July 2004, HUD finalized the requirements for HMIS. The notice specified what data to collect as well as establishing minimum baseline policies and procedures for communities to follow. Updates to the HUD HMIS data standards were approved in March, 2010, and draft updates for 2013 are pending to align the standards with requirements under the Hearth Act. All HUD updates to the HMIS standards are incorporated by reference in this document.

NM-HMIS program and client data will be used to compile the Annual Homeless Assessment Report (AHAR), as well as the Annual Performance Report (APR) and/or Consolidated Annual Performance and Evaluation Report (CAPER) required of HUD funded programs, the annual Housing Inventory Chart (HIC) and Point in Time (PIT) count of sheltered persons. Also, the Super Notice of Funding Availability (SuperNOFA) stipulates that the annual competitive grant application process will rate each Continuum of Care's progress in its HMIS implementation.

All agencies that receive certain HUD grants, including the Supportive Housing Program, Permanent Housing/Rental Assistance, Rapid Re-housing, Emergency Solutions Grants (ESG) and Housing Opportunities for People with AIDS (HOPWA), certain Veterans Administration

programs (e.g., Grant per Diem, Supportive Services for Veterans Families), and including funds distributed through the New Mexico Mortgage Finance Authority (MFA) or City of Albuquerque (CABQ), are required to participate in the NM HMIS. Under the proposed 2013 update to the HMIS data standards, additional federal programs will be required to participate in HMIS including Projects for Assistance in Transition from Homelessness (PATH), Runaway and Homeless Youth (RHY) and HUD VASH. Some privately funded providers participate on a voluntary basis.

NM HMIS Organizational Structure

It is the goal of the NM HMIS project to support homeless service agencies to meet their information needs and reporting requirements by providing the capability and technical assistance to collect and manage their client level data, providing a confidential and secure data environment, automatically generating standard reports, and improving service delivery.

The NM HMIS provides statewide coverage, specifically encompassing New Mexico's two HUD defined Continuums of Care regions (CoCs): metro Albuquerque and the Balance of State. The New Mexico Coalition to End Homelessness (NMCEH), a non-profit agency with offices in Santa Fe, Albuquerque, and Las Cruces, New Mexico, is the administrative agency that manages all aspects of the New Mexico HMIS project. The NM HMIS project has a Governing Committee that includes representatives of the New Mexico Mortgage Finance Authority (MFA), the City of Albuquerque (CABQ), and participating agencies and consumers, and provides independent guidance and feedback to NMCEH on the development of the project. The NMCEH is the lead agency for HMIS and assigns staff to manage the HMIS project, train users, and conduct data analysis. The MFA, the CABQ Department of Family and Community Services, and HUD provide financial support for the NM HMIS project. Effective July 2011, Bowman Systems LLC and their HMIS software application known as ServicePoint, was selected by NMCEH in consultation with MFA, CABQ, and local service providers in 2010 through a competitive demonstration process. The NM HMIS database and web application server is housed in Shreveport, Louisiana, at the headquarters of Bowman Services in order to provide 24-hour security and support for system hardware and software. Bowman employs a full time technical staff dedicated to system maintenance and performance. ServicePoint is updated periodically to maintain scheduled compliance with changes to HUD data collection and reporting requirements.

A. Organization and Management of the NM HMIS

A.1. Project Management

- **Policy:** The New Mexico Coalition to End Homelessness (NMCEH) is responsible for project management and coordination of the NM HMIS through an HMIS Governing Committee, by defining and assigning HMIS staff positions and duties, and by serving as the contract holder and administrator with the NM HMIS vendor Bowman Systems LLC.

- **Procedure:** All concerns relating to the policies and procedures of the HMIS should be

addressed with the NM HMIS Project Director, however, the NM HMIS Governing Committee is the final authority for policies and procedures of the NM HMIS.

A.2. NM HMIS Governing Committee

- **Policy:** The New Mexico HMIS Project is managed by the New Mexico HMIS Governing Committee with membership comprised of 1 representative from the New Mexico Mortgage Finance Authority (MFA), 1 representative from the City of Albuquerque, 1 representative from the New Mexico Coalition to End Homelessness, 1 HMIS user representative from the Balance of State Continuum of Care, 1 HMIS user representative from the Albuquerque Continuum of Care, and 1 consumer representative. The NM HMIS Governing Committee sets policies for the NM HMIS and works with the NMCEH Executive Director and the HMIS Project Director to develop annual strategic plans for the HMIS project. Financial decisions that affect NMCEH, MFA or the City of Albuquerque would be subject to approval by the appropriate administrators or governing bodies of these organizations.

  Procedure: The NM HMIS Governing Committee meets bimonthly, with a call in option for members living outside of Albuquerque. The NM HMIS Governing Committee is staffed by the HMIS Project Director who is a staff person of NMCEH and a non-voting member of the Governing Committee.

A.3. NM HMIS Staff Roles and Responsibilities

- **Policy:** NMCEH develops and maintains staffing level adequate to manage all aspects of the NM HMIS project, including a Project Director, Project Manager, and Data Quality Coordinators. These positions collectively manage day-to-day operations of the NM HMIS and are, therefore, provided access to all client level data through a User Agreement that binds them to the same confidentiality and privacy requirements as any other HMIS user, and so is available for public review upon request. The NM HMIS Governing Committee is ultimately responsible for all final decisions regarding planning and implementation of the NM HMIS.

- **Procedure:**

The NM HMIS *Project Director* manages the statewide development and implementation of the New Mexico Homeless Management Information System. Specific roles and responsibilities include, but are not limited to:

- Coordinating with the NM HMIS Governing Committee to maintain and update effective HMIS policies and procedures;
- Managing the contract with the software vendor, and coordinating system development and implementation with the vendor;
- Lead responsibility for development, review, and issuance of system level reporting

(e.g., APR, AHAR, PIT, HIC) and data quality management;
- Lead responsibility for planning and general management of all system-wide HMIS issues and troubleshooting of system level problems;
- Development of annual HMIS CoC applications;
- Summary contract reporting to HUD, CABQ;
- Supervision of NM HMIS staff.

The NM HMIS *Project Managers (North and South)* oversee the statewide administration of the New Mexico Homeless Management Information System. Specific roles and responsibilities include, but are not limited to:

- Manage agency and user accounts, including software license administration and monitoring compliance with user standards;
- Lead responsibility for development and provision of effective and efficient HMIS Agency Administrator and User Training;
- Arrange and provide regular NM HMIS trainings in southern New Mexico;
- Arrange and provide regular NM HMIS trainings in northern New Mexico;
- Work with the local agency administrators to set up and finalize the NM HMIS taxonomy and agency/program(s) profile(s) ;
- Technical assistance with programming and query development in HMIS.

The NM HMIS *Data Quality Coordinator(s)* oversees the functional operation of the New Mexico Homeless Management Information System. Specific roles and responsibilities include, but are not limited to:

- Tracking general data quality indicators – especially accuracy and completeness of universal data elements- at the agency and system levels, and providing support to continuously improve client level data quality and reporting;
- Conduct regular/ongoing data de-duplication review, and contact agencies with duplicate records to assist them in resolving and aligning;
- Provide support for report generation and analysis;
- Lead responsibility for managing NM HMIS Help Desk, including prioritization and timely processing of work requests.

A.4. Agency Administrators

Policy: Each Authorized Agency (see section B.2 below) must designate a staff member to be the local HMIS Agency Administrator who is responsible on a day-to-day basis for enforcing the data and office security requirements under these Policies and Standard Operating Procedures. Only one person per Authorized Agency may be designated as the Agency Administrator, and each Authorized Agency must have an acting Agency Administrator for any time the agency has an active authorized HMIS account.

Procedure: The Executive Director of an Authorized Agency must identify an appropriate Agency Administrator and provide that person's name and contact information to the NM HMIS Program Manager. Changes to that information must be reported immediately to the NM

HMIS Program Manager. The NM HMIS Program Manager is responsible for maintaining a current list of Agency Administrators. Agency Administrators must be licensed authorized NM HMIS users and have successfully completed HMIS training. Agency Administrators are responsible for the following:

- Serves as the primary contact between the Authorized Agency and NM HMIS;
- Arranges for new prospective users in their agency to attend HMIS training;
- Immediately communicates changes in the status of all NM HMIS users associated with the Authorized Agency, assures that all agency staff terminated from active HMIS user status have their user accounts immediately inactivated, and provides a quarterly list of all current HMIS users in their agency, including user names, to the Agency Administrator for tracking and verification;
- Serves as a preliminary contact for problem solving at their agency and, as needed, serves as the sole point of contact for scheduling technical assistance for their HMIS account or staff;
- Communicates any needed changes to the agency HMIS account (e.g., additional or new reporting requirements);
- Communicates software update information and related news as needed to agency HMIS users;
- Monitor the accuracy and completeness of all data entered in HMIS, and assures that it meets the reporting requirement(s) of their contract(s) and Grant agreement(s);
- Monitor and enforces compliance with NM HMIS policies and procedures, and standards of client confidentiality and ethical data collection, entry, and retrieval at the agency level;
- Ensure that agency set up and use of HMIS complies with all security standards in order to protect client privacy and confidentiality;
- Holds primary agency license and access to report generation tools in ServicePoint HMIS, and is thereby responsible for executing and reviewing summary reports (e.g., APR).

A.5. User Access Security Levels and Account Management

Policy: NM HMIS assumes a "need to know" basis for providing access to client data. All NM HMIS Users will be authorized a level of access to HMIS data that is appropriate to the duties of their position. All users should have the level of access that allows efficient job performance without compromising the security of the NM HMIS or the integrity of client information. The NM HMIS username and password should be stored in a secured manner. User passwords must be reset every 45 days to maintain access security.

Procedure: *ServicePoint* allows multiple levels of user access to client data, although NM HMIS provides user access for data entry to all authorized users. Access is assigned when new users are added to the system and can be altered as needs change. Only NM HMIS staff at NMCEH is allowed to create or change user accounts in any manner, including assignment of user names and passwords, or assignment of user licenses. The username and password assigned to each NM HMIS user is unique and should not be shared, disseminated, be made viewable, or in any

manner be communicated – intentionally or unintentionally – between anyone other than authorized users or administrators. NM HMIS will prompt users to reset account passwords every 45 days. If a user forgets a password, they may request the NM HMIS Program Manager to reset a temporary password, although Agency Administrators must confirm the authenticity of the request. Other user account types may be arranged through the HMIS Project Manager (e.g., a volunteer may be limited to view only client nominal information while being restricted from client assessment records).

A.6. NM HMIS Communication with Authorized Agencies

Policy: The NM HMIS Project Director will maintain a high level of availability to authorized agencies. The Project Director is responsible for relevant and timely communication with each agency regarding general management of the NM HMIS, and will communicate system-wide changes and other relevant information to Agencies as required. All communications with Bowman Systems regarding NM HMIS ServicePoint application must be addressed through the Project Director.

Procedure: General communications from the NM HMIS Project Director will be sent to the Agency Administrator. The NM HMIS Project Director will use the ServicePoint "news" function to announce regular and ongoing information regarding changes in the administration and use of the NM HMIS application. Critical (important and/or time-sensitive) news will also be communicated via email listserv to facilitate agency administrators who will be required to sign up for the listserv. Agency Administrators are responsible for disseminating that information promptly and appropriately to others at their agency. Authorized Agencies are responsible for communicating needs and questions regarding the NM HMIS directly to the Project Director. Although specific problems and resolutions may take longer, the NM HMIS Project Director will respond to Authorized Agency questions and issues within three business days of receipt. In the event of planned unavailability, the NM HMIS Project Director will notify Authorized Agencies in advance and designate a backup contact.

A.7. NM HMIS HelpDesk and Technical Assistance

Policy: The NM HMIS project will maintain a HelpDesk function available to Agency Administrators and Users for the purpose of managing and addressing technical assistance needs for data entry, reporting, and general system use.

Procedure: Users at Authorized Agencies will communicate needs, issues and questions to the Agency Administrator. If the Agency Administrator is unable to resolve the issue, the Agency Administrator will contact the NM HMIS Program Manger. The NM HMIS Program Manager will maintain a phone and an email contact to address technical questions and issues regarding day-to-day use of the NM HMIS ServicePoint application and general data management. Hardware and connectivity issues not related to the HMIS software should be addressed by the Authorized Agency's internal IT staff. Whenever possible, the Project Manager will attempt to resolve the issue at the time of contact, either by directly addressing the question, providing

immediate technical assistance, or referring to another HMIS staff as appropriate. For more complex issues or technical assistance needs, or when competing requests require prioritization, the Project Manager may direct the agency to submit a work order request. Upon receipt of a work order request, the Project Manager will prioritize the request, assign it to appropriate NM HMIS staff, and communicate an estimated turnaround time to the requesting agency. NM HMIS commits to resolve all requests as quickly as possible in light of workload and complexity. The NM HMIS Program Manager will attempt to respond to Authorized Agency needs within three business days of the first contact. Should an HMIS issue remain unresolved, the issue may be directed to the NM HMIS Project Director who, as appropriate, may consult with Bowman Systems, the NM HMIS Governing Committee or the NMCEH Executive Director as needed.

A.8. NM HMIS Project Monitoring and Evaluation

Policy: NM HMIS will conduct an annual survey of Agency Administrators and Users to monitor and evaluate the effectiveness of the project and, based on the information received, may review and modify Policies and Standard Operating Procedures as necessary.

Procedure: A comprehensive survey of NM HMIS satisfaction, including opportunity for open-ended feedback, will be distributed to all NM HMIS users and administrators around December of each calendar year. Survey findings will be compiled, analyzed, summarized, and distributed to all respondents. The survey will be designed to be comparable from year to year so as to monitor progress and growth of the project. Modifications may be made to the NM HMIS Policies and SOP as appropriate based on survey feedback.

A.9. Authorized Agency Grievances

Policy: The NM HMIS and all data stored therein is the property of NMCEH which has authority over the operation, maintenance and security of the NM HMIS. Violations of the HMIS Agency Data Sharing Agreement, the Standard Operating Procedures, privacy policies developed at the agency level, or other applicable laws may subject the Authorized Agency to discipline and/or termination of access to the NM HMIS. Authorized Agencies will contact the NM HMIS Project Director to address HMIS problems including but not limited to operation or policy issues. If an issue cannot be resolved, Authorized Agencies may contact the NM HMIS Governing Committee which will have final decision-making authority over all grievances that arise pertaining to the use, administration and operation of the NM HMIS.

Procedure: Authorized Agencies will bring HMIS problems or concerns to the attention of the NM HMIS Project Director who may ask for these issues to be stated in writing. If problems, concerns or grievances cannot be resolved by the NM HMIS Project Director, or if it is not appropriate to raise the issue with the NM HMIS Project Director, the issue will be directly communicated to NM HMIS Governing Committee through the NMCEH Executive Director via phone, email or mail. The NM HMIS Governing Committee shall have final decision-making authority in all matters regarding the NM HMIS.

B. Agency and User Participation

B.1. Access to Core Database

Policy: The NM HMIS ServicePoint database must not be accessed from any location outside an Authorized Agency. Under no circumstances will a user log on to NM HMIS from a home or public computer.

Procedure: To prevent unauthorized access and to protect client privacy and confidentiality , users are required to access the NM HMIS ServicePoint application only through a computer or network physically located within the Authorized Agency that user is associated with. Accessing NM HMIS from any other location is cause for user suspension or termination, and repeated violations within an agency is cause for agency termination.

B.2. NM HMIS Agency Data Sharing Agreements and User Licenses

Policy: Any agency that serves the homeless or funds homeless programs/services in New Mexico may participate in the NM HMIS. To be authorized to participate, an agency must:

- complete an Interagency Data Sharing Agreement;
- assign an Agency System Administrator;
- complete and update the required HMIS agency and program(s) HMIS setup profile(s), referred to as HUD Program Descriptor Data Elements;
- send prospective users to HMIS training;
- pay to NMCEH $50.00 per year in annual license fee per HMIS user at the agency;
- pay to NMCEH $50.00 per year in annual license fee per ART user at the agency (each participating agency is required to hold an ART license);
- agree to abide by the policies and standard operating procedures outlined in this document.

The New Mexico Interagency Data Sharing Agreement is a contract between the agency and the New Mexico Coalition to End Homelessness regarding compliance with confidentiality, data entry, responsibilities, security, reporting, and other items required for basic HMIS operation and administration. On behalf of their respective agency and its participating HMIS users, the Executive Director (or other empowered officer) must agree to comply with basic data sharing and security standards as reflected in the New Mexico Interagency Data Sharing Agreement. Before agency HMIS accounts may be activated, the Executive Director (or other empowered officer) must sign, date, and return the original signature copy to:

New Mexico Coalition to End Homelessness
Attn: HMIS Project Manager
P.O. Box 865
Santa Fe, NM 87504

Phone: (505) 982-9000

Questions regarding the terms of the New Mexico Interagency Data Sharing Agreement should be directed to the HMIS Project Manager. Only users associated with and approved by Authorized Agencies will be granted licenses to access the NM HMIS system.

Procedure: The NM HMIS shall make the sole determination as to agency and/or user authorization status. An Agency is qualified to participate in HMIS if it currently serves a homeless population in New Mexico. An Agency becomes authorized upon completion and approval of a NM HMIS Interagency Data Sharing Agreement, binding their organization to the NM HMIS Policies and Standard Operating Procedures and all applicable laws and regulations regarding the handling of client data before access is granted, and including attachment of an $50 annual license fee per proposed user at that agency. Authorized Agencies will determine which of their employees will be NM HMIS users. In order to obtain a user license, a user must successfully complete NM HMIS Training, including passing a post-training competency test, and must complete a NM HMIS User Agreement. Sharing of licenses, User IDs or passwords is strictly prohibited and can result in program sanctions. As needed, authorized Agencies may purchase additional User Licenses by contacting the NM HMIS Project Director. The Agency Administrator will assure that all current User Agreements have been filed with the NM HMIS Project Manager, and that a copy is maintained in the employee's personnel file.

B.3. Data Entry Profile Information

Policy: AGENCY/PROGRAM PROFILES: In order to properly relate client data fields in HMIS so that complete and accurate reports can be generated, a profile of each agency and the programs for which it will enter and report client data must be completed in HMIS. This profile is comprised in part of the HUD required Program Descriptor data elements. Due to the criticality of this information and its structure, only NMCEH project staff is authorized to enter or modify HMIS profiles. Agencies are required to notify the NM HMIS whenever there is a change in its descriptive information (e.g., funder, capacity) or reporting requirements in HMIS. CLIENT DATA VISIBILITY: Users will designate client record data visibility information as "CLOSED." No user will open or modify the visibility section of a client record. Violation is cause for suspension of user license.

Procedures:
AGENCY/PROGRAM PROFILES: NMCEH HMIS staff will coordinate with the Agency Administrator to complete Agency and Program(s) HMIS profiles. Upon agreement by both parties that the draft profile is current, accurate, and complete, HMIS staff will enter the profile information in HMIS thereby establishing that agency and program(s) account. Only NMCEH HMIS staff is authorized to create, revise, or submit Agency and Program profiles in HMIS.
CLIENT DATA VISIBILITY: Bowman Systems ServicePoint design allows users to modify whether information in client records is "open," "closed," or "read-only" to users from other Agencies. It is a violation of these Standard Operating Procedures to open a client record to visibility to other agencies unless a written agreement and specific protocol has been established between

the agencies and approved by NM HMIS. Generally data sharing will be set up at the agency level and should not require modification to security settings for individual client records. The NM HMIS Data Quality Coordinator will report any OPEN profiles and will immediately require the Agency Administrator to close these records. Violation of this policy may lead to personnel action and or action against the Authorized Agency, including but not limited to immediate termination of user and/or agency access.

B.4. System Availability

Policy: NM HMIS in partnership with Bowman Systems LLC will provide a highly available database server and will inform users in advance of any planned interruption in service.

Procedure: NM HMIS system downtime may be experienced for routine maintenance, in the event of a disaster or due to systems failures beyond the control of Bowman Systems or NM HMIS. In the event of disaster or routine planned server downtime, the NM HMIS staff will contact Agency Administrators and inform them of the cause and expected duration of the interruption in service. The NM HMIS Program Manager will log all downtime for purposes of system evaluation. In the event that it is needed, Bowman Systems is required to activate a redundant backup system.

B.5. Authorized Agency Hardware/Software Requirements

Policy: NM HMIS will utilize a database platform that does not require exceptional hardware or system administration by participating agencies.

Procedure: Bowman Systems ServicePoint is web-based software. All that is required to use the database is a computer, a valid username and password, and the ability to connect to the Internet. There is no unusual hardware or additional software installation required. As of March 2011, Bowman recommends the following minimal workstation PC specifications:

- Computer: Windows PC with XP, Vista, or Windows 7 operating system; 4 Gig RAM recommended (2 Gig RAM minimum); dual core processor recommended.
- XGA monitor with 1024 x 768 resolution setting.
- Internet: Broadband connection required (dial-up broadband connection is not recommended) with a minimum 8.0 KB/s connection rate PER USER. Non-standard (e.g., AOL) or dial-up modem connections will not work with NM HMIS.
- Required browser is Firefox 7.1, a widely available open source freeware program, and must be capable of 128-bit encryption. Browser version updates are periodically required to maintain functionality with updates to the HMIS software.
- All costs and administration associated with the internet account reside solely with the user agency.
- Security: A computer-based or network-based firewall must be activated on all workstation PCs used to access NM HMIS. Current virus protection software must be

activated, with a regularly scheduled update process for maintaining current virus definitions and software standards. A screensaver must be activated and set for no greater than a 5 minute delay that requires a password to clear. File encryption is required for all HMIS generated information transmitted via email or as an email attachment.

B.6. Required Training

Policy: The NM HMIS project is responsible for defining training needs and standards, and organizing and providing required training sessions for Authorized Agencies. Individuals who need to enter data in the HMIS software or are assigned to serve as Agency Administrator are required to complete a full day HMIS User Training and to pass a post-test of comprehension and data entry quality before being granted access to the software and "live" database. When new HMIS software functionality is available, or when HUD HMIS data standards are revised, additional trainings regarding the upgrade may be required.

Procedure: NM HMIS will provide user training on a monthly scheduled basis. Day-long sessions will be scheduled alternately in both the northern and southern regions of the State to facilitate availability and access to agencies. Training schedules and locations will be announced by list serve and through the HMIS "news" announcement feature. Special interim trainings may be requested, but will be provided at the discretion of the HMIS Project Manager. NM HMIS will also develop and provide optional "advanced" or "specialized" user trainings on an interim or as-requested basis, and will provide various training options, to the extent possible, based on the needs of HMIS users. All NM HMIS trainings will provide either a User's Manual or a Powerpoint presentation of the training materials in hardcopy for future reference by trainees, and updated versions of materials will be announced and posted for distribution on the NMCEH website. Data entry workflow checklist aids are available through the NM HMIS ServicePoint "News" tab. A user is considered trained upon having successfully passed a test of training comprehension and data entry quality. Administrators and users who demonstrate repeated problems in complying with NM HMIS policy and procedures or in maintaining data quality standards may be suspended from NM HMIS access and required to attend remedial training at the sole discretion of NM HMIS.

The HMIS User Training will cover several topics related to the HMIS programs operations. Topics will include:

- HMIS Account Policy and Procedures Overview
- Service Point (HMIS) Orientation
- HMIS Policies and Procedures
- Client Privacy and Confidentiality
- Data Entry and Data Quality Management
- Basic report generation
- Account Administration
- Technical Assistance
- Service Point Data Entry and Quality
- Test of Trainee Comprehension and Data Entry Quality

There are several prerequisites for attending HMIS User training:

1. The agency must have signed and returned the New Mexico Interagency Data Sharing Agreement before the individual can attend HMIS User training.
2. The agency must have designated an Agency Administrator.
3. The agency's HMIS profile(s) must be completed.

Upon successful completion of the End User Training, as demonstrated by passing a test of training comprehension and data entry quality, the new user will be provided access to HMIS appropriate to their assigned security level. If a user is identified as failing to meet or maintain basic data quality standards (accuracy and completeness of client record), the user will be notified of the problem(s) and provided technical assistance by HMIS staff. If the problem continues, or new problems with data quality arise, the user account will be locked and the user will be required to attend HMIS training as remediation. HMIS will not schedule special trainings solely to accommodate suspended users.

B.7. NM HMIS Agreement Suspension/Termination and Data Ownership

Policy: A participating agency may terminate its participation in NM HMIS by notifying the Project Director. Likewise, NM HMIS may terminate a participating agency and its users with 30 days notice upon failure to resolve critical compliance issues. NM HMIS may suspend an agency or user from system access with 24 hour notice for critical performance issues.

Procedure: Upon suspension or termination, the agency is not entitled to reimbursement of current user license fees. Upon termination, an agency may request a spreadsheet copy of their NM HMIS data records or purchase special customized export options from Bowman LLC. Upon termination, all agency data previously entered in HMIS must be retained in the system but will be closed to prevent future changes.

C. Data Collection, Quality Assurance and Reporting

C.1. Ethical Data Use

Policy: Data contained in the NM HMIS will only be used to support or report on the delivery of homeless and housing services in New Mexico. Each HMIS User will affirm the principles of ethical data use and client confidentiality contained in the NM HMIS Policies and Standard Operating Procedures Manual and the HMIS User Agreement. Each Authorized Agency must have a written privacy policy that includes policies related to employee misconduct or violation of client confidentiality. All HMIS Users must understand their Agency's privacy and consent policy, and a signed policy statement must become a permanent part of the employee's personnel file.

Procedure: All NM HMIS users will sign an HMIS User Agreement before being provided access to the NM HMIS. Any individual or Authorized Agency misusing, or attempting to misuse HMIS data will be suspended or terminated from access to the database.

C.2 Data Access Computer Requirements

Policy: NM HMIS prohibits users from accessing client data at any level from any home, public, or shared computer outside the Authorized Agency with which the user and user license is associated. Within the agency, workstations used to access NM HMIS should be set up to assure the security, confidentiality, and privacy of all client data. Questions about security of the NM HMIS should be referred to the Project Director.

Procedure: Bowman ServicePoint has password protection, including 45-day automatic reset of password, as well as an automatic time-out feature if the active application has been idle for more than five minutes. Each Authorized Agency shall take appropriate steps to ensure that authorized users only gain access to confidential information on a "need-to-know" basis.
Each Authorized Agency and Agency Administrator is responsible for:

a) Physical Space. Authorized Agencies must take reasonable steps to insure client confidentiality when licensed users are accessing the NM HMIS. Licensed users are required to conduct data entry in a protected physical space to prevent unauthorized access to the computer monitor while confidential client information is accessible. The monitor should be positioned so that non-authorized persons are unable to view the screen inadvertently, especially when accessing client data through NM HMIS.

b) As stated in the NM HMIS User Agreement, *UNDER NO CIRCUMSTANCES IS NM HMIS TO BE ACCESSED FROM A WORK STATION LOCATED PHYSICALLY OUTSIDE OF A LICENSED USER AGENCY, INCLUDING ANY HOME OR PUBLIC-ACCESS* (e.g., internet café, public library) *COMPUTER OR CONNECTION SITE OR SHARED PC*. HMIS must be accessed through a computer either dedicated to HMIS use or limited to access only by authorized HMIS users and administrators. Failure to comply with this requirement can result in user and/or agency account termination.

c) Time-Out Routines: Whenever a user is out of direct line of sight of their active HMIS workstation, the user is required to log out of HMIS until such time as they physically return to the workstation.

d) A computer-based or network-based firewall must be activated on all workstation PCs used to access NM HMIS. Current virus protection software must be activated, with a regularly scheduled update process for maintaining current virus definitions and software standards. A screensaver must be activated and set for no greater than a 5 minute delay that requires a password to clear. File encryption is required for all HMIS generated identifying information transmitted via email or as an email attachment.

e) If the HMIS is accessed over a network, the network must be protected by a hardware or software firewall at the server. A stand-alone machine that accesses HMIS must also have a hardware or software firewall installed and active. This may be the firewall protection included as part of the operating system or the virus protection software installed on the computer.

f) File encryption and decryption capability if the agency is to transmit identifying data to any other party through online resources.

C.3. Required Data Collection

Policy: Providers funded by HUD through the Continuum of Care (CoC) HOPWA, or ESG programs are required to participate in HMIS by HUD (likewise other federal agencies may mandate HMIS participation by their funded programs). Providers may also be funded through MFA or CABQ with similar data collection and reporting requirements. This includes the collection of the program-specific and client-specific universal data elements as defined by HUD for all clients served through HUD funding (Homeless Management Information System Data Standards, Revised Notice: March 2010, U.S. Department of Housing and Urban Development, Office of Community Planning and Development). All Authorized Agencies that participate in HMIS are considered "Covered Homeless Organizations" (CHO) and are required to comply with HUD's HMIS Data and Technical Standards unless those standards are in conflict with other federal or local laws. Authorized agencies are responsible for knowing and meeting their own contract and/or grant requirements and schedules; NM HMIS does not track this information. Domestic Violence Shelters (per the Violence Against Women Act of 1994 (VAWA): Public Law 103-322, reauthorized December 2005) and Legal Aid Services are exempted from entering client data in HMIS, but are required to utilize a "comparable database" that segregates data separately from HMIS. NM HMIS is currently working with the NM Coalition Against Domestic Violence to develop such a comparable database solution. DV agencies meanwhile must continue to utilize hardcopy files and alternative methods of tracking and aggregating client data to meet reporting requirements.

Procedure: Data must be collected separately for and specific to each family member in a household, including all children and household members, rather than collecting data for the family as a whole or only for the Head of Household. Likewise, all program enrollment and funded service provision detail must be included in each client record. If a client refuses or is unable to provide basic information, providers shall, at a minimum, enter each client as an Anonymous Entry into the NM HMIS. Authorized Agencies may choose to collect more client information for their own case management and planning purposes.

C.4. Non-Duplication of Records and Inter-Agency Data Sharing

Policy: NM HMIS will establish agency and program profiles such that client information may be shared among users of that agency. For purposes of de-duplication, NM HMIS requires that all agencies/programs share client demographic information (First and Last Name, DOB, SSN, race/ethnicity, gender) sufficient to determine if an individual currently exists within the database archive. NM HMIS will also establish customized levels of service data sharing between agencies as needed upon their mutual request and agreement, and upon approving policy and procedure for their shared use .

Procedure: Prior to entering a new client or service record in NM HMIS, users are required to perform a client record search to determine if the client has an existing record in the system. To prevent client duplication in HMIS, if a client record search indicates that the client has an existing record in NM HMIS, the user will maintain the existing client ID reference number. NM HMIS will conduct regular and ongoing full system reviews to identify any possible instances of client duplication or record duplication in HMIS. If a suspected duplicate is identified, the Data Quality Coordinator will contact the agencies involved to assist them to confirm if duplication has actually occurred, and to align any identified duplicates (including removal of redundant records). In case of duplication, data entry correction will be primarily the charge of the agency/user that created the duplication.

C.5. Extracted Data

Policy: NM HMIS users will maintain the security of any and all client data extracted from the database and stored locally, including all data used in custom reporting. NM HMIS users will not electronically transmit any unencrypted client data across a public network or the internet. Unencrypted data may not be sent via email attachment. HMIS users should apply the same standards of security for local files containing client data as within the HMIS database itself. NM HMIS will only publicly report aggregate and/or de-identified data, unless acting in response to a duly issued court order or subpoena, or to supply HUD required client lists for program audit purposes.

Procedure: Data extracted from the database and stored locally will be stored in a secure location (not on floppy disks/CDs or other temporary storage mechanisms like flash drives or on unprotected laptop computers, for example) and identifying information will not be transmitted outside of the private local area network unless it is properly protected via encryption or by adding a file-level password. The NM HMIS staff can provide help in determining the appropriate handling of electronic files. All security questions will be addressed to the NM HMIS Project Director. Breach of this security policy will be considered a violation of the user agreement, which may result in user suspension or account termination. Public data reports and presentations derived from NM HMIS must be aggregated and de-identified.

C.6. Client Rights and Confidentiality of Records

Policy: Clients have the right of refusal to provide personal identifying information to the HMIS, except in cases where such information is required to determine program eligibility or is otherwise required by the program's funders. For the purposes of NM HMIS, identifying information unique to an individual that may be used uniquely or in combination to identify a specific person comprises the following data fields: first and last name, date of birth, address, and social security number. Such refusal or inability to produce the information shall not be a reason to deny eligibility or services to a client. When a client exercises his/her right of refusal, de-identified demographic (anonymous) information should still be collected and entered into the HMIS. The NM HMIS System allows each Authorized Agency to determine whether it operates under a protocol of *implied consent or informed consent* to include personally

identifying client data in the HMIS. Depending on the Authorized Agency protocol, minimal standards must be met. An Authorized Agency must adopt one protocol and apply it universally to all clients whose data is entered, stored, or reported through NM HMIS. Refusal to allow personal identifying information in NM HMIS does not preclude the responsibility to collect and report required client information and to maintain records in the agency's client hardcopy file. At any time, clients may request that their personally-identifying information be removed from the NM HMIS. Any client may request to view, or obtain a printed copy of, his or her own records contained in the NM HMIS. The client will also have access to a logged audit trail of changes to those records. No client shall have access to another client's records in the NM HMIS. Participating agencies may require their NM HMIS users to sign a confidentiality agreement binding them to additional or more stringent privacy standards and policies (e.g., HIPAA).

Procedure: Each Authorized Agency is required to post a notice about their privacy policy in a place where clients may easily view it (e.g., at the point of intake, on a clipboard for outreach providers, in a case management office). The privacy posting must specifically include a statement about the uses and disclosures of client data in NM HMIS. Each workstation, desk, or area that is involved with HMIS data collection must visibly post the Privacy Policy Notice in the immediate vicinity. If an agency serves Spanish-speaking clients, the agency should attempt to provide a translated Spanish version of the Privacy Policy Notice. If an agency has a website, the Privacy Policy Notice must be posted on that website.

- *Implied Consent:* Written authorization for inclusion of a client's personally identifying data in HMIS is <u>not</u> required, but is inferred when a client accepts the services offered by the program and when the privacy posting is displayed for client review. NM HMIS requires that agencies document that all adult clients (and head of household for families with children) have been referred to the posted privacy rights notice and have understood it.
- *Informed Consent:* Written authorization for inclusion of a client's personally identifying data in HMIS is required, specifically stating that the client has been provided their NM HMIS data privacy rights, understands them, and has either provided or restricted use of the data in NM HMIS.

Upon the client's request for data removal or change from the NM HMIS, the Agency Administrator will delete all personal identifiers of client data within 72 hours. A record of these transactions will be kept by the Agency Administrator. The agency should follow applicable law regarding whether to change information based on the client's request. A log of all such requests and their outcomes should be kept on file in the client's record. Agencies cannot deny services to an individual solely on the basis of the individual deciding not to participate in HMIS.

C.7. Client Grievance

Policy: Clients must contact the Authorized Agency with which they have a grievance for resolution of HMIS problems. Authorized Agencies will report all HMIS-related client grievances

to the NM HMIS Project Director. If the Authorized Agency's grievance process has been followed without resolution, the Authorized Agency may elevate the grievance to the NM HMIS Governing Committee as outlined in Section A.9. No detrimental action or punishment will be taken against a client if they choose to file a grievance.

Procedure: Each Authorized Agency is responsible for answering questions, complaints, and issues from their own clients regarding the NM HMIS. Authorized Agencies will provide a copy of their privacy policy and/or of the NM HMIS Policies and Standard Operating Procedures Manual upon client request. Client complaints should be handled in accordance with the Authorized Agency's internal grievance procedure, and then escalated to the NM HMIS Project Director in writing if no internal resolution is reached. NM HMIS is responsible for the overall use of the HMIS, and will respond if users or Authorized Agencies fail to follow the terms of the HMIS agency agreements, breach client confidentiality, or misuse client data. Authorized Agencies are obligated to report all HMIS-related client problems and complaints to the NM HMIS Project Director, which will determine the need for further action and respond accordingly within 30 calendar days. Resulting actions might include further investigation of incidents, clarification or review of policies, or sanctioning of users and Agencies if users or Agencies are found to have violated standards set forth in HMIS Agency Data Sharing Agreements or the Policies and Standard Operating Procedures Manual.

C.8. Data Quality Assurance

Policy: NM HMIS Authorized Agencies and their Users are responsible for the accuracy of their data entry. Authorized Agency leadership will be responsible for ensuring that data entry by users is being conducted in a timely manner and will also ensure the accuracy of the data entered. Users or agencies that do not maintain basic HMIS data quality standards as set by HUD may be suspended from NM HMIS until a remediation plan has been established.

Procedure: Intake staff at participating HMIS agencies must assure that all required information is collected accurately and completely from clients and maintained in their hardcopy files. HMIS users must assure that data is entered into HMIS accurately and completely. Agency Administrators are responsible for monitoring and assuring the quality of data for their own program(s). In order to test the integrity of the data contained in the NM HMIS, the NM Data Quality Coordinator will perform regular data integrity checks, including draft Annual Performance Reports (APR). Comprehensive and detailed data quality memos will be provided on a semi-annual basis for all participating programs to identify data quality issues that affect program reporting or basic data integrity. Data quality memos may also be requested by participating agencies as needed from the Project Director. Any patterns of error will be reported to the Agency Administrator. When patterns of error have been discovered, users will be required to make corrections and/or attend remedial training, and will be monitored for compliance. NM HMIS staff is available upon a work order request to assist Agency Administrators to run data quality reports that identify specific data records with data quality issues, as well as to recommend best fixes and remedial strategies.

C.9. Data Timeliness Guideline

Policy: NM HMIS has adopted these guidelines in preparation toward a sustainable data timeliness standard. In order to minimize duplication of services and use of funds, facilitate coordinated assessment and referral, and to promote consistency and constancy of the information managed, NM HMIS recommends that changes or updates to a client record, including but not limited to changes in program enrollment and instances of service provision, household composition, income and benefits, and any other required data element, be entered in the database within five working days. Identified duplicate records should be managed by the agency responsible for the duplicated record within three working days of notification by NM HMIS.

Procedure: At this time NM HMIS does not monitor for data timeliness, although performance summary is provided in the context of data quality memos. However, client records with missing time-sensitive elements (e.g., client exit, service entry/exit) that spuriously affect reported indicators such as client length of stay or that result in apparent instances of "double dipping" will be required to immediately remedy the missing information. NM HMIS may be required by specific funding sources to report instances of apparent client duplication of services, and agencies so involved will need to resolve as required by the funder, including but not limited to financial reimbursement.

C.10. Public Data Retrieval and Support

Policy: NM HMIS will entertain all requests for data from entities other than Authorized Agencies or clients. No individual client data will be provided to any group or individual that is neither the Authorized Agency that entered the data or the client her- or himself. NM HMIS will only publish aggregate reports to the public. Authorized Agency Administrators are trained to create custom reports on their agency data. De-identified data sets may be provided to public entities, including HMIS funders, based on specific requests and for specific purposes.

Procedure: In order to advance planning and advocacy efforts appropriately, NM HMIS is charged to analyze and report supporting information on homelessness and housing in New Mexico. All requests for data from anyone other than an Authorized Agency or a client will be directed to the NM HMIS Project Director for approval. No individually identifiable client data will be reported in any of these documents. Authorized Agency Administrators will be trained in the use of reporting tools, and the NM HMIS will provide advanced training on basic data and statistical analysis, as well as a "tool box" of query and templates for reports for use by Agency Administrators.

Definitions

Some of the terms used in this Policies and Standard Operating Procedures Manual may be new to many users.

Agency: Shall mean any organization that provides outreach, shelter, housing, employment and/or social services to homeless people. An agency operates through Program(s) that target specific groups or needs and administer and provide various types of direct service(s).
Agency Administrator: The person responsible for system administration at the agency level. This person is local organizational contact for NM HMIS administration, provides basic first-level assistance to users in their agency, and tracks user accounts and licenses at their agency.
Authorized Agency: Any agency, organization or group who has an HMIS Interagency Data Sharing Agreement and/or User Agreement with NM HMIS, and an active account to access the NM HMIS database.
Client: Any recipient of services provided by an Authorized Agency.
Client-level Data: Data collected or maintained about a specific person.
Continuum of Care (CoC): The State of New Mexico is organized into two Continuums of Care (CoC). Each CoC is responsible for working with the homeless service providers in their geographic area to develop capacity and policy for the delivery of housing and services to homeless families, individuals, youth, and persons with disabilities. The two CoCs in New Mexico are:

- City of Albuquerque (COA) – Homeless Service Providers within the city limits of Albuquerque; HUD CODE NM-500
- Balance of State (BOS) – homeless service providers throughout the remainder of New Mexico; HUD CODE NM 501

Database: An electronic system for organizing data so it can easily be searched and retrieved; usually organized by fields and records.
De-identified Data: Data that has been stripped of personally identifying information.
De-Duplication: Data that has been filtered to remove redundant and duplicative client information records.
Encryption: Translation of data from plain text to a coded format. Only those with the "key" have the ability to correctly read the data. Encryption is used to protect data as it moves over the internet and at the database level through the use of special software.
Firewall: A method of controlling access to a private network, to provide security of data. Firewalls can use software, hardware, or a combination of both to control access.
HMIS: Homeless Management Information System. This is a generic term for any system used to manage data about homelessness and housing.
HUD HMIS Data and Technical Standards (the Standards): The March, 2010 revision of the Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice (69 FR 146, July 30, 2004) that adds a new set of Program Description Data Elements, and

revises the Data Standards for Universal Data Elements and Program-Specific Data Elements as published in the July 30, 2004 Federal Register, Vol. 69, No. 146, pp. 45888 through 45934. All other sections of the 2004 notice remain in effect at this time. HUD is currently finalizing the proposed 2013 HMIS Data Standards (Notice CPD-13-017) to revise the Revised Notice of March 2010. The Notice includes changes in data elements necessary to support data collection and reporting for projects funded under Title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360 *et seq.*) (McKinney-Vento Act), as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.

Identifying Information: Information that is unique to an individual and that may be used uniquely or in combination to identify a specific person: first and last name, date of birth, address, and social security number.

User: An individual who uses a particular software package; in the case of the NM HMIS, the *Bowman ServicePoint* database software.

User License: An agreement with a software company that allows an individual to use the product. In the case of ServicePoint, user licenses are agreements between NMCEH and Bowman Systems LLC that govern individual connections to the NM HMIS. User licenses cannot be shared.

Summary of NM HMIS Standard Operating Procedures (SOP) For Users	
NM HMIS SOP	**Section Reference**
User Agreements and Training Requirements: All prospective users must sign and submit a license agreement, and successfully complete HMIS training, before being provided access to the NM HMIS.	• A.5. User Access Security Levels and Account Management • B.1. Access to Core Database • B.2. NM HMIS Agency Data Sharing Agreements and User Licenses • B.6. Required Training
Agency Administrator: All agencies utilizing NM HMIS must assign a staff person to serve as the Agency Administrator for NM HMIS.	• A.4. Agency Administrators
Communication and HelpDesk Work Requests: Users are responsible for communicating any and all problems or concerns about the NM HMIS through his/her Agency Administrator. NM HMIS will maintain a HelpDesk function with regularly scheduled hours, but reserves the right to prioritize requests depending on workload, time sensitivity, and complexity. In such cases, the NM HMIS Program Manager will attempt to respond to Authorized Agency needs within three business days of the first contact with an estimated completion time.	• A.6. NM HMIS Communication with Authorized Agencies • A.7. NM HMIS HelpDesk and Technical Assistance
Data Sharing: Agencies utilizing NM HMIS are required to share client demographic information in order to perform a required client search prior to record creation in NM HMIS in order to minimize client duplication in the system. Other levels of data sharing may be customized between agencies upon agreement and request.	• B.2. NM HMIS Agency Data Sharing Agreements and User Licenses • C.3. Required Data Collection • C.4. Inter-Agency Data Sharing
Client Rights, Consent, and Ethical Use of Data: Each agency and user must abide by the terms of their respective agency privacy policy, the NM HMIS SOPs and the Terms and Conditions of Bowman Systems ServicePoint. Agencies must establish either an informed or implied consent process. Clients may refuse to allow identifying information to be entered into NM HMIS and may not be penalized or refused services for this reason.	• C.1. Ethical Data Use • C.6. Client Rights and Confidentiality of Records
Data Removal, Review and Grievances: A consumer may request to see their HMIS data or may request that personally identifying information be removed from the HMIS.	• C.6. Client Rights and Confidentiality of Records • C.7. Client Grievance
Security and User Access: Each user is provided with a unique user name and password. Passwords must be	• A.5. User Access Security Levels and Account Management

reset every 45 days.	• B.7. NM HMIS Agreement Suspension/Termination and Data Ownership
Security and Data Retrieval: Agencies must adhere to all the NM HMIS SOP provisions regarding protection of client data that is retrieved from the HMIS or transmitted to any other source by electronic medium..	• C.2 Data Access Computer Requirements • C.4. Inter-Agency Data Sharing • C.5. Extracted Data • C.10. Public Data Retrieval and Support
Data Collection and Data Quality: Each agency/program is required to collect a series of data elements depending on the type of program it operates. NM HMIS Authorized Agencies and their Users are responsible for the accuracy of their data entry. Authorized Agency leadership will be responsible for ensuring that data entry by users is being conducted in a timely manner and will also ensure the accuracy of the data entered.	• C.3. Required Data Collection • C.8. Data Quality Assurance • C.9. Data Timeliness

HUD Universal Data Elements: SUMMARY

Revised March 2010

Exhibit 1-1: Summary of Program Descriptor Data Elements

Data Standards	Program Applicability	When collected		
		Assigned once	Assigned once; reviewed annually	At least annually or more frequently if inventory or coverage changes
1 Organization Identifier	All CoC Programs	X		
2 Organization Name	All CoC Programs		X	
3 Program Identifier	All CoC Programs	X		
4 Program Name	All CoC Programs		X	
5 Direct Service Code	All CoC Programs	X		
6 Site Information	All CoC Programs		X	
7 Continuum of Care Number	All CoC Programs		X	
8 Program Type Code	All CoC Programs		X	
9 Bed and Unit Inventory Information	Residential CoC Programs Only			X
10 Target Population A (Optional for all programs)	All CoC Programs		X	
11 Target Population B	Residential CoC Programs Only		X	
12 Method for Tracking Residential Program Occupancy	Residential CoC Programs Only		X	
13 Grantee Identifier	HPRP Programs Only		X	

Exhibit 1-2: Summary of Universal Data Elements

Data Standards	Program Applicability	Subjects			When Collected		
		All Clients	All Adults	All Adults & Unaccompanied Youth	Initial Program Entry Only	Every Program Entry	Every Program Exit
1 Name[1]	All CoC Programs	X			X		
2 Social Security Number[1]	All CoC Programs	X			X		
3 Date of Birth[1]	All CoC Programs	X			X		
4 Race[1]	All CoC Programs	X			X		
5 Ethnicity[1]	All CoC Programs	X			X		
6 Gender[1]	All CoC Programs	X			X		
7 Veteran Status	All CoC Programs		X			X	
8 Disabling Condition	All CoC Programs	X				X	
9 Residence Prior to Program Entry	All CoC Programs			X		X	
10 Zip Code of Last Permanent Address	All CoC Programs			X		X	
11 Housing Status	All CoC Programs	X				X	X (optional for Emergency Shelters)
12 Program Entry Date	All CoC Programs	X				X	
13 Program Exit Date	All CoC Programs	X					X
14 Personal Identification Number	All CoC Programs	X			X		
15 Household Identification Number	All CoC Programs	X				X	

[1] Note that one or more of these personal identifiers may need to be asked on subsequent visits to find and retrieve the client's record. However, this information only needs to be recorded in HMIS on an initial program entry.

Exhibit 1-3: Summary of Program-Specific Data Elements								
			When Collected					
Data Standards	Program Applicability	Subjects	During Client Assessment Near Entry	At Least Once Every Three Months During Program Enrollment[2]	At Least Once Annually During Program Enrollment[3]	Every Exit	Every Contact	Each Instance of Financial Assistance
1 Income and Sources	CoC/HUD Competitive Programs[1] HPRP Programs HOPWA Homeless Programs	All Clients	X		X	X		
2 Non-Cash Benefits	CoC/HUD Competitive Programs HPRP Programs HOPWA Homeless Programs	All Clients	X		X	X		
3 Physical Disability	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
4 Developmental Disability	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
5 Chronic Health Condition	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
6 HIV/AIDS	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
7 Mental Health	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
8 Substance Abuse	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
9 Domestic Violence	CoC/HUD Competitive Programs HOPWA Homeless Programs	Adults and Unaccompanied Youth	X					
10 Destination	CoC/HUD Competitive Programs[1]	All Clients				X		
	HPRP Programs HOPWA Homeless Programs							
11 Date of Contact	COC/HUD Street Outreach Programs	All Clients					X	
12 Date of Engagement	COC/HUD Street Outreach Programs	All Clients	X					
13 Financial Assistance Provided	HPRP Programs	All Clients		X				X
14 Housing Relocation and Stabilization Services Provided	HPRP Programs	All Clients		X		X		

[1] CoC/HUD Competitive Programs include the Supportive Housing Program (SHP), Shelter Plus Care, and the Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program.

[2] Only collected at least once every three months if the period between program entry and exit exceeds three months.

[3] Only collected at least once annually if the period between program entry and exit exceeds one year.

Exhibit 1-4: Additional Program-Specific Data Elements: Optional Data Elements										
Data Standards	Program Applicability	Subjects					When Collected			
	Optional for All CoC Programs	All Clients	All Clients or All Adults and Unaccompanied Youth	All Females of Child-bearing Age	All Veterans	All Children	Every Entry	At Least Once Annually during Program Enrollment[1]	When Services Provided	Every Exit
15A Employment	X		X				X	X		X
15B Education	X		X				X	X		X
15C General Health Status	X		X				X	X		X
15D Pregnancy Status	X			X			X			
15E Veteran's Information	X				X		X			
15F Children's Education	X					X	X	X		X
15G Reasons for Leaving	X	X								X
15H Services Provided	X								X	
[1] Only collected at least once annually if the period between program entry and exit exceeds one year.										

New Mexico Coalition to End Homelessness

Agency HMIS Setup Form

(Add additional sheets as needed)

Agency Name:
_____

Physical Address: _____

Mailing Address:
_____

Phone: _____ Fax: _____ Agency Email: _____ Website:
_____

Primary Contact
Name: _____ Title:
_____

Phone: _____ Email: _____

Secondary Contact
Name: _____ Title:
_____

Phone: _____ Email: _____

Operational Information

Hours of operation:
_____

Languages Spoken:
_____

Volunteer Opportunities:
_____

Which of the following does your agency have? (Pick all that apply)
☐ Handicap Access ☐ Brochures ☐ Printed Directory

Would you like your operational information to be provided to the public? ☐ Yes ☐ No

Technical Agency Information

Federal Employer ID Number: _____ DUNS Number:
_____

Legal Status (Non-Profit, Religious…): _____ Year of Incorporation:
_____

Agencies in HMIS whose client program enrollment data you wish to be able to view for clients that you serve in common (Please List):
_____

Which of the following outcomes tracking modules would you like to include? (Pick all that apply)
☒ Shelter/Housing ☒ Income ☐ Employment ☐ Mental Health ☐ Substance Abuse ☐ Life Skills
☐ Disabilities ☐ Food/Nutrition ☐ Safety ☐ Legal ☐ Credit ☐ Health Care Coverage ☐ Mobility
☐ Adult Education ☐ Children's Education ☐ Child Care ☐ Parenting Skills ☐ Family Relations
☐ Community Involvement

Programs Administered by your Agency

(Add additional sheets as needed)

Technical Program Information

Grant Number: _____ **Program Name**: _____

What is the funding source for this program? (Pick one)
☐ HUD ☐ City of ABQ ☐ MFA ☐ Other (Please Specify) _____

Which New Mexico continuum of care is this program under? (Pick one)
☐ ABQ (NM500) ☐ Balance of State (NM501)

What reports are you required to produce for this program (Pick all that apply; please be complete.)
☐ APR ☐ AHAR ☐ HIC ☐ PIT ☐ Others (Please List) _____

Program Type (Pick one)
☐ Emergency Shelter ☐ Transitional Housing ☐ Permanent Supportive Housing
☐ Permanent Housing ☐ Other: _____ ☐ Services Only (Fill out capacity question below)

Services Only Program Capacity:
Households with Children _____ Households without Children _____ Households with only Children_____

Program Site Configuration Type (Pick one)
☐ Single Site Single Building ☐ Single Site Multiple Buildings ☐ Multiple Site ☐ N/A

Site Type (Pick one)
☐ Residential ☐ Residential-Special Needs Only ☐ Non-Residential

Housing Type (Pick One)
☐ Mass Shelter/Barracks ☐ Dormitory Hotel/Motel ☐ Shared Housing ☐ SRO ☐ Single Apartment
☐ Home/Townhouse/Duplex ☐ Non Residential ☐ N/A

Program Eligibility Information

Program Eligibility Requirements: _____

Does this program serve any clients who are NOT homeless? ☐ Yes ☐ No

Program Intake Procedure: _____ Program Fees (If any): _____

Shelter Requirements (If applicable): _____

Cities and Counties Served by this program (Please List): _____
_____

Target Populations (Pick all that apply)* ☐ SM ☐ SF ☐ SMHC ☐ SFHC ☐ MFHC ☐ YM ☐ YF

Secondary Target Population (Pick One): ☐ N/A ☐ DV ☐ Veterans ☐ HIV/AIDS

*****SM-Single Males SF-Single Females SMHC-Single Males with children SFHC-Single Females with children
MFHC-Male and Female adults with children YM-Unaccompanied Males under 18 YF-Unaccompanied Females under 18

Services provided through this program (Please be complete)

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

Residential Units in this program*

Number of Units for Households with children _____

Number of Units for Households without children _____

Year Round Beds in this program**

Number of Beds for Households with children _____

Number of Beds for Households without children _____

Number of Beds for chronically homeless*_____**

Seasonal/Overflow/Voucher Beds in this program

Number of Seasonal Beds _____ Start Date __/__/__ End Date __/__/__

Number of Overflow Beds _____ Start Date __/__/__ End Date __/__/__

Number of Voucher based Beds _____

**Definition of a unit: A self contained area with its own separate entrance intended or used for residence.*

***Definition of a year-round bed: A permanently sited space strictly dedicated to accommodate the residential needs of one individual. A unit may contain more than one bed. (Overflow or winter-only beds are counted separately below.)*

****Chronically homeless person: An unaccompanied homeless individual (age 18 or older) with a disabling condition who has either been continuously homeless for a year or more OR has had a least four episodes of homelessness in the past three years.*

New Mexico Homeless Management Information System
Agency Participation and Interagency Data Sharing Agreement

Agency: _____

The New Mexico Coalition to End Homelessness ("NMCEH"), the New Mexico Mortgage Finance Authority ("MFA") and the City of Albuquerque ("City") jointly administer the State of New Mexico Homeless Management Information System ("HMIS"). Agencies throughout the state ("Agencies") are required to use the HMIS to report information to MFA, the City, and to the U.S. Department of Housing and Urban Development ("HUD"), unless prohibited from doing so by VAWA. Other Agencies may participate voluntarily. In order to provide accurate and unduplicated data to HUD, HMIS captures information about people at risk of homelessness or experiencing homelessness ("Clients") and allows participating programs to share certain information electronically about those Clients. Minimally, the required data for all participating entities consists of the most current definition of HUD universal data elements, but can include additional data collection and reporting elements per the requirements of agency-specific contract or grant agreements. Agencies are responsible for maintaining the accuracy, completeness, and timeliness of data entered in HMIS necessary to meet their grant or contract requirements.

NMCEH is the Project Management Agency for HMIS. The Lead Contact Person for HMIS is:

Mark Z. Oldknow, HMIS Project Director
New Mexico Coalition to End Homelessness
P.O. Box 865
Santa Fe, NM 87504
Phone: (505) 982-9000
Email: Mark-O@nmceh.org

All Agencies are required to inform clients that some of their information will be shared and are required to have all clients sign acknowledgement that they have been informed. Agencies may further elect to obtain specific written consent as to any of the client's identifying information that will be entered into HMIS. Hardcopy of the acknowledgement and/or consent must be maintained in the client file at the agency.

All Agencies must agree to follow the New Mexico HMIS Policies and Procedures and must further agree to adhere to the standards listed in this Agency Agreement ("Agreement"). Furthermore, all Users of HMIS ("Users") must enter into the NM HMIS User Agreement ("User Agreement") and abide by the User Agreement. By establishing this Agreement, all Agencies agree to the following as they pertain to HMIS:

1. In order to assure that data-sharing can serve to identify and minimize potential redundant access to services (i.e., "double dipping"), all new client data, or changes to client data, including all Universal Data Elements and program and service enrollment detail, must meet a data timeliness standard and be entered in HMIS within 3 business days.
2. Only the information specified in the New Mexico HMIS Policies and Procedures will be shared between Agencies.

3. Information that is shared will not be used to harm any Client or their relatives. Denial of services based on regulatory eligibility requirements (e.g., double-dipping) shall not constitute harm.
4. All identifying information and all information related to a Client's healthcare, substance abuse needs and services and family violence protection will be safeguarded and kept confidential according to the laws governing the protection of such information.
5. As required for all HMIS records, users will conduct a client duplication search in HMIS to determine whether a prospective client already exists within the system. If a prospective client is identified as currently existing in the system, the user will determine whether the client is currently/actively enrolled in a homeless services program included in this data sharing agreement. If the prospective client is currently enrolled with another agency as indicated in HMIS, the user will immediately contact that agency to confirm whether the client is receiving services which are redundant with those they are seeking from the user's agency. No agency or program will provide services to any client if it is established that the client is currently receiving the same or like services elsewhere.
6. A user will never alter in any way an existing record made by another agency or program without first consulting with the originating agency of that program to confirm accuracy and agreement of the proposed change. This includes entering any intake or discharge assessment data that conflicts with existing data for a current/active program enrollment made by another agency. Upon agreement, the originating agency of the data in question will make the identified change to the client HMIS record. Any user violating this provision on multiple occasions will be suspended from HMIS access and participation.
7. A violation of this Agreement by the staff Users of any Agency will result in direct disciplinary action by the Agency.
8. Identifying information will be deleted from the HMIS upon Client written request.
9. Clients have the right to request a document containing information on their universal and program specific data of his/her HMIS record.
10. The Agency will provide the original signed User Agreements to the NMCEH and is further responsible for immediately notifying NMCEH of any and all staffing changes in its organization. The Agency identifies the following individual as the HMIS Contact Person and Agency System Administrator:

Name: _____
Title: _____
Agency: _____
Mailing address: _____
City: _____ State: NM Zip: _____

11. The Agency will maintain sole ownership of all data that it reports to HMIS and is responsible for maintaining and communicating up-to-date information regarding all of its current users of the HMIS.

All Agencies are establishing this Agreement so that they will have the ability to enter and share certain Client information electronically using HMIS. This Agreement does not pertain to information that is not entered into HMIS.

As authorized representative of the Agency listed below, I am authorizing NMCEH to allow my Agency access to HMIS, and I further agree to follow all of the above policies and minimally to share basic client information from my Agency with other HMIS-participating Agencies as needed to prevent client duplication in HMIS.

_____***Printed Name and Title of Agency's Authorized Representative***

_____
Agency Name

_____ _____/_____/_____
Signature ***Date***

HMIS Visibility Groups (Data Sharing Pools) covered under this Agreement:

1. Client Profile & Demographics Shared By: All Agencies in HMIS

New Mexico Homeless Management Information System User Agreement

Agency: _____

This User Agreement is being made between the New Mexico Coalition to End Homelessness ("NMCEH") the Agency above, and _____ (Staff Name). By signing this User Agreement, I am acknowledging the following:

General

1) I understand that I will have access to the State of New Mexico HMIS and that HMIS contains sensitive, personal and private information about Clients who participate in HMIS and that this information is protected by law.
2) I understand and agree to adhere to the New Mexico HMIS Policies and Procedures.

Information & Database Access

3) I understand that I will only access the data that is part of HMIS through authorized access granted by my agency's System Administrator. I will not attempt to gain access to areas of HMIS or other systems for which I have not been granted authority to access.
4) I understand that I will have a User name and password, and I will not allow any other person(s) to have access to HMIS by using my User name and password, and I will not share this User name and password with any other staff or other persons.
5) I understand that I will only access HMIS from a location that has been approved by my Agency's System Administrator in accordance with the New Mexico HMIS Policies and Procedures; I will not access HMIS from home or any public computer.
6) As a staff member with a participating Agency, I am obligated to hold all information that I learn about the Clients in HMIS as confidential.

Dissemination of Data

7) I understand that only my Agency Administrator has authority to disseminate data from HMIS, and that any unauthorized copying or unauthorized dissemination of all or a portion of the data contained in HMIS is punishable by termination of employment; and may result in severe civil and criminal penalties and will be punishable to the maximum extent possible under the law. I understand that nothing in this section affects the handling of data generated by my agency and within my agency, which is subject solely to my agency's policies and procedures
8) I will report to my Agency Administrator any data handling practices of any staff, which appear to fail short of this standard.

End User Ethics

9) With regards to information contained in HMIS, I understand that any deliberate action by me that adversely affects the resources of any Client, participating Agency or its employees is prohibited.

By signing this document, I agree to the terms of this User Agreement and I certify that I have read and will adhere to the *New Mexico HMIS Policies and Procedures*.

_____
Staff Name and Title

_____ _____/_____/_____
Signature Date

_____
Agency System Administrator Name and Title

_____ _____/_____/_____
Signature Date

New Mexico Coalition to End Homelessness

New Mexico Homeless Management Information System
HELPDESK TA WORK REQUEST FORM

Please complete and submit this form to the NM HMIS Program Manager, Julie Jacquez by email attachment to: Julie-J@nmceh.org. The Project Manager may follow up with the Agency Administrator for more detail or to assist with troubleshooting more complex issues or reports. Based upon workload, time sensitivity, and competing priorities, NM HMIS will contact you within three business days with an estimate of the timeframe in which you can expect a response.

Date Submitted: _____
Agency: _____
Agency Administrator: _____
Email contact: _____
Phone contact: _____

Please describe in detail the issue, problem, or question you have with the NM HMIS, or any report or other information you require. If there is a deadline you would like NM HMIS to try to meet, please specify:

_____
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SAMPLE

NM HMIS Staff Confidentiality Agreement

I understand that AGENCY NAME and staff have a legal responsibility to protect client privacy. To do that, it must keep client information confidential and safeguard the privacy of client information. In addition, I understand that during the course of my employment or other work with AGENCY NAME, I may see or hear other confidential information including operational and financial information, pertaining to the AGENCY NAME clients that must be maintained as confidential. Regardless of the capacity in which I work, I understand that I must sign and comply with this agreement in order to be hired or continue to work for AGENCY NAME.

By signing this agreement, I understand and agree that:

I will keep client information confidential, and that I will disclose client information only under the conditions described in the NM HMIS SOP Manual. I will not disclose client identifying information without specific written consent the client and agency supervisor. I will keep such information confidential and will only disclose such information if it is required for the performance of my job and after receiving the permission of my supervisor. I will not discuss any client-related information in public areas. I will keep all security codes and passwords used to access NM HMIS confidential at all times. I will only access or view client information for that which is required to do my job. If I have any questions about whether access to certain information is required for me to do my job, I will immediately ask my supervisor. I will not disclose, copy, transmit, inquire, modify, or destroy client information or other confidential information without permission from my supervisor. Upon termination of my job or position, I agree to continue to meet my obligations under this agreement. I understand that violation of this agreement may result in disciplinary action, up to and including termination of my employment, and this may include civil and criminal legal penalties as a result of the HIPAA Privacy Rule issued by the federal government.

Signature: _____ Title: _____

Print Your Name: _____ Date: _____

New Mexico Coalition to End Homelessness

NMHMIS Program-Specific Intake Form

Please answer all questions. Fill out one form for each family member at program entry.

Program Entry Date: _____/_____/_____ **Exit Date:** ____/_____/_____ **Program Name/Grant:** _____

GENERAL INFORMATION

First Name: _____ **Middle Name**: _____ _____

Last Name: _____ **Suffix**: _- _____

Are You the Head of Household? ❑ Yes ❑ No
If No, Name of Head of Household _____ **Relationship** _____

Alias Name (if applicable):_____
Ever Received Services Under Different Name: ❑ Yes ❑ No ❑ Don't Know ❑ Refused
If Yes, then provide**: First Name:**_____ **Middle Name:**_____
Last Name: _____ **Suffix:** _____

Date of Birth (mm/dd/yyyy): _____/_____/_____ or: ❑ Full ❑ Approximate or Partial ❑ Don't Know ❑ Refused

Social Security #: _____ – _____ – _____ ❑ Full ❑ Partial ❑ Don't Know/Don't Have ❑ Refused

Gender: ❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Other ❑ Don't Know ❑ Refused

Ethnicity: ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Don't Know ❑ Refused

Race *(choose all that apply)*:
❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American
❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Don't Know ❑ Refused

For Adults (Age 18+) and Unaccompanied Minors
Current Marital Status *(choose one)*:
❑ Married ❑ Domestic Partner ❑ Divorced ❑ Separated ❑ Widowed
❑ Single ❑ Common Law ❑ Don't Know ❑ Refused

For Adults (Age 18+)
Military Background:
Served/Serving U.S. Military *(veteran):* ❑ Yes ❑ No ❑Don't Know ❑ Refused

For All Individuals and All Family Members
Disabling Condition:
Do you have a disabling condition ? *(to be answered by adults only after program entry, unless disabling condition is a requirement for program entry)*: ❑Yes ❑No ❑Don't Know ❑ Refused

HOMELESS INTAKE

Are You Homeless? (Housing Status): ❑ Literally Homeless ❑ Housed & at imminent risk of losing housing
❑ Housed and at risk of losing housing ❑ Stably housed ❑ Don't know

❑ Refused

Where Did You Stay Last Night? *(choose one)*:

❑ Emergency Shelter, including Hotel or Motel Paid for with an Emergency Shelter Voucher. Migrant Shelter	❑ Rental by Client, No Housing Subsidy
❑ Foster Care Home or Foster Care Group Home	❑ Rental by Client with VASH Housing Subsidy
❑ Hospital (Non-Psychiatric)	❑ Rental by Client with Other Housing Subsidy (Non-VASH)
❑ Hotel or Motel Paid for without an Emergency Shelter Voucher	❑ Safe Haven
❑ Jail or Prison	❑ Staying or Living in a **Family** Member's Room, Apartment or House
❑ Juvenile Detention	❑ Staying or Living in a **Friend's** Room, Apartment, or House
❑ Owned by Client, No Housing Subsidy	❑ Substance Abuse Treatment Facility or Detox Center
❑ Owned by Client, With Housing Subsidy	❑ Transitional Housing for Homeless Persons
❑ Permanent Housing for Formerly Homeless Persons	❑ Don't Know
❑ Place Not Meant for Habitation (Car or Other Vehicle, Abandoned Building, Bus/Train/Subway Station/ Airport, Outside Anywhere, Camping)	❑ Refused
❑ Psychiatric Hospital or Other Psychiatric Facility	❑ Other _____

If You Are Currently Housed, Are You Losing Your Housing Within 14 days? ❑ Yes ❑ No ❑ Don't Know ❑ Refused

How Long Have You Stayed at the Place You Spent Last Night? *(choose one)*:

❑ 1 week or less ❑ More than 3 months, but less than 1 year ❑ Don't Know
❑ More than 1 week, less than 1 month ❑ 1 year or longer ❑ Refused
❑ 1 month to 3 months

Total Number of Times Homeless *(INCLUDING THIS TIME - choose one)*:

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 to 7 ❑ 8 to 10 ❑ 11 or More ❑ Don't Know ❑ Refused

Number of Times Homeless Within the Past Three Years (*INCLUDING THIS TIME - choose one):*

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 to 7 ❑ 8 to 10 ❑ 11 or More ❑ Don't Know ❑ Refused

How Long Have You Been Homeless <u>This Time</u>? *(choose one)*:

❑ Less than 1 month ❑ 7 to 11 months ❑ 6 to 10 years ❑ Don't Know
❑ 1 to 3 months ❑ 12 months to 2 years ❑ More than 10 years ❑ Refused
❑ 4 to 6 months ❑ 3 to 5 years ❑ Not Applicable

Tell Us about Your Last Permanent Address *(where you last lived for 90 days or more)*

Last Permanent City: _____ State/Province ___

Last Permanent Zip Code_____

❑ Full or Partial ❑ Don't Know ❑ Refused

DOMESTIC ABUSE (*For All Individuals and All Family Members)*

Domestic Violence Victim/Survivor: ❑ Yes ❑ No ❑ Don't Know ❑ Refused

If yes, When Experience Occurred?:

❑ Within the past 3 months	❑ More than 1 year ago
❑ 3 to 6 months ago	❑ Don't Know
❑ 6 to 12 months ago	❑ Refused

INCOME & BENEFITS (*For All Individuals and All Family Members)*

Income From Work & Other Sources:

Income Received From Any Source in the Past 30 Days: ❑ Yes ❑ No ❑ Don't Know ❑ Refused

Source of Income	Receiving Source of Income?	Amount Received
Income in dollars (i.e. employment income)	❑ Yes ❑ No ❑ Don't Know ❑ Refused	$_____
Unemployment Insurance:	❑ Yes ❑ No	$_____
Supplemental Security Income (SSI):	❑ Yes ❑ No	$_____
Social Security Disability Income (SSDI):	❑ Yes ❑ No	$_____
Veteran's Disability Payment:	❑ Yes ❑ No	$_____
Private Disability Insurance:	❑ Yes ❑ No	$_____
Worker's Compensation:	❑ Yes ❑ No	$_____
Temporary Assistance for Needy Families (TANF):	❑ Yes ❑ No	$_____
General Assistance (GA):	❑ Yes ❑ No	$_____
Retirement from Social Security:	❑ Yes ❑ No	$_____
Veteran's Pension:	❑ Yes ❑ No	$_____
Pension from Former Job:	❑ Yes ❑ No	$_____
Child Support:	❑ Yes ❑ No	$_____
Alimony/Other Spousal Support:	❑ Yes ❑ No	$_____
Aid to the Needy and Disabled (AND):	❑ Yes ❑ No	$_____
Old Age Pension (OAP)	❑ Yes ❑ No	$_____
Other Sources: If Other: Describe _____	❑ Yes ❑ No	$_____
TOTAL MONTHLY INCOME	Monthly Income From all Sources	$_____

Non-Cash Benefits *(All Individuals and Family Members)*

Non-Cash Benefit Received from any source in the last 30 days: ❑ Yes ❑ No ❑ Don't Know ❑ Refused

	Yes	No
Food Stamps or Money Benefits Card (Supplemental Nutrition Assistance Program (SNAP):	❑	❑
Food Stamps (or SNAP) Amount: $_____		
MEDICAID Health Insurance Program:	❑	❑
MEDICARE Health Insurance Program:	❑	❑
State Children's Health Insurance Program:	❑	❑
Women, Infants and Children (WIC):	❑	❑
Veteran's - VA Medical Services:	❑	❑
TANF Child Care Services:	❑	❑
TANF Transportation Services:	❑	❑
TANF (Other TANF-funded Services):	❑	❑
Section 8, Public Housing, or Other Rental Assistance or Housing Vouchers: (Through What Agency? _____)	❑	❑
Other Benefit Sources: (Through What Agency?)	❑	❑

EDUCATION

Education - *For Adults (Age 18+) and Unaccompanied Minors*

Currently In School or Working on Any Degree or Certificate?:
❑ Yes ❑ No ❑ Don't Know ❑ Refused

Level of Completed Education:

Received Vocational Training or Apprenticeship Certificate?: ❑ Yes ❑ No ❑ Don't Know ❑ Refused

Highest Level of Education Completed (*choose one*):

❑ Nursery School to 4th Grade	❑ 10th Grade	❑ GED	❑ Don't Know
❑ 5th or 6th Grade	❑ 11th Grade	❑ Post Secondary	❑ Refused
❑ 7th or 8th Grade	❑ 12th Grade, No Diploma	❑ No schooling	
❑ 9th Grade	❑ High School Diploma		

If you have received a high school diploma, GED or enrolled in post-secondary education, what degrees have you received? (*check all that apply*):

❑ None	❑ Doctorate Degree	❑ Don' Know
❑ Associate's Degree	❑ Other Graduate/Professional Degree	❑ Refused
❑ Bachelor's Degree	❑ Certificate of Advanced Training or Skilled Artisan	
❑ Master's Degree		

Children's Education *(for All Children between ages 5 and 17 only)*

Is your child In school now - or if you are completing this form during summer vacation - was your child enrolled during the past school year?: ❑ Yes ❑ No ❑ Don't Know ❑ Refused

If Yes, Current School Name: _____

Current School District: _____

If Yes, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?

❑ Yes ❑ No ❑ Don't Know ❑ Refused

If Yes, Type of School: ❑ Public ❑ Parochial or Other Private School ❑ Don't Know ❑ Refused

If Not Currently In School (Enrolled in School):

If Not In School, last date of enrollment: __ __/ __ __ __ __ (Month/Year)

If Not in School, Why Not? (may check more than one):

❑ None	❑ Transportation	❑ Don't Know
❑ Residency requirements	❑ Lack of available preschool programs	❑ Refused
❑ Availability of school records	❑ Immunization requirements	
❑ Birth certificates not available	❑ Physical Examination requirements	
❑ Legal guardianship requirements	❑ Other (e.g. Graduation from H.S.)	

EMPLOYMENT *(for Adults (Age 18+) and Unaccompanied Minors)*

Employed: ❑ Yes ❑ No ❑ Don't Know ❑ Refused ❑ Child is a Minor

If Currently Working, How Many Hours Worked in the Past Week: _____

Type of Work: ❑ Permanent ❑ Temporary ❑ Seasonal ❑ Contract-Based ❑ Don't Know ❑ Refused

If unemployed, are you looking for work? If employed, Are you looking for additional employment or increased hours at current job?
❑ Yes ❑ No ❑ Don't Know ❑ Refused

Means of Transportation:

❑ Bicycle	❑ Owns Car	❑ Uses Bus
❑ Family/ Friends	❑ Taxi	
❑ Handicap Transportation	❑Walks	

MILITARY & VETERANS

Served in the U.S. Military (from General Information Tab - Information automatically populated):
If Yes, Answer the following questions:

Client Serving or Has Served: ❑ Yes ❑ No ❑ Don't Know ❑ Refused

If Veteran, Type of Discharge: ❑ Honorable ❑ General ❑ Medical ❑ Bad Conduct ❑ Dishonorable ❑ Other ❑ Don't Know ❑ Refused

What Branch Did You Serve, or Are Currently Serving?:
❑ Navy ❑ Army ❑ Marines ❑ Coast Guard ❑ National Reserves ❑ Air Force
❑ Don't Know ❑ Refused ❑ Other (Explain):_____

If Currently Serving, Anticipated Discharge Date (mm/dd/yyyy): _____/_____/_____

Military Service (Check all that apply):

❑ **Persian Gulf Era to Present**: (Aug 1991 – Present)	❑ **Between WWII and Korean War:** (Aug 1947 – May 1950)
❑ **Post Vietnam Era**: (May 1975 – Jul 1991)	❑ **WW II:** (Sep 1940 – Jul 1947)
❑ **Vietnam Era**: (Aug 1964 – Apr 1975)	❑ **Don't Know**
❑ **Between Korean War & Vietnam**: (Feb 1955 – Jul 1964)	❑ **Refused**
❑ **Korean War:** (Jun 1950 – Jan 1955)	

How Many Months of Service/Active Duty in Total (Duration of Active Service)? _____

War Zone Service:
Served in a War Zone?: ❑ Yes ❑ No ❑ Don't Know ❑ Refused

If Yes, How Many Months of Service in War Zone: _____

If Yes, Received Hostile or Friendly Fire in War Zone? : ❑ Yes ❑ No ❑ Don't Know ❑ Refused

If Served In War Zone, Which Ones? (Check all that apply):

❑ Europe:	❑ South China Sea:	❑ Persian Gulf:
❑ North Africa:	❑ China, Burma, India:	❑ Other:
❑ Vietnam:	❑ Korea:	❑ Don't Know
❑ Laos and Cambodia:	❑ South Pacific:	❑ Refused

HEALTH - *For All Individuals and All Family Members)*

General Health Information (*For All Individuals and All Family Members)*

General Health Rating *(choose one)*: ❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor ❑ Don't Know ❑ Refused Currently Pregnant?: ❑ Yes ❑ No ❑ Don't Know ❑ Refused If Yes, What Is The Due Date ?: (mm/dd/yyyy): _____/_____/_____				
Health Information (*For All Individuals and All Family Members)*				
Disabling Condition? Disability Determination?	❑ Yes ❑ Yes	❑ No ❑ No	❑ Don't Know ❑ Don't Know	❑ Refused ❑ Refused
Diagnosed HIV/AIDS:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program? Disability Determination?	❑ Yes ❑ Yes	❑ No ❑ No	❑ Don't Know ❑ Don't Know	❑ Refused ❑ Refused
Substance Abuse Problem: Type of Substance Abuse Problem Disability Determination?	❑ Alcohol Abuse ❑ Yes	❑ Drug Abuse ❑ No	❑ Both Alcohol and Drug Abuse ❑ Don't Know	❑ No ❑ No
(If Yes) Expected To Be of Long-Continued and Indefinite duration and Substantially Impairs Ability to Live Independently?	❑ Yes	❑ No	❑ Don't Know	❑ Refused
(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program?	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Mental Health Problems:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
(If Yes) Expected To Be of Long-Continued and Indefinite duration and Substantially Impairs Ability to Live Independently? Disability Determination?	❑ Yes ❑ Yes	❑ No ❑ No	❑ Don't Know ❑ Don't Know	❑ Refused ❑ Refused
(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program?	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Physical/Medical Disability:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program? Disability Determination?	❑ Yes ❑ Yes	❑ No ❑ No	❑ Don't Know ❑ Don't Know	❑ Refused ❑ Don't Know
Developmental Disability:	❑ Yes	❑ No	❑ Don't Know	❑ Refused

(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program? Disability Determination?	❑ Yes ❑ Yes	❑ No ❑ No	❑ Don't Know ❑ Don't Know	❑ Refused ❑ Refused
Chronic Health Condition:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program? Disability Determination?	❑ Yes ❑ Yes	❑ No ❑ No	❑ Don't Know ❑ Don't Know	❑ Refused ❑ Refused

Self Sufficiency Matrix- Summary

Housing Domain:

- ❑ Homeless or threatened with eviction
- ❑ In transitional, temporary or substandard housing; and/or current rent or mortgage payment is unaffordable
- ❑ In stable housing that is safe but only marginally adequate
- ❑ Housing is safe, adequate, subsidized
- ❑ Housing is safe, affordable, adequate, unsubsidized
- ❑ Don't Know
- ❑ Refused

Income Domain:

- ❑ No Income.
- ❑ Inadequate income and/or spontaneous or inappropriate spending.
- ❑ Can meet basic needs with subsidy; appropriate spending.
- ❑ Can meet basic needs and manage debt without assistance.
- ❑ Income is sufficient, well managed; has discretionary income and is able to save.
- ❑ Don't Know
- ❑ Refused

FOR AGENCY USE ONLY: ***Go to Household Tab to Add Additional Family Members***

(FOR AGENCY USE ONLY)	
If enrolling in // exiting out of housing program:	**If providing service(s):**

1. Program Name: _____
   Entry Date: ____/_____/_____ (if enrolling)
   Exit Date: ____/_____/_____ (if exiting. **Leave blank** if client **not** exiting out of program)

Service Name # 1: _____
_____

Entry Date: ____/____/_____
Exit Date: ____/____/_____
Status: Closed, Identified, or in Progress (check one)
#Units: _____

If exiting from program:

Reason for leaving *(choose one)*:

❑ Completed Program	❑ Criminal Activity / Violence
❑ Death	❑ Disagreement with rules/persons
❑ Left for housing opp. Before completing program	❑ Needs could not be met
❑ Non-compliance with program	❑ Non-payment of rent
❑ Other (Please specify) _____ _____	❑ Reached maximum time allowed
❑ Unknown / Disappeared	

If providing service(s):

Service Name # 2: _____
_____

Entry Date: ____/____/_____
Exit Date: ____/____/_____
Status: Closed, Identified, or in Progress (check one)
#Units: _____

If exiting from program:

Destination *(choose one)*:

❑ Deceased	❑ Don't Know
❑ Emergency shelter, including hotel or motel paid for with Emergency Shelter voucher	❑ Foster care home or foster care group home
❑ Hospital (non-psychiatric)	❑ Hotel or motel paid for without emergency shelter voucher
❑ Jail, prison or juvenile detention facility	❑ Other (Please specify) _____ _____
❑ Owned by client, no housing subsidy	❑ Owned by client, with housing subsidy
❑ Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	❑ Place not meant for habitation (e.g. , a vehicle or anywhere outside)
❑ Psychiatric hospital or other psychiatric facility	❑ Refused
❑ Rental by client, no housing subsidy	❑ Rental by client, other (non-VASH) housing subsidy
❑ Rental by client, VASH Subsidy	❑ Safe Haven
❑ Staying or living with family, permanent tenure	❑ Staying or living with family, temporary tenure
❑ Staying or living with friends, permanent tenure	❑ Staying or living with friends, temporary tenure
❑ Substance abuse treatment facility or detox center	❑ Transitional housing for homeless persons (including homeless youth)

If providing service(s):

Service Name # 3: _____
_____

Entry Date: ___/___/_____
Exit Date: ___/___/_____
Status: Closed, Identified, or in Progress (check one)
#Units: _____

If providing service(s):

Service Name # 4: _____
_____

Entry Date: ___/___/_____
Exit Date: ___/___/_____
Status: Closed, Identified, or in Progress (check one)
#Units: _____

Please copy additional pages as required.

NM HMIS Client Consent Form

[Agency Name]

The New Mexico Coalition to End Homelessness, on behalf of the New Mexico Continuums of Care, the New Mexico Mortgage Finance Authority and the City of Albuquerque, administers a computerized record keeping system, NM HMIS, which captures information about people experiencing homelessness, including their service needs. Many New Mexico agencies have decided to use NM HMIS as their data management tool to collect information on the clients they serve and the services they provide.

How this process can benefit you is that basic information that you provided in your intake interview can be shared, with your written consent, from this service program to the other collaborating agencies that agree to adhere to privacy protection and confidentiality rules. The direct benefit to you is that this may speed up any future intake interviews at other agencies.

If you consent, you are providing permission to enter and securely store your information, as well as that of your household members in NM HMIS, as well for **Error! Reference source not found.** to share your intake information with the other collaborating agencies to be used for an initial intake assessment. This information includes basic demographic information, residential, employment skills/ income, military/ legal. This will not take place unless you provide written consent. Medical, mental health or substance use history will be shared only with the New Mexico Coalition to End Homelessness for the purpose of compiling data summaries, but will not be shared with any other agency.

You can choose to have any information that you have shared deleted from the system at any time. The information that you provide will also be used for reporting requirements and advocacy (without any identifying information).

Your consent is helpful to our agency because it makes record keeping for our agency more efficient, **but your consent is not required for you to receive services from our agency.**

I, _____
(Participant Name Printed)

☐ DO CONSENT

☐ DO NOT CONSENT

to have information (demographic, residential, date of birth, social security number and veteran status) that I provided in intake interviews to staff at the agency named below to be shared electronically with the other collaborating agencies using NM HMIS, and to have other personal information (medical, mental health, substance use history, income, housing, goals and outcomes) that I provided in intake and exit interviews to staff at the agency named below to be shared electronically with the New Mexico Coalition to End Homelessness for the purpose of compiling data summaries.

I understand that I may ask to have this information removed from NM HMIS at any time in the future

_____ _____
Participant Signature Date

_____ _____
Agency Signature Date

2018 HDX Competition Report

PIT Count Data for NM-500 - Albuquerque CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	**1222**	**1318**	**1340**
Emergency Shelter Total	674	706	711
Safe Haven Total	0	0	0
Transitional Housing Total	365	228	245
Total Sheltered Count	**1039**	**934**	**956**
Total Unsheltered Count	**183**	**384**	**384**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**255**	**379**	**421**
Sheltered Count of Chronically Homeless Persons	165	209	251
Unsheltered Count of Chronically Homeless Persons	90	170	170

2018 HDX Competition Report

PIT Count Data for NM-500 - Albuquerque CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**108**	**61**	**69**
Sheltered Count of Homeless Households with Children	106	56	64
Unsheltered Count of Homeless Households with Children	2	5	5

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**198**	**139**	**163**	**169**
Sheltered Count of Homeless Veterans	127	123	122	128
Unsheltered Count of Homeless Veterans	71	16	41	41

2018 HDX Competition Report

HIC Data for NM-500 - Albuquerque CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	**384**	**85**	**193**	**64.55%**
Safe Haven (SH) Beds	**0**	**0**	**0**	**NA**
Transitional Housing (TH) Beds	**385**	**0**	**222**	**57.66%**
Rapid Re-Housing (RRH) Beds	**479**	**201**	**277**	**99.64%**
Permanent Supportive Housing (PSH) Beds	**1562**	**0**	**700**	**44.81%**
Other Permanent Housing (OPH) Beds	**116**	**0**	**96**	**82.76%**
Total Beds	2,926	286	1488	56.36%

2018 HDX Competition Report

HIC Data for NM-500 - Albuquerque CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 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	1007

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	57	189	144

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	233	514	479

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for NM-500 - Albuquerque CoC

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.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	2636	2554	37	42	5	19	27	8
1.2 Persons in ES, SH, and TH	2989	2848	73	66	-7	28	35	7

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added 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.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	2615	2553	160	281	121	33	72	39
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2966	2866	192	302	110	46	92	46

2018 HDX Competition Report

FY2017 - 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.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	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	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	9	1	11%	1	11%	0	0%	2	22%
Exit was from ES	477	68	14%	41	9%	39	8%	148	31%
Exit was from TH	238	20	8%	11	5%	10	4%	41	17%
Exit was from SH	0	0		0		0		0	
Exit was from PH	765	33	4%	28	4%	35	5%	96	13%
TOTAL Returns to Homelessness	1489	122	8%	81	5%	84	6%	287	19%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report
FY2017 - 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).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1222	1318	96
Emergency Shelter Total	674	706	32
Safe Haven Total	0	0	0
Transitional Housing Total	365	228	-137
Total Sheltered Count	1039	934	-105
Unsheltered Count	183	384	201

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	3027	2881	-146
Emergency Shelter Total	2652	2567	-85
Safe Haven Total	0	0	0
Transitional Housing Total	478	426	-52

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 FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	268	336	68
Number of adults with increased earned income	16	18	2
Percentage of adults who increased earned income	6%	5%	-1%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	268	336	68
Number of adults with increased non-employment cash income	65	76	11
Percentage of adults who increased non-employment cash income	24%	23%	-1%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	268	336	68
Number of adults with increased total income	77	94	17
Percentage of adults who increased total income	29%	28%	-1%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	229	214	-15
Number of adults who exited with increased earned income	33	32	-1
Percentage of adults who increased earned income	14%	15%	1%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	229	214	-15
Number of adults who exited with increased non-employment cash income	80	65	-15
Percentage of adults who increased non-employment cash income	35%	30%	-5%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	229	214	-15
Number of adults who exited with increased total income	107	89	-18
Percentage of adults who increased total income	47%	42%	-5%

2018 HDX Competition Report

FY2017 - 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 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2754	2707	-47
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.	658	749	91
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)	2096	1958	-138

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3734	3628	-106
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.	936	1006	70
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.)	2798	2622	-176

FY2017 - 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 FY2017 (Oct 1, 2016 - Sept 30, 2017) 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 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	284	38	-246
Of persons above, those who exited to temporary & some institutional destinations	128	12	-116
Of the persons above, those who exited to permanent housing destinations	28	17	-11
% Successful exits	55%	76%	21%

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3217	2920	-297
Of the persons above, those who exited to permanent housing destinations	1139	1023	-116
% Successful exits	35%	35%	0%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	1176	1317	141
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1108	1220	112
% Successful exits/retention	94%	93%	-1%

2018 HDX Competition Report

FY2017 - 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 into 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.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	294	303	292	298	411	402	394	310	1087	1234	1407	1557	72	135	222	333				
2. Number of HMIS Beds	159	172	180	192	282	285	270	187	548	589	704	766	72	135	216	333				
3. HMIS Participation Rate from HIC (%)	54.08	56.77	61.64	64.43	68.61	70.90	68.53	60.32	50.41	47.73	50.04	49.20	100.00	100.00	97.30	100.00				
4. Unduplicated Persons Served (HMIS)	1620	2442	2652	2551	601	599	478	425	841	1039	1203	1232	1388	1064	1104	1155	0	53	224	253
5. Total Leavers (HMIS)	1484	2315	2515	2415	321	387	340	275	173	291	269	255	1084	725	726	651	0	40	109	13
6. Destination of Don't Know, Refused, or Missing (HMIS)	166	831	151	173	13	17	30	24	14	9	19	36	69	1	11	16	0	0	0	0
7. Destination Error Rate (%)	11.19	35.90	6.00	7.16	4.05	4.39	8.82	8.73	8.09	3.09	7.06	14.12	6.37	0.14	1.52	2.46		0.00	0.00	0.00

2018 HDX Competition Report

Submission and Count Dates for NM-500 - Albuquerque CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/22/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/26/2018	Yes
2018 HIC Count Submittal Date	4/26/2018	Yes
2017 System PM Submittal Date	5/24/2018	Yes

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 February 2018

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 Entry 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 Entry 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;[1]

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.

[1] https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/

3. Participation in Coordinated Entry System

Albuquerque and Balance of State CoC PSH programs must use the statewide Coordinated Entry System (CES) to identify which individual or family they will house when they have an opening. The CES 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 CES are able to view in HMIS the homeless households that have completed the VI-SPDAT and are part of the CES.

All programs that receive CoC funding are required to participate in the CES. In addition to filling housing openings through the CES, 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.[2]

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

1) First identity the chronically homeless households in the CES with the highest VI-SPDAT score;
2) Of the households with the highest VI-SPDAT score, identity 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 CES to identify potential applicants in the priority order listed above.

B. Non Dedicated and Non Prioritized Beds:

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

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

- 2Within 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

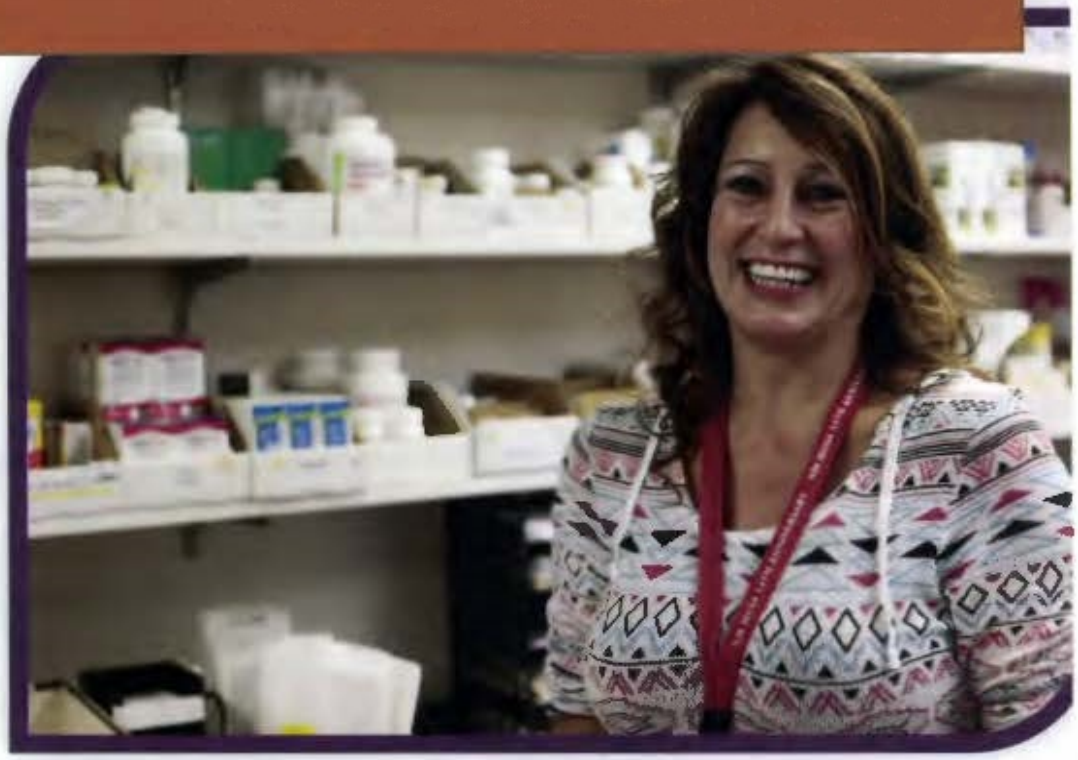
PSH programs will be able to use the CES to identify potential applicants in the priority order listed above.

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 CES staff will work with the people on the CES 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.

2017 Albuquerque Health Care for the Homeless Needs Assessment



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June 2017
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Approved by the Board of Directors at its August 8, 2017 meeting:

Paul Maestas, President — Date: 8-31-2017

Albuquerque HEALTH CARE for the homeless

Executive Summary

Medical Clinic Lobby and Friends by Tomas Abeyta

In the City of Albuquerque, a minimum of 1,318 people reported experiencing homelessness on January 23, 2017 per the local Point-In-Time Count, and per Albuquerque Health Care for the Homeless (AHCH) and community best estimates, at least 16,000 persons – approximately 2.3% of Bernalillo County residents – will experience homelessness during the year. Homelessness is caused by the lack of affordable housing, of a living wage, and of access to health care. Compounded by individual vulnerabilities such as mental illness, substance use, disability, injury and illness, family instability, and unequal access to education, employment, transportation, and other social determinants of health, homelessness is an experience of unjustly distributed resources and circumstances that can create a seemingly intractable set of circumstances. In addition, gender-based violence and the specific vulnerabilities associated with it (abrupt loss of housing, disrupted healthcare access, sudden loss of income, and need to escape the unsafe situation) is the most common reason for family and child homelessness.

Comparative Federal Health Center Program 330 (h), utilization, and diagnosis data from this Albuquerque Health Care for the Homeless Needs Assessment confirm national findings that persons experiencing homelessness are more likely to become ill, have greater ambulance utilization and hospitalization rates, experience higher rates of chronic diseases, mental disorders, substance use, communicable diseases and functional and behavioral impairments and are more likely to die at a younger age than the housed population. The same health problems which may afflict any poor person with a home are exacerbated by homelessness. Illnesses last longer and may result in greater complications, both because of environmental stressors and barriers to receiving appropriate care.

The high levels of serious health conditions among the population of persons experiencing homelessness, the high costs of untreated illnesses, and unaddressed housing and social determinants of health create an immediate need to address the health care needs of persons experiencing homelessness. Witnessing first hand over 31 years that housing is health care, Albuquerque Health Care for the Homeless acknowledges, and data supports, that the underlying reasons for homelessness itself must be addressed in order to improve health status and outcomes for those experiencing it.

This report presents Needs Assessment findings of Albuquerque Health Care for the Homeless, carried out in 2016-2017. The aim is to highlight healthcare experiences specific to the population of persons experiencing homelessness, analyze capacity similarities and distinctions across access points, compare community characteristics, identify and describe special sub-populations, create a community health profile of persons experiencing homelessness in Bernalillo County, highlight structural and individual inequities that make homelessness

possible, and most importantly inform planning to improve coordination for care and resources for persons experiencing homelessness, by sharing and acting on findings to further our vision of living in a world that is just and without homelessness.

Major Findings include:

- A March 2017 AHCH All Staff Survey (89 respondents) identified the following community resource gaps in care at AHCH: eye exams/care, childhood immunizations, convulsions/seizures (AHCH doesn't have the resources to address traumatic brain injuries (TBI) seen), respite for preventative procedures (especially those requiring complicated preparation e.g., colonoscopy), medication-assisted treatment (MAT), elderly health, Hepatitis C, chronic pain management, mental illness, and access to over-the-counter medications and medications not covered by Medicaid.

- March 2017 AHCH All Staff Survey (89 respondents) identified community challenges in care as care coordination, transportation, convulsions/seizures (again, not enough community capacity to address TBI), medical respite, medication-assisted treatment (MAT), Hepatitis C, dual or triple diagnosis, violence or trauma related services (i.e., physical/sexual assault/traumatic injuries) oral health services, and access to over-the-counter medications.

- AHCH client demographic trends from the 2014-2016 Uniform Data System annual report to the Bureau of Primary Health Care demonstrates an older population growth in clients ages 60 + both males and females; although numbers increased overall, the demographics of people who identify as Native American/American Indian and Black/African American grew proportionally more than other demographics; and youth have remained steadily lower from an all-time high in 2014.

- Service Area Medical Respite Survey commissioned by AHCH in 2017 results (60 organizational and institutional respondents) confirmed that need for medical respite continues to exist, discharge planning for persons experiencing homelessness is difficult (55% say it is very difficult, 30% say difficult), discharges are delayed due to the patient's housing status (29% say more than once a week, 18% say once a week), and 41% say that admission into costly inpatient care is sometimes a pathway to getting a person experiencing homelessness into more adequate level of medical respite care.

- While the 2017 New Mexico Coalition to End Homelessness Point-In-Time Count (PIT) noted only a slight increase of 31 people, thanks to extensive input by AHCH and other outreach teams, a more comprehensive unsheltered count resulted in an increase of 201 additional people counted, and a 23% increase in the Winter Only Shelter utilization compared to the 2015 PIT. Interesting points of deeper reference include: Nearly 11% of persons counted identified as transgender and more male adults with children are unsheltered (15.8%) and most identify as Hispanic. Unaccompanied youth made up 8.1% of the total people counted and of those 80% of American Indian identified are unsheltered.

- Title I Homeless Project Albuquerque Public Schools 2016-2017 School Year Data identified 3,689 children and youth enrolled in the program, of those students experiencing homelessness 73.1% are accompanied students (living with parent or legal guardian) and 26.9% are unaccompanied students (not living with parent or legal guardian). The clear majority (35% of accompanied and 40% of unaccompanied students) reside with a grandparent(s), followed by a relative, then friends. (More unaccompanied students are identified in the runaways and throwaway categories and are very vulnerable.)

- Federally qualified health centers make access to care possible for so many persons who are living with no to very low income. In 2015, nationally, 24,295,946 Americans were served in health centers across America. Of those, 890,283 (3.66%) were experiencing homelessness at the time of their first visit. In New Mexico, health centers saw a total of 301,209 patients and 13,188 (4.37%) were seen in an HCH designated clinic for persons experiencing homelessness.

- Health Care for the Homeless (HCH) section 330 (h) community characteristics demonstrate that AHCH serves fewer females (37%) than both the national HCH grantees (45.5%), and NM HCH grantees (43.3%). The population of people who identify as Black/African American also demonstrates information of note. AHCH serves more Black/African Americans (10%) than NM HCH grantees (4.6%), and less than national HCH grantees (30.8%). In July 2015, 40.7 million people in the United States were Black or African American representing 12.7% of the population, New Mexico reported 2.5% of the population, and in Bernalillo County 3.4%. In all cases, this represents a sizeable disparity in percentage of the population experiencing homelessness. New Mexico's unique geographic make-up shows a similar, although expected, variance in American Indian/Alaskan Native persons. For New Mexico HCH grantees 25.7% identified as American Indian/Alaskan Native, for AHCH 12%, and national HCH grantees 1.5%, again overrepresented compared to overall population demographics.

- Federally qualified health center data demonstrates higher visit rates and more chronic need of care across our nation at HCH clinics than in non-HCH clinics in the following diagnoses: Symptomatic/Asymptomatic HIV, Tuberculosis, sexually transmitted infections, Hepatitis C, Asthma, Diabetes mellitus, Heart Disease (in HCHs across the nation, less so in NM and AHCH is more than in NM). All selected mental health and substance abuse conditions are overrepresented in HCH grantee data, and NM nearly triples in diagnosis compared to other non-HCH health centers, with depression and other mood disorders and anxiety disorders, including PTSD having the most notable increase. Tobacco use disorder is 5% in health centers across the nation, doubles to 12% in HCH grantees nationally and then spikes at 20% in NM HCH grantees and is nearly 60% for AHCH. Selected dental services demonstrate that health centers in general complete more oral exams than HCH grantees (nationally or locally) and HCHs are doing more emergency services and in some cases restorative, oral surgery, and rehabilitation services.

- Poverty statistics also demonstrate that Black or African American and American Indian/Alaskan Native are overrepresented in the proportion of people living in poverty across all geographies (Bernalillo County, New Mexico, and the United States).

- In 2016, Albuquerque Ambulance Services picked up 2,754 unique customers and received 7,114 calls (~2.58 calls/unique customer) from people who either reported no known address (55%) or were picked up at a homeless shelter or service site. Of those calls, 47.89% were alcohol related, followed by pain 16.48%, infer mental status 11.79%, and trauma 6.08%. When the data was re-evaluated by primary impression of ambulance staff (versus ambulance caller information) and segmented - violence-related, the total percent of calls broke out as trauma 42.1%, pain 24.2%, alcohol related 22.5%, and infer mental status 6.9%.

- A High Utilizers Study looking at people receiving mental health services provided by the Psychiatric Service Unit (PSU) at the Bernalillo County Metropolitan Detention Center (MDC) found 1.9 admissions per individuals booked from 5/12-3/15 with 26% of the population having received services at AHCH. The severity of booked crime was most often petty misdemeanors.

- Local economic statistical trends from 2006-2010 compared to 2011-2015 showed that for Bernalillo County renters, 45% are paying 35% or more of their household income as rent or a 5-point increase from 39.9% (2005-2010 vs 2011-2015 American Community Survey 5-Yare Estimates).

- The City of Albuquerque's New Mexico Coalition to End Homelessness' Continuum of Care (CoC) utilizes a Coordinated Assessment system for housing prioritization and began prioritizing those most vulnerable with the Vulnerability Index- Services Prioritization and Data Tool beginning in fall of 2014. Data from 2015 and 2016, or nearly 3,000 assessments have been completed. For 2016, over 80% identified as homeless and 20% at imminent risk of losing housing, nearly 40% as chronically homeless, and over 60% as medically vulnerable. Additionally, 38% reported being continuously homeless for at least one year.

- A preliminary City of Albuquerque Fair Housing Assessment shows that there is a vast discrepancy between income eligible households (people who earn less than 50% gross medium income) and available affordable housing (Section 8, supportive housing or transitional, or generally affordable housing). The historical pattern of available housing is mostly single family with some apartment development. There is a clear shortage of group homes and other housing options for people with disabilities who are unable to live independently.

- In a 12-month period Law Access New Mexico (LANM) Landlord/tenant Hotline provided legal advice to tenants and private landlords (primarily tenants and not public housing tenants), but they do advise landlords who also fall within 200% of the Federal Poverty Guidelines, to 1,001 clients living in Bernalillo County. However, LANM further reported that for every triage eviction application, they are likely to have 8 times more call-in

eviction cases. Interestingly, LANM demographics demonstrate that nearly 9% are 18-24 years of age or 65 and older and 68% are female which point to populations who might be at-risk of homelessness. Nearly 6% are American Indian/Alaska Native and 7.5% are Black/African American, both demographics are represented at higher rates in the population of persons who are homeless. This could be the inverse relationship demonstrating again that they are less likely to be represented in the housing market.

- Access to transportation, or lack thereof, creates undue hardships to people living in poverty and is now being recognized as an important housing cost and quality of life issue for persons experiencing homelessness or at risk of homelessness. Ability to pay utilities is also a pressing social need in the population of people accessing primary care services at non-HCH clinics that are actively screening for social determinants of health. A 2017 AHCH led survey of 168 respondents verified that this continues to be a barrier to access to basic services such as healthcare, pharmacy, incomes support division etc.

Conclusions:

- This report indicates that people are experiencing higher rates of homelessness (exact extent unknown) and are more vulnerable in recent years (health, economic, housing etc.). People living in poverty have even less access to economic resources over the last five years than in the previous five-year period. Sub-populations of persons experiencing homelessness have unique, sometimes unidentified, and often unmet health needs, despite Medicaid expansion and health reform.

- Poverty is entrenching and there is no evidence of future relief. The local housing market does not identify fair and affordable housing as priority and does not meet the demand for affordable housing. There is a tremendous need for affordable housing near transit, jobs, schools, and services. Access to health care is threatened daily and the major health care systems and managed care organizations are often unable to locate and continuously engage persons experiencing homelessness. AHCH's philosophy of care model is more relevant than ever. Now is the time to fortify AHCH efforts to build systems relationships, share data for more continuity of care, and prevent the devastation of inappropriate institutional discharge through alternative systems approaches.
- People living at or below the 200% of the Federal Poverty Guidelines live with the threat of eviction and youth and seniors are highly represented in this number. A community focus on housing options and eviction prevention is necessary to avoid future homelessness. Utility support is also a large concern for the income group.

- The large number of physical, mental, and social needs that are the experience of people who are homeless make it difficult for health care to be a priority. People come in "when it hurts" and mostly connect with our campus or staff on outreach for housing and crisis situations. AHCH will need to track closely its quality and access indicators in relation to those conditions most affecting the population of persons experiencing homelessness, and maximize continued use of its integrated care teams to link people into the comprehensive mix of services available (i.e., proportion of overall clients seeing dental and medical).

- In the City of Albuquerque / Bernalillo County persons who are homeless and participating in the coordinated assessment system are highly medically vulnerable and have experienced homelessness for a long-time, some for decades. The community has had some successes housing this population. Not being addressed with this system are families, youth, and seniors. The community will need to look at this and see what resources and services will be needed to address the housing and service needs of these sub-populations, and AHCH must continue to understand and serve or facilitate their access to care.

- Building community and political is as important now as ever and the reconvening of groups who were a pivotal part of this assessment to problem-solve and address identified gaps and structural issues will be important aims in support of the 2016 and Beyond AHCH Strategy Roadmap.

- Persons experiencing homelessness are disproportionately people of color, people living in abject and entrenched poverty who are unequally affected by bad credit histories, histories of eviction or criminal charges, higher rates of untreated and out of control chronic conditions, including triply occurring physical, mental and behavioral illnesses. They require a coordinated, culturally humble, and community-based response to their healthcare and housing needs. AHCH will need to rely on its proven approaches to get and keep people housed, address chronic health and social issues, and be nimble and responsive to the rapidly changing medical, social, and housing environments to be effective in the fight to end homelessness in our community.

This needs assessment is in many ways comprehensive, but not exhaustive. It provides directional arrows to arears for further research, analysis and convening over time as AHCH implements its Strategy Roadmap and programs.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H80CS00036 Health Center Cluster grant amount $2,838,974.00. This information or content and conclusions are those of AHCH and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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Acknowledgments

Albuquerque Health Care for the Homeless, Inc. (AHCH) staff and board of directors gratefully acknowledge the efforts, support, and committed partnership of the following community systems and their leadership:

- Albuquerque Ambulance Services Kurt Krumperman, PhD, NRP, Chief. He and his staff provided a data set containing one year of ambulance pick-up services in the Albuquerque area. The data were specific to those "pick-ups" where people reported "no address," gave a shelter address, or were picked up from a shelter.

- New Mexico Coalition to End Homelessness, Lisa Huval, Policy & Advocacy Director, for sharing Point-in-Time Summaries that went directly to HUD for purposes of this assessment. Roman Seaburgh, Coordinated Assessment Director, NM Coalition to End Homelessness who made the Vulnerability Index Service Prioritization Data available from the Coordinated Assessment System.

- Beverly Gorman MCSW, MBA, Associate Scientist I, Program Specialist, University of New Mexico Health Sciences, Department of Psychiatry, Division of Community Behavioral Health, Douglas H. Chaplin, Family and Community Services Director, City of Albuquerque, and Brett Poe and Alaina Boyer of the National Health Care for the Homeless Council who provided material sources, reports, technical assistance, and follow-up information as part of a specific strategy for American Indians/Alaska Natives homelessness analysis.

- Janet Page-Reeves, PhD Anthropologist and Research Assistant Professor, UNM Office for Community Health, Department of Family and Community Medicine; and Drs. Art Kaufman (UNM) and Will Kaufman of the South Valley First Choice Clinic and Molly Jane Bleecker (UNM) regarding the UNM Well Rx social determinants of health data project.

- Patrick Scott, Liaison, and Anna V. Brock Albuquerque Public School Title 1 Homeless Project for sharing their analyzed data to augment the picture of youth and families homelessness in Bernalillo County.

- Presbyterian Health Services, Leigh Caswell, Community Health Manager, and Meredith Root-Bowman, MPH, MPA, Community Health Epidemiologist, Center for Community Health, Presbyterian Healthcare Services for discussions and information with planning group regarding quality local level data and pointing us to Presbyterian Health Services community needs assessments.

- Leah Steimel, MPH, Fourfold Partners, the who made highlights and the final report on a local Medical Respite Community Needs Assessment available pre-release.

- Carol E Garner, Esq., and Sandi Gilley, Supervising Attorney, Law Access New Mexico for program level data, including demographics and segmentation. This data presented a profile of the local population who is experiencing housing challenges and at-imminent risk of eviction.

- Neil Greene, Program Review Committee Volunteer Member, UNM Ph.D Candidate. He provided strategic direction setting, attended strategy and planning meeting, and reviews of work in progress. Chandler Smith-Stetson, Housing Program Director, Albuquerque Heading Home who shared an exploratory research project he completed on VI-SPDAT data.

- Bernalillo County Community Health Council, Sarah Nance, MPA, Program Specialist for sharing data on prescription opiate use and strategy discussion meetings.

Access to this type of local, comprehensive community systems data (raw and reported in the aggregate) is an essential data sharing exercise for our community and for AHCH to create a local profile about issues of homelessness. The insight gained with community systems comparisons is compelling in the local story it tells and its sometimes mirroring of national studies. All took the time to discuss the process, offered suggestions and technical assistance, many provided data and community-level estimates.

Introduction & Methodology

Albuquerque Health Care for the Homeless (AHCH) is a stand-alone 330(h) Health Care for the Homeless Program operating with Federal Health Resources and Serivces Administration (HRSA)/Bureau of Primary Health Care (BPHC) Health Center 330(h) funding and an intentional mix of other funding sources since 1985. Since then, AHCH has provided a distinctive continuum of integrated services that addresses the health-related causes and consequences of homelessness. Designed in response to the complex needs of people who are homeless, AHCH outreach, low-demand settings, and site-based services create a variety of alternative entryways to care.

ArtStreet Open Studio by Tomas Abeyta

AHCH's target population is persons experiencing homelessness throughout the entire Bernalillo County. AHCH's operating definition of homelessness includes persons who spent the previous night 1) in an emergency shelter, 2) "on the streets" (in sites not intended for human habitation, including abandoned or public buildings, vehicles, or elsewhere out-of-doors, 3) in a motel, 4) "doubled up" temporarily in homes of friends or family members. AHCH ensures that integrated and quality health care services, including primary care, dental, behavioral health, case management, social services that meet basic human needs, art therapy and harm reduction outreach are available to persons experiencing homelessness. Under Federal HRSA/BPHC regulations, AHCH is required to demonstrate and document the needs of our target population, updated as appropriate. For AHCH it is also, and more importantly, an essential philosophical approach to stewardship of community resources toward fulfillment of our social contract and mission.

This 2017 AHCH Needs Assessment is designed to capture, assess, and interpret data to support 1) the AHCH vision to live in a world that is just and without homelessness,2) the AHCH 2016 and beyond Strategy Roadmap and advocacy agenda, 3) annual participatory program planning, and, 4)ultimately to best carry out the AHCH mission to provide caring and comprehensive health and integrated supportive services, linking people experiencing homelessness to individual and collective solutions, and to be a leader in implementing innovative service models and a catalyst for solutions to homelessness, and to uphold a commitment to diversity and equity. These processes, plans, and strategies work together to improve the overall health status of persons experiencing homelessness in Bernalillo County while advocating to address the issues that make homelessness possible to begin with. They will be used to inform community planning and mobilization towards a common goal of ending homelessness.

Methods

Albuquerque Health Care for the Homeless (AHCH)'s 2017 Needs Assessment built on the successes and take aways from the 2014 Needs Assessment. AHCH began by relying on its strong, quality, and variety of relationships with local partners for thinking and strategizing

around approach, process, and access to data. The process served both a need for local level data on people experiencing homelessness from other organizations and entities to AHCH, and from AHCH to them. At its most basic, AHCH started with data that has always guided its work. This data includes the local NM Coalition to End Homelessness Point-in-Time Count, the HRSA Health Center Uniform Data Systems (UDS) and Roll-up reports, and AHCH's most intimate knowledge and expertise from internal analysis of all staff gap assessments, focus groups, and service perceptions.

The population of persons experiencing homelessness is diverse, data sources are varied, and even definitions of homelessness differ from source to source. To assess health care services among persons who are homeless in Bernalillo County a variety of data sources, both primary data and existing (or secondary) data were utilized and are as follows:

1. **Prevalence of Homelessness:** To determine the total numbers of persons experiencing homelessness in Bernalillo County and broadly describe demographics of the overall population, AHCH used the following sources of data:
   - Bernalillo County Point In Time Homeless Count (2017)
   - Bernalillo County HMIS homeless services utilization data (2017)
   - City of Albuquerque Continuum of Care Coordinated Assessment System data (2015 & 2016)
   - UDS health care utilization data (2016)
   - Albuquerque Public School Title I Homeless Project student data (2016-2017)

2. **Homeless Demographics and Subpopulations:** In describing and highlighting the key demographics and subpopulations among persons experiencing homelessness, AHCH drew from the following studies:
   - The Health and Well-Being of Lesbian, Gay, and Bisexual Youth in New Mexico Data from the 2015 New Mexico Youth Risk & Resiliency Survey (June 2017)
   - City of Albuquerque August 2011 Urban Indian Survey and Needs Assessment Report
   - Continuum of Care (CABQ) Native American Homeless Demographic Summary (February 2017)
   - New Mexico Epidemiology Health and Housing Instability Among New Mexico Youth (July 2017)

3. **Utilization and Services:** To describe utilization of community health care and other resources by persons experiencing homelessness in emergency response services, community-based clinics, eviction prevention, etc., AHCH utilized the following sources of care utilization data:
   - Albuquerque Ambulance Services homeless utilization data (2013- 2014)
   - AHCH UDS health care utilization data (2016)
   - Law Access New Mexico Landlord Tenant Hotline data (2016)
   - Addressing Social Determinants of Health in a Clinic Setting: The WellRx Pilot in Albuquerque, New Mexico (May-June 2016)

4. **Needs and Barriers**: Primary was created and secondary source data reviewed to identify and articulate the needs and barriers experienced by persons experiencing homelessness or at-risk of homelessness. This was done in the following ways:
    - All Staff Survey of distributed to nearly 100 staff, many of whom have provided care for 5 or more years to the population of people experiencing homelessness (March 2017)
    - Medical Respite Community Needs Assessment (July 2017)
    - Comparative Housing and Economic Characteristics 2011-2015 American Community Survey 5-Year Estimates
    - An Assessment of Fair Housing for City of Albuquerque, the City of Rio Rancho, and Albuquerque Housing Authority (July 2017)
    - New Mexico Behavioral Health Needs Assessment (January 2017)

Health and Homelessness

Albuquerque Ambulance Services Calls: Reason for call and Primary Impression

The following Albuquerque Ambulance Service data includes only those people who list their address as one of the shelters and or state they do not have a place to stay and therefore have no address to give and for the purposes of this assessment are presumed homeless. For the 2016 calendar year, 2,754 unique customers reported no known address or listed their address as one of the shelters and made 7,114 calls (approximately 2.58 calls per unique customer).

Key Data

Pick up Point

Location	Total Ambulance Service Calls	Total Percent of Calls
St. Martin' Hospitality Center (Behavioral Health)	671	9%
Albuquerque Health Care for the Homeless	19	.3%
Good Shepherd Center	**2000**	**28%**
Joy Junction	340	5%
Albuquerque Rescue Mission	20	.3%
Albuquerque Opportunity Center	123	2%
No Address/Location Noted	**3940**	**55%**

Hospital Destination

Hospital	Total Ambulance Service Calls	Total Percent of Calls
Downtown		
University of New Mexico Hospital Psychiatric	**2324** 47	**33%** .06%
Presbyterian Hospital	**1595**	**22%**
Lovelace Downtown	**1108**	**16%**
Heart Hospital	18	.02%
Uptown		
Kaseman Presbyterian Hospital (Behavioral Health)	**859**	**12%**
Lovelace Women's Hospital	536	7.5%
Westside		
Lovelace Westside	134	2%
Rust Medical Center	83	1.2%
Southeast		
Veteran's Administration Medical Center	118	1.7%
Metropolitan Assessment Treatment Services	100	1.4%
None	171	2.4%

*Percent does not equal 100 due to fewer than 10 calls in surrounding areas e.g., Central Desert Behavioral, NM Behavioral Health Institute Las Vegas

Distribution of Reason for Ambulance Call

Appended Primary Impression	Total Ambulance Service Calls	Total Percent of Calls
Exposure Related	72	1.03%
Agitation	49	.70%
Alcohol Related	3342	47.89%
Ataxic Gait	29	.42%
Cardiac	30	.43%
Diabetes Reference	86	1.23%
High Blood Pressure	15	.21%
Infection	47	.67%
Infer Mental Status	823	11.79%
Nausea/Vomiting	70	1.0%
Overdose	182	2.61%
Pain	1150	16.48%
Respiratory	157	2.25%
Seizure	129	1.85%
Stroke	5	.07%
Substance Misuse	20	.29%
Trauma	424	6.08%
Unable to Care for Self	31	.44%
Other	317	4.54%

Distribution of Paramedics Primary Impression

Appended Primary Impression – Violence Related	Total Ambulance Service Calls	Total Percent of Calls
Alcohol Related	**95**	**22.51%**
Ataxic Gait	1	.00%
Cardiac	1	.24%
Diabetes Reference	2	.47%
Infection	1	.24%
Infer Mental Status	29	6.87%
Overdose	2	.47%
Pain	**102**	**24.17%**
Respiratory	5	1.18%
Substance Misuse	1	.24%
Trauma	**178**	**42.18%**
Other	5	1.18%

Source: Albuquerque Ambulance Service, Kurt Krumperman PhD, NRP, February 2017

A study looking at the twenty leading primary diagnosis groups and presence of chronic conditions at emergency department visits[1] found that the primary diagnosis code for all visits reported 5.2% for abdominal pain, followed by upper respiratory infections 4.1%, chest pain at 3.6% and asthma at 1.3% the remaining 55% were for all other reasons including unknowns and

[1] Center for Disease Control (2010). *National Hospital Ambulatory Medical Care Survey* Emergency Medical Care Survey 2010.
https://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2010_ed_web_tables.pdf

blanks. Chronic conditions categories included: chronic obstructive pulmonary disease (COPD) at 3.9%, Diabetes at 9.2%, HIV infection/AIDS at 0.4% and the clear majority of visits did not have the presence of a chronic condition at emergency department visit.

Data from a National Hospital Ambulatory Medical Care Survey conducted by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics in 2013[2], documented 39,378 visits for injury, poisoning, and adverse effects. Of those, 71.4% were for unintentional injuries and of those 25.3% were for falls, 9.5% for motor vehicle traffic, and 4.4% for natural and environmental factors. Intentional injuries made up 4.7% of all emergency department visits with 3.6% for assault, 2.3% of those were from an unarmed fight or brawl, striking by blunt or thrown object and the remainders by other or unspecified mechanism. Self-inflected injuries made up 1% of visits and most those visits were from poisoning by solid or liquid substances, gases, and vapors. Alcohol and drug use came in at 0.5% for injury, while not contained in the "Supplementary Classification of External Causes of Injury and Poisoning, but are frequently recorded as a cause of injury or poisoning.

There is a clear difference in the reasons for emergency responses for persons experiencing homelessness. Persons experiencing homelessness tend to require emergency care for substance misuse and inferred mental status, then for pain, followed by respiratory and chronic conditions. AHCH noticed in its analysis of over 7,000 data points that if you appended the primary impressions for those with trauma related factors, trauma was the most noted reason, followed by pain, alcohol related and infer mental status.

Medical Respite

A local Medical Respite Community Needs Assessment was commissioned by AHCH and financially supported by the City of Albuquerque. Its intent was to utilize methods and tools of the National Health Care for the Homeless Council Respite Care providers network to begin to resolve the long witnessed problem of inappropriate hospital discharge and overall gap in non-hospital care needs of persons who are homeless and recently experiencing a hospital admission, surgery, and/or chronic or urgent episode that does not require hospitalization, but puts persons without homes/medical respite at increased risk. To take a closer look at the problem, a survey was sent to approximately 60 individuals in April-May 2017. Twenty-one complete responses were analyzed. Most responders (66%) represented hospitals, clinics, health systems, and health insurance plans and included executive leadership, discharge planners and medical providers. Other responders included the State of New Mexico Department of Health, County of Bernalillo, and a few community based nonprofit organizations.

Survey results confirmed that there continues to be a need for medical respite services, that discharge planning for persons experiencing homelessness and that have medical needs is difficult (55% say it is very difficult, 30% say difficult) that discharges are delayed due to the

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[2] Center for Disease Control (2013). *National Center for Health Statistics National Hospital Ambulatory Medical Care Survey 2013.*
https://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2013_ed_web_tables.pdf

patient's housing status (29% say more than once a week, 18% say once a week) and 41% say that admission into inpatient care is sometimes a pathway to getting a person experiencing homelessness into medical respite care.

Preliminary discussions of survey results among local and diverse health leaders who made up the workgroup made the following observations or interpretations:

- The role of skilled nursing facilities as a medical respite discharge site for persons experiencing homelessness, somewhat new due to Medicaid expansion/ACA, needs to be better understood;
- Medicaid Managed Care Organizations and the role of their care coordinators could be enhanced when they are working with persons experiencing homelessness that has medical needs;
- Further data, or finding data to tap into on a regular basis, needs to be explored.
- Medical respite pathways must include direct release from both community-based outpatient providers and hospitals.

Focus areas are on how to improve care transitions to move toward meeting medical respite standards of care; financing mechanisms for medical respite services; and building relationships with MCOs and SNFs. Information as it becomes available will continue to inform AHCH's convening of local groups and this will continue to be an important local systems collaborative gaps analysis and problem solving focus area for the Albuquerque Metro Area/Bernalillo County.

High Utilizers

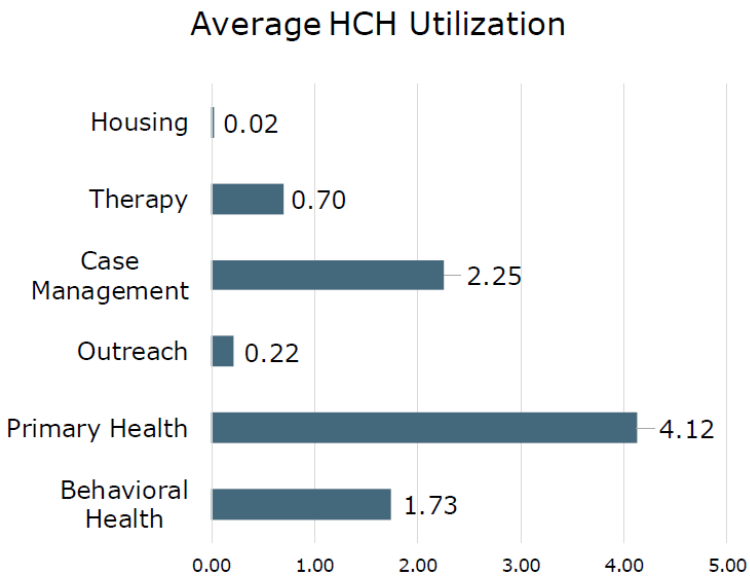
Albuquerque Health Care for the Homeless has long been a provider of first choice for people exiting the Bernalillo County Metropolitan Detention Center. Wanting to know more, AHCH participated in a study as part of a systems development process for people with behavioral health needs. The purpose of this study was to research individuals receiving mental health services provided by the Psychiatric Service Unit (PSU) at the Bernalillo County Metropolitan Detention Center (MDC) to identify the population that most frequently uses medical, housing, behavioral health and criminal justice resources[3]. Data sources included MDC, MDC PSU (1.9 admissions per individuals booked from 5/12-3/15), and behavioral and physical health services (Medicaid co-morbidity data, Medicaid claims data, NM Behavioral Health Institute admissions and AHCH). Outcomes demonstrated a positive correlation between behavioral health and criminal justice utilization, between two behavioral health indicators, substance abuse, and severity of booked crime (most often petty misdemeanors). Specific to AHCH:

[33] Guerin, P. PhD, and Greene Nolin (August 2016). *Leveraging Data for the Behavioral Health Initiative: High Utilizers of Government Services, a Case Study "PowerPoint Slides."*

MDC / Health Care for the Homeless:

Summary Information
(1/2012 – 11/2015):

- 26% of PSU/ Jail population received HCH services
- Most clients received only 1 service
- One client received 231 services



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Source: Harvard Kennedy School Government Performance Lab and University of New Mexico Institute for Social Research[4]

[4] *Ibid*

Total Population

Geography	Total	White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races	Hispanic or Latino origin (of any race)	White alone, not Hispanic or Latino
Bernalillo County, *New Mexico*	673,943	484,208	19,994	30,359	15,641	678	94,775	28,288	328327.0	272139.0
New Mexico	2,084,117	1,524,911	43,738	190,528	28,761	1,276	226,850	68,053	986972.0	817048.0
United States	316,515,021	232,943,055	39,908,095	2,569,170	16,235,305	546,255	14,865,258	9,447,883	54232205.0	197258278.0

Source: US Census Bureau ACS 5-year estimates 2011-2015

People Living in Poverty

Geography	Total	White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races	Hispanic or Latino origin (of any race)	White alone, not Hispanic or Latino
Bernalillo County	15.5	16.1	29.6	31.9	10.4	23.4	31.1	20.7	24.5	12.0
New Mexico	21.0	18.0	27.3	34.9	12.7	27.3	29.0	21.7	25.7	12.3
United States	19.4	12.7	27.0	28.3	12.6	21.0	26.5	19.9	24.3	10.8

Source: US Census Bureau ACS 5-year estimates 2011-2015

Economic Comparisons

In reviewing the 2006-2010 compared to 2011-2015 US Census Bureau American Community Statistics one can began to identify economic trends that are likely to hold for going forward. This review identified that for renters, 45% are paying 35% or more of their household income as rent. This is a 5-point increase from 39.9% in the 5-year timeframe from 2006-2010. The 2011-2015 change over time also shows that 13,000 households earned less

than $25,000 which is a 5% decrease in mean income. There was a parallel 18% reduction in mean cash public assistance during this timeframe. Families also demonstrated a 6% decrease in per capita income.

Educational Attainment

Percent of persons 25 years or older with less than a high school/GED Diploma

Geography	Total	White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races	Hispanic or Latino origin (of any race)	White alone, not Hispanic or Latino
Bernalillo County, New Mexico	12.1%	9.9%	9.3%	11.5%	15.7%	4.8%	26.2%	8.5%	22.0%	3.4%
New Mexico	15.8%	13.7%	10.4%	21.6%	13.5%	10.1%	29.1%	13.0%	26.4%	5.7%
United States	13.3%	11.3%	16.2%	20.9%	14.0%	13.9%	40.7%	14.0%	35.1%	8.2%

Source: US Census Bureau ACS 5-year estimates 2011-2015

New Mexico is a high poverty, minority-majority state. Across categories of economic income and educational attainment, persons of color are overrepresented in the lower end of the indicators (less income, less education, and more poverty. While this is true of the geographical region, the data in the rest of the report that is specific to persons experiencing homelessness demonstrates even more challenging sets of circumstances and outcomes.

Health Disparities

Due to the very nature of homelessness and lack of access, persons experiencing homelessness with physical illnesses, particularly chronic conditions, are more likely to have untreated health conditions and are less likely to be willing or able to seek help, particularly if treatment is fragmented and ineffective.

When looking at those health conditions most prominent among the population of persons experiencing homelessness (see UDS data throughout and also Albuquerque Ambulance Data for examples of the effects of homelessness). and when reviewing data, if you know to look for the effects of homelessness e.g., high levels of trauma, unaddressed illnesses, etc..you will see the data differently and instead of attributing all complaints to substance misuse or inferred mental status, the effects of trauma as a result of homelessness are illuminated) while this is specific to the general population, it highlights the health disparities among communities of color that are also over represented in the population of people experiencing homelessness you can extrapolate that having the worst possible health outcome, i.e., death, also include the population of people experiencing homelessness

Across the board people who identify as Black/African American and American Indian/Alaskan Native die from diseases at a higher rate than all other populations. Hispanics are more affected by drug overdose in NM than any other population. For those comparisons that are readily available, NM performs more poorly than nationally in all indicators for which comparative data for similar timeframes is available except on heart disease deaths.

Disease Indicator	New Mexico						Total United States
	White	Black/African American	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	Total	
Diabetes deaths per 100,000	18.3	44.9	37.5	30	77.3	28.4	21.2
Cancer deaths per 100,000	151.4	183.5	141.4	124.4	132.4	147.1	--
Heart disease deaths per 100,000	156.9	171.1	138.1	95.5	125.9	149.4	169.8
Alcohol-related Chronic Disease Deaths per 100,000	17.0	17.3	28.0	3.7	69.9	25.2	--
Alcohol-related Injury	23.67	21.91	23.67	11.13	51.24	27.0	--

Deaths per 100,000							
Chlamydia Cases per 100,000	**276.3**	**894.7**	**493.0**	**143.2**	**855.6**	**603.2**	**--**
Drug Overdose Deaths per 100,000	**24.7**	**19.2**	**26.8**	**5.1**	**14.8**	**24.8**	**16.3**
Smoking-Related Deaths by 100,000	**104.1**	**106.4**	**83.6**	**53.5**	**67.2**	**100**	**--**
Unintentional Injury Deaths per 100,000	**56.6**	**47.7**	**62.6**	**19.9**	**108**	**63.8**	**43.2**
Multiple Chronic Conditions	**18.6**	**28.8**	**14.5**	**8.7**	**13.4**	**16.6**	**--**

A study of shifts in causes of death over a 15-year period among people who are homeless conducted in Boston found that drug overdose, cancer, and heart disease were the major causes of death (Baggett, et al., 2013)[5]. They also found that drug overdose accounted for one-third of deaths among adults younger than 45 years. Many deaths were immediately post-ER, post-hospitalization and post-detox. The authors conclude that interventions to reduce mortality in this population should include behavioral health integration into primary medical care, public health initiatives to prevent and reverse drug overdose, and social policy measures to end homelessness.

[5] Baggett, M. T., Hwang, M. S., O'Connell, M. J., Porneala, M. B., Stringfellow, M. E., Orav, P. E., et al. (2013). Mortality Among Homeless Adults In Boston. Shifts in Causes of Death Over a 15-Year Period. JAMA Internal Medicine, 189-195.
(footnote continued)

Violence and Trauma

Suicide and homicide rates in the state are double national rates, and sexual assault and domestic violence rates rank close to the highest in the nation. A recent study explored the prevalence of and characteristics associated with violence victimization among homeless individuals by surveying approximately 500 individuals experiencing homelessness in 5 cities across the United States. Study outcomes demonstrated that nearly one-half of the sample reported experiencing violence and that prolonged duration of homelessness (greater than 2 years) and being older increased the risk of experiencing a violent attack. Increased length of homelessness and female gender were found to be predictive of experiencing rape. Women were also significantly more likely to know one's perpetrator and experience continued suffering after a violent attack (Meinbresse M, Brinkley-Rubinstein L, Grassette A, Benson J, Hamilton R, Malott M, Jenkins D, 2014)[6].

New Mexico is one of the poorest and most culturally diverse states in the nation. Communities of color are disproportionately represented in the experience of poverty and homelessness compared to the general population. Health disparities are well documented for people who are homeless. People who are homeless are more likely to become ill, have greater ambulance utilization and hospitalization rates, and are more likely to die at a younger age. The death rate among homeless people is 3 to 4 times that of the general population.

PEOPLE WHO ARE HOMELESS DIE ON AVERAGE 20 YEARS EARLIER THAN THE POPULATION OF PEOPLE WHO HAVE NEVER EXPERIENCED HOMELESSNESS

[6] Meinbresse M, Brinkley-Rubinstein L, Grassette A, Benson J, Hamilton R, Malott M, Jenkins D. (2014). Exploring the Experiences of Violence Among Individuals Who Are Homeless. PubMed 2014;29(1):122-36 https://www.ncbi.nlm.nih.gov/pubmed/24672998

Children, Youth, and Families

The trauma of homelessness, severe poverty, and high mobility combine to wreak havoc on the academic progress of children and youth in school. According to a report issued by the U.S. Department of Education (2012), more and more students continue to struggle with the burden of finding a stable place to live, and the number of homeless students in America has topped 1 million for the first time as a result of the prolonged economic recession.

Early childhood trauma generally refers to the traumatic experiences that occur to children aged 0-6. These traumas can be the result of intentional violence—such as child physical or sexual abuse, or domestic violence—or the result of natural disaster, accidents, homelessness, or war. Children often bear the brunt of homelessness.

A question on housing status was included on *the New Mexico Youth Risk and Resiliency Survey (NMYRRS)* for the first time in 2015. The question was designed to mirror the homelessness definition of the McKinney-Vento Act. The survey found that ninety-four percent (94.0%) of respondents slept in stable housing, while 6.0% slept in unstable housing conditions. Like with Point-in-Time Counts, this is likely to be an underestimate, as homeless students were far more likely to skip at least one day of school per week than other students (45.4% vs 12.5%), and were thus less likely to attend school on the day the survey was administered (Dan Green, 2017).

The NMYRRS results support what is known from national studies and echo adult demographics while emphasizing geographical uniqueness of youth who attend school in NM and experience homelessness. Students in unstable housing demonstrated the following:

- Those with the highest odds of experiencing housing instability were those born outside the U.S.; LGB students and those unsure of their sexual identity; Black or African Americans, Asian Americans, and American Indians; those with a physical disability or long-term health problem; and males.

- Respondents whose parents had less than a high school education (9.5%) had a higher rate of housing instability than those whose parents graduated from high school (5.2%) or had a college or professional school education (3.5%).

- Students who were born outside of the United States had almost five times the rate of housing instability as those born in the U.S.

- Students living in unstable housing had a substantially higher prevalence of most risk behaviors. Most notably, alcohol, tobacco, and other drug use; behaviors associated with violence, including sexual violence and dating violence; self-harm and suicidal behaviors; and unsafe sexual practices.

- Students in unstable housing were almost 5 times as likely to report skipping school because of safety concerns either at school, on the way to school, or coming home from school, at greater risk of being bullied on school property, and more likely to be in a physical fight in the last 12 months.

- Students in unstable housing were much more likely to have experienced physical dating violence and to have been physically forced to have sexual intercourse. Also, reported being more likely to be sexually active and not as likely to use a condom.
- Students who experienced housing instability were twice as likely to engage in non-suicidal self-injury, seriously consider attempting suicide, and were 7 times as likely to make a suicide attempt resulting in an injury that had to be treated by a doctor or a nurse.

- The largest disparities by housing stability occurred for drug use. Students who experienced housing instability were much more likely to be current cigarette or e-cigarette users, to drink at a young age, to be current cocaine, methamphetamine, and heroin users, and 18 times more likely to have ever injected illegal drugs.

The report concludes that without serious interventions targeting homeless youth, there can be no realistic effort to address many serious concerns among young people in New Mexico. Mr. Green's specific point:

"While only 6.0% of students, or over 6,000 public high school students, were homeless, that small minority was disproportionately represented among those engaging in the risk behaviors discussed here. For instance, homeless students made up 64.5% of all current heroin users. This means that if a drug use intervention targets the easy to reach 94.0% of students in stable housing, it will miss targeting the vast majority of all heroin users. Yet, most public health interventions do not target those who are homeless, and youth who are at the greatest risk are left behind." He further notes that providing housing and comprehensive services in settings where they are found should be among the interventions implemented for this high-risk group.

Title I Albuquerque Public School Homeless Project

Title I is a federally funded program designed to meet the needs of students primarily in the areas of language arts, math, science and higher thinking skills. Albuquerque Public Schools 2016-2017 school year data documented 3,689 children and youth enrolled in school that are experiencing homelessness.

Of the total students experiencing homelessness, 2,229 (73.1%) were students accompanied by parents/guardians. Unaccompanied students made up the remaining number at 822 or 26.9% of total children and youth experiencing homelessness in APS Title I Homeless Project. Unaccompanied students are not in the physical custody of a parent or guardian, and includes youth who are residing with a caregiver who does not have legal guardianship and youth who are living on their own.

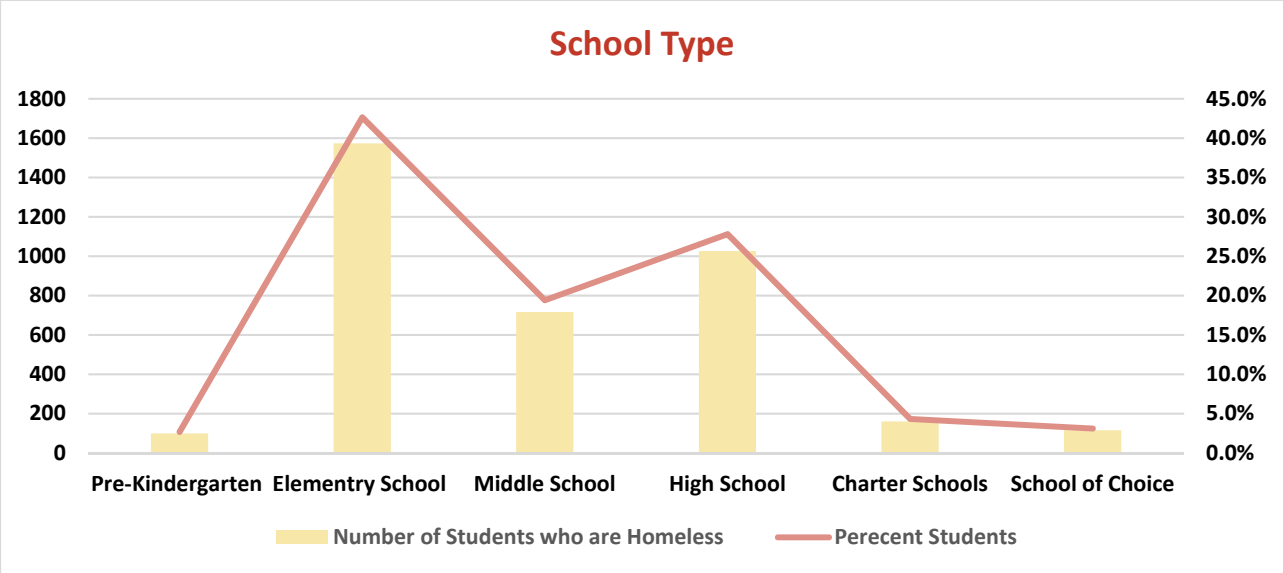
Key Data

Total Accompanied Students	Grandparents	Relative	Friends	Outside/ Unsheltered	Runaway	Throwaway
2,229	34.9%	17.9%	11.1%	1.3%	0.3%	0.2%

Total Unaccompanied Students	Grandparents	Relative	Friends	Outside/ Unsheltered	Runaway	Throwaway
822	39.7%	25.2%	5.6%	0%	16.1%	13.5%

Source: Patrick Scott, Homeless Project Liaison, APS Title I Homeless Project

Nearly 35% of accompanied and 40% of unaccompanied children and youth experiencing homelessness reside with a grandparent(s), followed by a relative (more so in unaccompanied students), then friends.



Forty-two-point six percent (42.6%) of APS Title I Homeless Project students attend an Elementary School, followed by 27.8% High Schoolers and 19.04% Middle Schoolers. The greatest number of children struggling with homelessness in APS Title I Homeless Project are Elementary school aged children living with a grandparent or another relative followed by High School youth – many of whom are runaway or throwaway teens and all of whom are more broadly described as street youth.

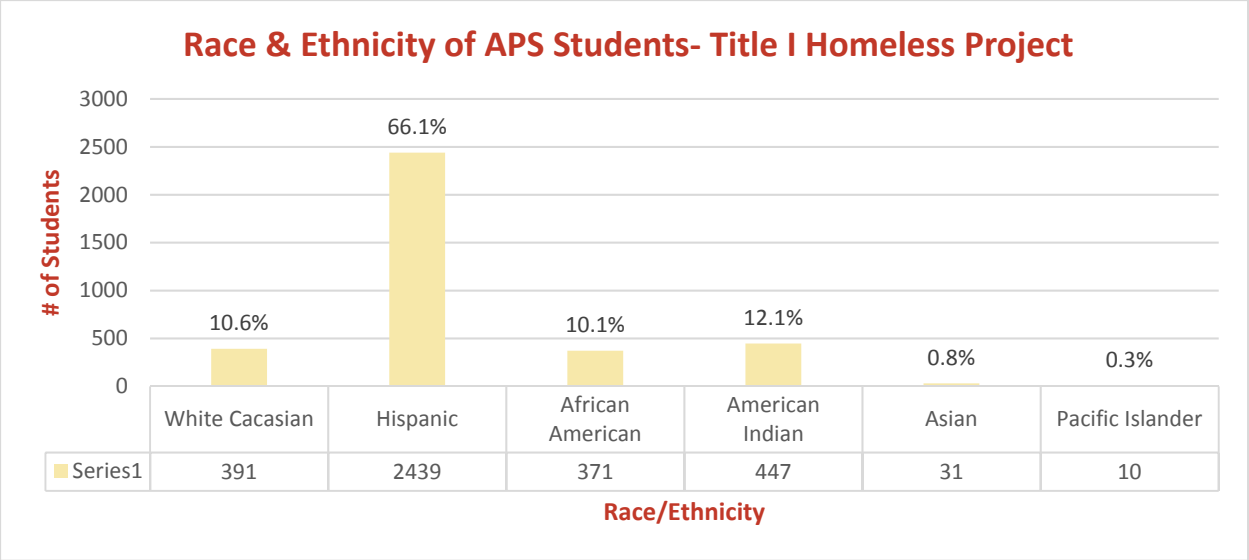
Many more unaccompanied students are identified in the runaways and throwaway categories. According to the National Center for Homeless Education, unaccompanied homeless youth consistently report family dysfunction as a primary reason they no longer live at home (National Center for Homeless

Education, 2013). Family problems may include issues related to blended families, substance abuse, pregnancy, and sexual activity or orientation. Other factors that can lead to youth being on their own include parental neglect and abuse (emotional, physical, sexual, or substance), incarceration, illness, deportation or death. Throwaway describes a growing street population of young people who have been thrown out of their homes or deserted by their caretakers or their families. Runaway defines a youth who leaves home and stays away overnight without caretaker permission.

Policy advocates have noted the importance of differentiating between throwaways and runaways to avoid policies being misdirected and not focused on the unique needs and contexts for these two groups (Colby, 2011). The two basic differences that emerge are that a throwaway has no choice in the matter and is forced to live elsewhere with in-place guardian consent while a runway is living elsewhere without legal guardian consent. Both distinctions have no age criterion and leaves either category in limbo because age is a determining factor in the ability to access social services including crisis, temporary, or transitional shelter as well as certain healthcare services. In general, youth programs and shelters (and health centers) are challenged to provide services unless caretaker consent is provided. If a caretaker is absent, the street youth is left to fend for themselves. For the throwaway, this is even more problematic as the legal guardian is the one who severed their ties.

While trying to find a number to pinpoint is challenging, as with other populations of people who are homeless, various reports from 2001 to 2010 identify as few as one million to as many as 2.8 million runaways and throwaway youth (Colby, 2011). Demographics vary greatly and have shown to be to the area where data is being gathered. As such the AHCH Needs Assessment will rely on local demographic data for planning purposes.

For the AHCH service area, children and youth that are enrolled in APS Title I Homeless Project largely identify as Hispanic, American Indian, and African American/Black (this was chose as the third largest category because the African American/Black population makes up just under 3% of the county census and thus overly represented in these numbers).



While numbers and sub-group characteristics may vary greatly, risk factors generally do not. Research and experience demonstrates that youth experiencing homelessness are confronted with a range of physical, social, emotional, and health threats including:

- Increased likelihood of high-risk behaviors;
- Greater risk of severe anxiety and depression, suicide, poor health and nutrition, and low self-esteem;
- Increased likelihood of exchanging sex for food, clothing and shelter (aka "survival sex) or nontraditional or not safe activities to gain access to cash resources because of a lack of documentation or job experience for more traditional employment;
- Difficultly attending school due to lack of required reenrollment records, as well as lack of access to transportation to and from school.

A recent study published for the New Mexico Sentencing Commission evaluated 220 juvenile offenders incarcerated in 2011. The youth studied showed patterns of early childhood abuse and neglect that was seven times higher than similar teens in other national studies (Olmstead, 2016).

Housing and Health Care

Community Characteristics

GENDER	UDS NATIONAL ROLL-UP (2015)		UDS STATE ROLL-UP (2015)		AHCH DATA (2015)		VI-SPDAT (2016)		BERNALILLO COUNTY (2011-2015)	
	#	%	#	%	#	%	#	%	#	%
Male	485,356	55.5	7,476	55.7	2468	63	982	33.2	330,578	49.1
Female	404,927	45.5	5,712	43.3	1450	37	495	66	343,365	50.9
Transgender	-	-	-	-	-	-	10	0.7	-	
Total:	**890,283**		**13,188**		**3,918**		**1,487**		**673,943**	
RACE	**UDS NATIONAL ROLL-UP**		**UDS STATE ROLL-UP**		**AHCH DATA**		**VI-SPDAT**		**BERNALILLO COUNTY**	
	#	%	#	%	#	%	#	%	#	%
Other Pacific Islander	5,906	0.7	42	0.3	-	-	13	0.9	678	0.1
Asian	21,032	2.4	69	0.5	39	1	6	0.3	15,641	2.3
Black/African American	274,247	30.8	602	4.6	392	10	159	10.7	19,994	3.0
American Indian/Alaskan Native	13,443	1.5	3,390	25.7	470	12	200	13.4	30,359	4.5
White	434,899	48.9	7,378	56.0	2507	64	1079	72.4	484,208	71.8
More than one race	20,463	2.3	238	1.8	39	1	-		28,288	4.2
Unreported/Refused to report	120,293	13.5	1,469	11.1	509	13	9	-	na	
Total:	**890,283**		**13,188**		**3,918**		**1,491**		**673,943**	
HISPANIC OR LATINO IDENTITY	**UDS NATIONAL ROLL-UP**		**UDS STATE ROLL-UP**		**AHCH DATA**		**VI-SPDAT**		**BERNALILLO COUNTY**	
	#	%	#	%	#	%	#	%	#	%
Hispanic or Latino	224,965	26.3	4,878	37.7	1,920	49	676	45.2	328,327	48.7
Non-Hispanic or Latino	629,410	73.7	8,075	62.3	1,998	51	810	54.1	345616	51.3
Unreported/Refused to Report	35,908	-	235	1.8	-	-	10	0.7	na	
Total:	**890,283**		**13,888**		**3,918**		**1,496**		**673,943**	
INCOME AS A PERCENT OF POVERTY LEVEL	**UDS NATIONAL ROLL-UP**		**UDS STATE ROLL-UP**		**AHCH DATA**		**VI-SPDAT**		**BERNALILLO COUNTY**	
	#	%	#	%	#	%	#	%	#	%
Below 100%	633,628	87.8	8,343	92.3	3,722	95	-	-		19.4
100-199 percent	71,408	9.9	596	6.6	153	<4	-	-		20.2
200 percent and above	16,245	2.3	97	1.1	43	<1	-	-		60.4

Unknown	168,827	-	4,152	-	0	0	-	-	-	
Total:	**890,283**		**13,188**		**3,918**		**-**		**665,269**	
PRIMARY THIRD PARTY PAYMENT SOURCE	**UDS NATIONAL ROLL-UP**		**UDS STATE ROLL-UP**		**AHCH DATA**		**VI-SPDAT**		**BERNALILLO COUNTY**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Medicaid/Capitated	1,167	0.1	5,423	41.1	1098	28	-	-	-	-
Medicaid/Not Capitated	435,859	48.9	0	0.0	0	0.0	-	-	-	-
Medicare	66,401	7.5	728	5.5	-	-	-	-	-	-
Other Public Insurance	5,353	0.6	58	0.4	-	-	-	-	251,386	37.7
Private Insurance, including capitation	47,149	5.3	429	3.3	-	-	-	-	390,154	58.5
None/Uninsured	334,354	37.6	6,550	49.7	2821	72	-	-	96,629	14.5
Total:	**890,282**		**13,888**		**3,918**		**-**			
SPECIAL POPULATION	**UDS NATIONAL ROLL-UP**		**UDS STATE ROLL-UP**		**AHCH DATA**		**VI-SPDAT**		**BERNALILLO COUNTY (2016)**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Migrant/Seasonal Farmworkers and Families	20,125		343	2.5	-	-	-	-	-	-
Homeless	840,130		13,139	95	3,878	99	1271	85	12,000-16,000	100
Veterans	20,142		421	3	157	4	-	-	19,474	11
Persons with Behavioral Health/Substance Abuse Needs	**	**	**	**	5,400	45	-	-	99,297	14.3
School Age Children	-	-	-	-	4000	33.3	-	-	128,682	19.0
Infants Birth to 2 years of Age	-	-	-	-	180	1.5	-	-	65,989	9.5
Persons Age 65 and Older	**	**	**	**	360	3	-	-	103,011	15.2

**See also Uniform Data System (UDS) data

The Community Characteristics Chart is a comprehensive "snap-shot" of comparative data and is useful for identifying gaps, barriers, and distinctions between the overall county characteristics, the Point-In-Time (HUD) characteristics specific to the population that experiences homelessness in the service area, and AHCH's one-year Uniform Data System report characteristics which represents between 25-30% of all people who are homeless in the County. All are equal attempts to cross-compare profiles that illustrate the extent of the community needs. More work to fill in the blanks needs to occur for a wider view of the special populations to start to identify sub-population needs in regards to elder population of persons experiencing homelessness, immigrant status, school aged children (see also Title I Homeless

Project data and Native Americans experiencing homelessness demographics below), and lesbian, gay, and bisexual and transgender youth and adults.

Of all AHCH 2015 clients who have completed an intake form, approximately 27% stayed in a shelter, 14% in other locations such as cars, campers or camps, jails, hospitals etc., 25% were on the streets, 7% were in transitional housing, 18% were doubled-up, and 9% are unknown/unreported.

Most homeless people who present for services across all AHCH programs are English proficient, even if bi-/multicultural. The urban Native American population moves back and forth between the pueblos and Navajo, Hopi, and Apache reservations in New Mexico and Arizona. Interpreter services for monolingual Spanish speakers are requested for about 22% of users, mostly Latino immigrants and a handful of Cuban refugees. A portion of staff at each location and on each outreach team are bilingual English/Spanish speakers and other teams include fluent Navajo speakers. AHCH sees very few (less than 1%) Vietnamese persons who are experiencing homelessness, as the local refugee population has an established network of mutual assistance programs.

Of all AHCH primary care clients, approximately 95% are at or below 100% of the Federal Poverty Level, less than 4% are between 100-200% FPL, and less than 1% is above 200% FPL. The balance of clients seen are of unknown income, as AHCH's priority for eligibility screening at point of access is based on environmental (i.e., homeless status) criteria rather than economic. It is likely that a portion of "unknowns" consists of one-time users who, although homeless, were eligible and more appropriate for other safety net primary care homes and enrolled more quickly to partner CHCs through AHCH-facilitated referrals.

Law Access New Mexico Landlord/Tenant Hotline

Key Findings

Between July 1, 2016 and June 30, 2017, Law Access New Mexico Landlord/Tenant Hotline provided Landlord/Tenant advice as follows:

- Landlord/Tenant cases between tenants and private landlords – not public housing clients (advice to primarily tenants, but we do advise landlords also who fall within 200% of the federal poverty guidelines) to 1,001 clients living in Bernalillo County.

- Landlord/Tenant cases for clients receiving Public Housing (HUD) rental assistance to 104 clients living in Bernalillo County.

- Additionally, from April 21, 2016 to May 19, 2017, Law Access New Mexico had 134 or more triage applicants who self-identified "eviction" as their primary legal issue. Law Access New Mexico reports do not show how many over the 134 because the program did not distinguish different kinds of housing issues in the beginning.

- Law Access New Mexico further notes that for every triage eviction application, they are likely to have 8 times more call-in eviction cases but not all result in an eviction application or "Advice and Counsel" or "Brief Services" but rather are referred out to other legal aid organizations.

All callers are under 200% of the Federal Poverty Level and callers demographic profile is as follows:

Law Access New Mexico Landlord/Tenant Hotline Bernalillo County Client Characteristics

Gender	Percent
Female	68.2%
Male	31.8%

Age Range	Percent
18 - 24	8.7
25 -54	64.0
55 - 65	19.5
65+	7.9

The gender characteristics are almost the exact inverse of what you see in the characteristics of people who are experiencing homelessness. Specifically, there are more male than female persons who are homeless. As for ages, on average 4.5% of people 65 and older are experiencing homelessness vs this 7.9%. Based on this data, seniors who are at-risk of eviction or are making complaints of substandard living conditions are nearly double those who experience homelessness. These callers are at risk of homelessness.

Race	Percent	Ethnicity	Percent
White	78.3	Hispanic	44.0
Black/African American	7.5	Non-Hispanic	56.0
Asian/Pacific Islander	0.9		
American Indian/Alaska Native	5.5		
Other multi-racial	4.9		
Declined	2.5		

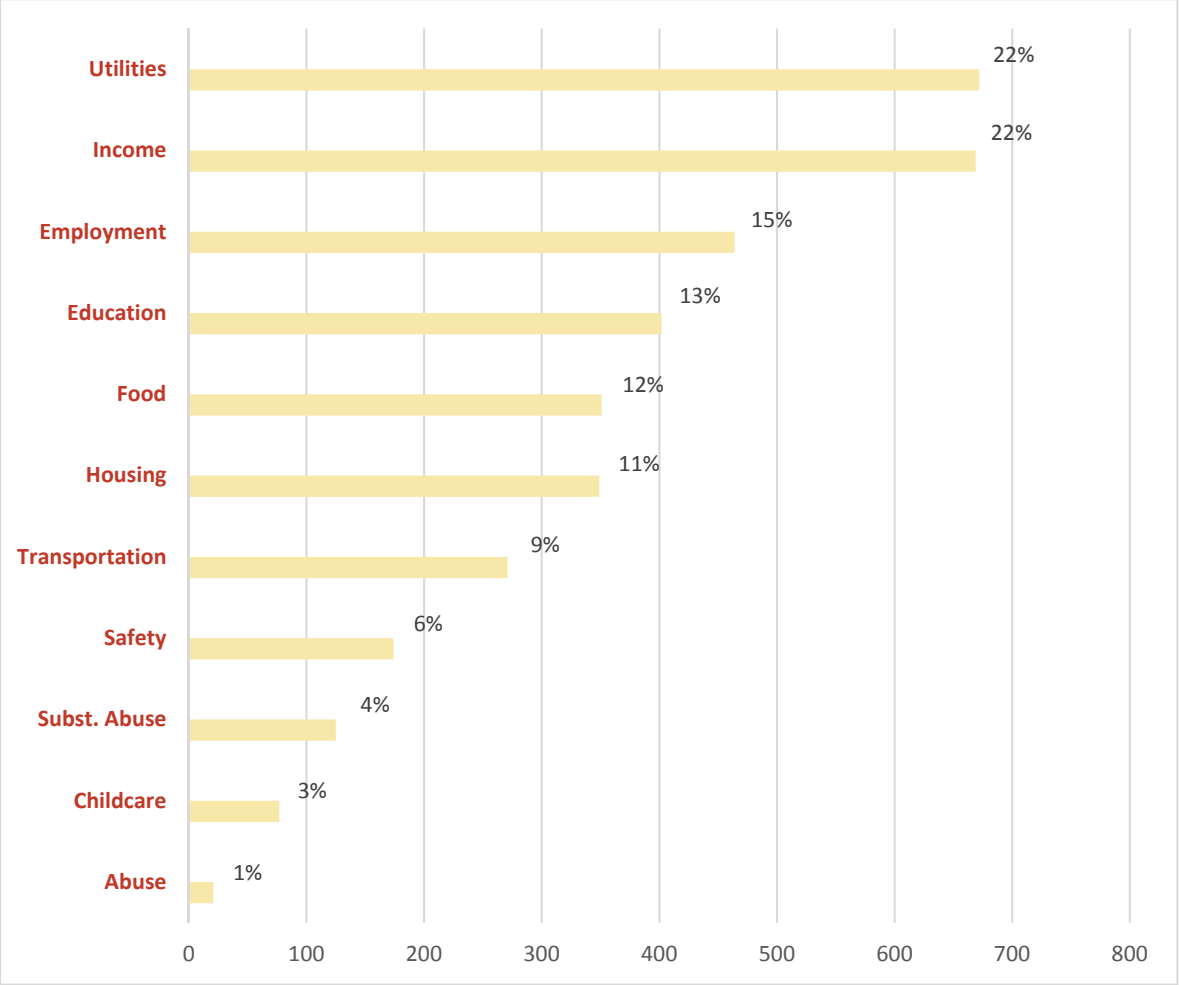
Racial and ethnic characteristics of LANM Clients follow mostly homeless service provider characteristics. White identification is slightly higher than what you see in the service provider characteristics or the Point-in-Time. Black/African American and American Indian /Alaskan Native, and Hispanics – but to a lesser extent - are represented less in this data which may be yet another illustration of the underrepresentation of these populations in Bernalillo Counties housing markets (as they are overrepresented in Bernalillo Counties homeless data). Not only is housing increasingly more out of range due to costs, legal complaints regarding evictions for people under 200% of the Federal Poverty Level are widespread. Housing is the most prominent social determinant of health in the population of persons experiencing homelessness.

While HCH projects, including AHCH, have by definition considered and responded in the context of the circumstances of homelessness, the more mainstream health system is now experiencing a resurgence of appetite for programmatic implications of social determinants of health outcomes. This presents an opportunity for the HCH approach to shape some farther-reaching responses.

It is well documented and long discussed that social determinants of health often have more prominence in health outcomes than health care itself and yet there are no easily accessible tools to identify and address them. To bridge this gap in knowledge and practice, a prestigious group of local researchers and clinicians set out to study and develop a structured way for primary care providers to identify and address nonmedical social needs experienced by patients seen in a clinic setting. They developed and piloted WellRx (Janet Page-Reeves, May-June 2016)[7], an 11-question instrument used to screen 3,048 patients for social determinants in three family medicine clinics around Albuquerque. They found that 46% of patients screened positive for at least one area of social need, and 63% of those had multiple needs. Of the areas of social need screened for and for those who reported at least one "yes" response, 47.6% reported utilities and 47.3% reported income as the most pressing social needs (see chart below for more information). For more context to the topic of risk of future homelessness, 11% reported housing as a pressing need.

[7] Janet Page-Reeves, PhD, Will Kaufman, MD, MPH, Molly Bleecker, MA, Jeffrey Norris, MD, Kate McCalmont, MD, Veneta Ianakieva, MD, Dessislava Ianakieva, MD, and Arthur Kaufman, MD (2016). *Addressing Social Determinants of Health in a Clinic Setting: The WellRx Pilot in Albuquerque, New Mexico.* Journal of the American Board of Family Medicine, 414-418.

Key Data



Many of those identified needs were previously unknown to treating clinicians. The three clinics then mobilized medical assistants and community health workers to navigate patients into appropriate services and resources to address patients identified needs.

Surveys by Gender

Gender	Percent of Respondents
Male	31%
Female	56%

*Remainder did not respond to the question.

The WellRx Toolkit was developed by Janet Page-Reeves, Ph.D. and Molly Bleecker, MA at the Office for Community Health at the University of New Mexico in Albuquerque.

Access to Care

Health Center Data:

Federally Qualified Health Centers bring access to care for so many patients who are living with none to very low incomes. Nationally, 24, 295,946 Americans were served in health centers across America in 2015. Of those, 890, 283 (3.66%) were experiencing homelessness at the time of their first visit. In New Mexico, health centers saw a total of 301,209 patients in 2015 and 13,188 (4.37%) were experiencing homelessness. For Albuquerque Health Care for the Homeless, 3,918 patients were seen that year in higher-threshold levels of care.

A Uniform Data Systems (UDS) deep dive into the most common diagnoses and the proportion of health center patients who accessed dental services across the country and how New Mexico compares in general and how people experiencing homelessness differ or not, the following data is analyzed.

Health Indicators

DIAGNOSIS	NATIONAL ROLL-UP			HCH Only NATIONAL ROLL-UP			NM ROLL-UP			NM HCH Only			AHCH DATA		
	#	%	Visits / Patient	#	%	Visits / Patient	#	%	Visits / Patient	#	%	Visits / Patient	#	%	Visits / Patient
Selected Infectious and Parasitic Diseases															
Symptomatic/Asymptomatic HIV	154,994	0.64 %	4.07	13,566	1.50 %	4.62	183	0.06 %	2.38	19	0.14 %	1.68	4	0.10 %	0.66
Tuberculosis	8,977	0.04 %	1.94	1,044	0.10 %	2.38	46	0.02 %	1.46	1	0.01 %	1	0	0.00 %	0
Sexually transmitted infections	133,860	0.55 %	1.53	8,030	0.90 %	1.49	891	0.30 %	1.25	33	0.25 %	1.3	7	0.18 %	1
Hepatitis B	38,931	0.16 %	2.12	2,005	0.20 %	1.98	58	0.02 %	1.45	5	0.04 %	1.4	2	0.05 %	1.5
Hepatitis C	197,516	0.81 %	2.4	29,907	3.40 %	2.44	3,535	1.17 %	2.73	584	4.43 %	2.7	313	7.99 %	1.95
Selected Diseases of the Respiratory System															
Asthma	1,190,679	4.90 %	1.84	49,627	5.60 %	1.95	12,252	4.07 %	1.83	517	3.92 %	1.68	154	3.93 %	1.55
Chronic obstructive pulmonary diseases	499,591	2.06 %	1.56	22,776	2.60 %	1.7	7,582	2.52 %	1.43	340	2.58 %	1.58	121	3.09 %	1.95
Selected Other Medical Conditions															
Abnormal breast findings, female	121,754	0.50 %	1.58	3,686	0.40 %	1.94	1,273	0.42 %	1.47	27	0.20 %	1.78	1	0.03 %	1
Abnormal cervical findings	160,369	0.66 %	1.58	4,904	0.60 %	1.62	1,105	0.37 %	1.47	30	0.23 %	1.17	11	0.28 %	1.18
Diabetes mellitus	2,118,178	8.72 %	3.37	84,975	9.50 %	3.5	29,088	9.66 %	3.32	940	7.13 %	3.86	253	6.46 %	3.14

Heart disease (selected)	682,510	2.81%	2.54	28,124	3.20%	2.6	8,492	2.82%	2.56	271	2.05%	2.13	90	2.30%	2.2
Hypertension	3,993,203	16.44%	2.57	165,069	18.50%	2.74	48,408	16.07%	2.46	1,719	13.03%	2.47	527	13.45%	2.19
Contact dermatitis and other eczema	663,170	2.73%	1.3	20,399	2.30%	1.37	4,867	1.62%	1.24	210	1.59%	1.23	53	1.35%	1.1
Dehydration	53,092	0.22%	1.43	1,351	0.20%	1.26	777	0.26%	1.23	21	0.16%	1.05	3	0.08%	1
Exposure to heat or cold	6,246	0.03%	1.35	795	0.10%	1.62	39	0.01%	1.21	5	0.04%	1.6	5	0.13%	1.6
Overweight and obesity	3,396,723	13.98%	1.88	121,581	13.70%	2.01	25,167	8.36%	1.68	522	3.96%	1.61	89	2.27%	1.4
Selected Childhood Conditions (limited to ages 0 thru 17)															
Otitis media and Eustachian tube disorders	822,929	3.39%	1.45	13,143	1.50%	1.37	6,766	2.25%	1.28	163	1.24%	1.18	38	0.97%	1.1
Selected perinatal medical conditions	94,569	0.39%	1.68	1,703	0.20%	1.6	570	0.19%	1.96	4	0.03%	1.25	0	0%	0
Lack of expected normal physiological development; Nutritional deficiencies	709,624	2.92%	1.65	20,251	2.30%	1.7	5,053	1.68%	1.75	55	0.42%	2.33	0	0%	0
Selected Mental Health and Substance Abuse Conditions															
Alcohol related disorders	287,224	1.18%	3.19	50,299	5.60%	4.23	7,260	2.41%	8.61	1,969	14.93%	13.52	613	15.65%	3.4
Other substance related disorders (excludes tobacco use disorders)	379,279	1.56%	4.18	75,925	8.50%	4.77	9,878	3.28%	9.4	2,028	15.38%	15.97	866	22.10%	4.53
Tobacco use disorders	1,212,921	4.99%	1.84	109,822	12.30%	1.96	14,810	4.92%	1.78	2,641	20.03%	3.04	2343	59.80%	3.23

Depression and other mood disorders	1,939,489	7.98%	3.14	140,976	15.80%	3.74	27,434	9.11%	5.83	2,902	22.00%	11.78	1,091	27.85%	4.88
Anxiety disorders including PTSD	1,441,826	5.93%	2.92	80,802	9.10%	3.65	24,586	8.16%	5.1	2,728	20.69%	9.8	1,154	29.45%	5.11
Attention deficit and disruptive behavior disorders	452,166	1.86%	3.52	12,246	1.40%	3.35	4,938	1.64%	6.77	307	2.33%	10.2	38	0.97%	2.11
Other mental disorders, excluding drug or alcohol dependence	1,301,089	5.36%	2.79	84,321	9.50%	3.63	23,422	7.78%	4.3	1,738	13.18%	8.07	599	15.29%	4.3
Selected Dental Services															
Emergency Services	209,291	0.86%	1.18	9,836	1.10%	1.26	3,045	1.01%	1.17	599	4.54%	1.22	575	14.68%	1.22
Oral Exams	4,219,618	17.37%	1.31	109,189	12.30%	1.39	66,006	21.91%	1.29	1,669	12.66%	1.29	1,017	25.96%	1.35
Prophylaxis – adult or child	2,617,624	10.77%	1.25	44,253	5.00%	1.23	37,606	12.49%	1.37	394	2.99%	1.24	126	3.22%	1.2
Sealants	376,237	1.55%	1.23	4,145	0.50%	1.3	2,778	0.92%	1.13	30	0.23%	1.07	3	0.08%	1
Fluoride treatment – adult or child	1,774,349	7.30%	1.26	24,445	2.70%	1.27	16,798	5.58%	1.25	414	3.14%	1.37	270	6.89%	1.49
Restorative Services	1,532,054	6.31%	1.96	35,585	4.00%	2.08	37,135	12.33%	2.39	623	4.72%	16.7	323	8.24%	1.72
Oral surgery (extractions and other surgical procedures)	900,449	3.71%	1.35	38,382	4.30%	1.65	18,375	6.10%	1.37	751	5.69%	1.36	485	12.38%	1.34
Rehabilitation services (Endo,Perio, Prostho, Ortho)	685,976	2.82%	2.02	27,487	3.10%	2.38	13,696	4.55%	2.4	808	6.13%	2.66	584	14.91%	2.4

Selected Infectious and Parasitic Diseases |

HIV AIDS

Housing is the greatest unmet need among people living with HIV/AIDS. At least half of people with HIV have experienced homelessness or unstable housing[8]. Homelessness is a frequently recurring issue in the lives of many people living with HIV/AIDS. Prevalence of HIV is generally estimated to be at least three times higher among people who are homeless than in the general population. The same "fundamental causes" put persons at risk for both homelessness and HIV infection: economic and political contexts, inequality of opportunities and conditions, social processes of discrimination, stigma, and exclusion. All create distrust and are factors that create barriers to disease prevention information and materials.

Nationally, housing and HIV/AIDS research studies continue to indicate that 40%– 60% of all PLWH/A will have a lifetime experience of homelessness or housing instability[9]. In 2013, there were 1,544 persons living with HIV Infection in Bernalillo County, the highest in the state (in a state with relatively low rates).[10] In that same year, New Mexico AIDS Services reported that more New Mexicans are suffering from HIV, specifically older Native American and Hispanic men. According to NM Department of Health Epidemiology and Response Division, people of color are much more likely to be "late testers" and be diagnosed with HIV and AIDS concurrently. This decreases the chance for positive health outcomes.

Proportionally, more people complete care for HIV/AIDS in Health Care for the Homeless clinics across the nation than those patients who receive care in a health center. Specifically, 1.50% of all HCH patients receive care for HIV/AIDS and .64% of all patients in health centers do the same. This health center data corroborates studies and data demonstrating that housing is a challenge for people living with HIV/AIDS and living with HIV/AIDS is a risk factor for homelessness noted above.

Hepatitis C

197,516 (0.81%) health center patients across the nation receive care for Hepatitis C, in HCHs 29,907 (3.40%) across the nation receive care, in NM 3,535 (1.17%) of health center patients receive care and NM HCHs see 584 (4.43%) of patients for Hepatitis C and at AHCH 313 (7.99%) receive care for Hepatitis C. NM AHCHs and Albuquerque Health Care for the Homeless see a larger proportion of Hepatitis C patients than health centers in general and in HCHs outside of NM.

A recent AHCH chart review demonstrates that from September 2014 to January 2017, 693 unduplicated clients with a diagnosis related to Hepatitis C completed 7,627 visits or 11 visits per client. This sub-group is largely male (73.3%) and Hispanic (61.4%) followed by American Indian (10%), and African American/Black (8%). The mean age is 45.6 years old. Of 40 charts reviewed, at 80% of all visits

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[8] The BODY The Complete HIV/AIDS Resource Fall/Winter (2012). Ending Homelessness to End AIDS.
[9] ibid
[10] AIDS United (July 2011). *HIV/AIDS in New Mexico 2009-2010*. Policy and Advocacy State facts. http://www.aidsunited.org/uploads/docs/New_Mexico_2009-2010_FINAL.pdf

Hepatitis C was discussed. During 67.5% of the visits, the patient expressed interest in treatment. For those charts with treatment documented, 60% were being treated at University of New Mexico Hep C Clinic, 20% at AHCH, and 20% received treatment in jail.

Selected Diseases of the Respiratory System |

Based on national health center data, asthma is slightly more of a reason for a health center visit for persons who are homeless than the non-special population patients, but only slightly so. Chronic obstructive pulmonary disorder (COPD) demonstrates a pattern of slightly higher proportion of AHCH patients and visits per patient than in any other system. This corresponds with the higher rates of tobacco use among AHCH patients. When linked to the Albuquerque Ambulance data, this might be an area for further investigation within AHCH and across the community of providers treating persons who are homeless and diagnosed with COPD.

Selected Other Medical Conditions |

Preventive cancer screenings are not a common diagnosis or reason for visits in health centers across the nation and even less so in NM and NM special population health centers, including AHCH. People living in poverty and people of color are most often late diagnosers and are not likely to be seen first in preventative care measures. Competing severe and acute presenting conditions exacerbated by homelessness and long untreated prevail.

Hypertension is a large concern for health centers across the nation, including in HCH clinics. Proportionally, NM health centers and especially NM's HCH clinics are not diagnosing or completing visits for this diagnosis at the same pace as seen nationally. Nationally, HCHs diagnose hypertension and complete more visits for people with the diagnosis than in general health centers. Heart disease, while not as large in number of people diagnosed with heart diseases, requires more visits.

When linked to the Albuquerque Ambulance data and number of pickups for heart concerns, this might be an area for further investigation within AHCH and across the community of providers treating persons who are homeless.

Exposure to heat or cold is very rarely shows up as a reason for completing visits in health centers. However, due to greater risk of exposure, the reason is reported more in the HCH clinics than in a general health center setting.

The effects of obesity in the population of persons experiencing homelessness in the service area need to be better understood. A former Medical Director who worked with AHCH for nearly 20 years and for another HCH before that speculated that the high rates of hunger in NM might impact our numbers.

Selected Mental Health and Substance Abuse Conditions |

Alcohol & Other substance related disorders

Alcohol and other substance related disorders are diagnosed at a much greater rate HCH clinics than in health centers across the nation, both nationally and in NM. In both cases, there are marked increases in both diagnosis and number of visits per patient in NM HCHs. This trend supports studies and data

detailing the overrepresentation of these issues in the population of persons experiencing homelessness.

Tobacco Use Disorders

Again, there are drastic increases in the number of patients diagnosed with tobacco use disorders in HCHs compared to health centers serving the general population of people accessing care. For AHCH, the rate is even more pronounced. The NM Primary Care Association conducted a state-wide Patient Tobacco Use Survey in the spring of 2010. Results indicated that AHCH patients reported the highest number of tobacco users (69%) of all health centers/organizations participating. Current AHCH data reveal that up to 59.8% (down from 68%) of dental and medical patients screened use tobacco. AHCH has long screened for tobacco use as a result of a long-time relationship with the NM Department of Health's Tobacco Use and Prevention

Selected Dental Services |

It is not surprising that oral exams are so high in community health settings compared to HCHs. For AHCH, clients come in when it hurts and are often in pain and needing immediate intervention and is evident in the data. The data demonstrates emergency services are accessed more than any other dental service except for exams and rehabilitation services, which are also probably included as part of the emergency visit. For example, a client comes in with a toothache and needs a root canal. It is important to note that while emergency care is very important to the HCH population, AHCH works to complete an exam and create a comprehensive treatment plan for oral health clients. Nonetheless, service data demonstrates, that approximately 27% of all clients complete a treatment plan since it takes multiple appointments for root canals and dentures.

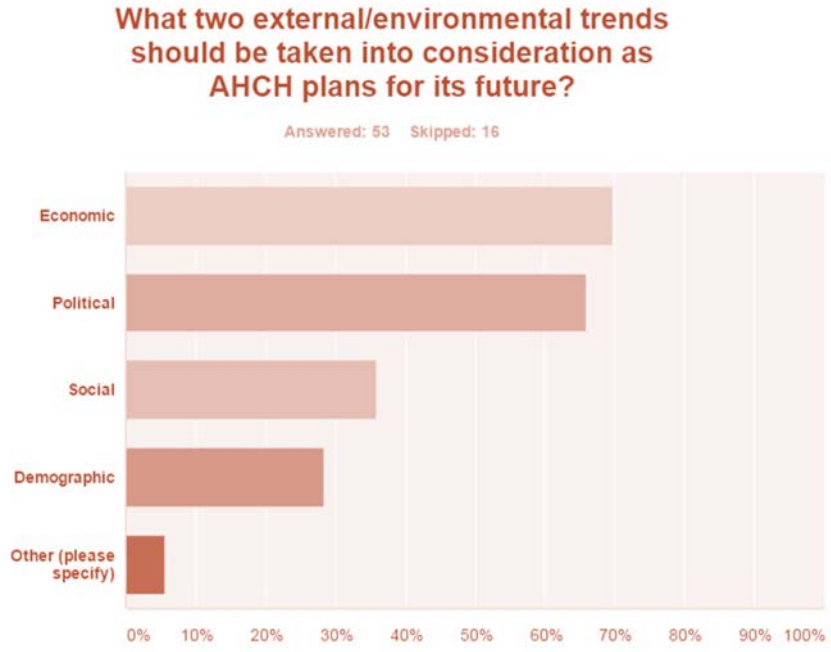
Environmental Assessment - Barriers and Needs Identified

AHCH All Staff Survey – Services Barriers

2015		2017	
Barrier	Weighted Average	Barrier	Weighted Average
Lack of affordable housing	3.9	Substance use disorder	3.7
Substance use disorders	3.5	Mental illness	3.7
Mental illness	3.4	Lack of affordable housing	3.4
Lack of coordination/communication among teams	3.3	Transportation issues / lack of physical access to services	3.3
Transportation issues /lack of physical access to services	3.2	Transient nature of the population	3.2
Lack of coordination between AHCH service providers	2.9	Appointments (too few available, wait times, not convenient)	3.2
Flow	2.8	Immigration issues	3.1
Difficulty in getting financial support (SSI,DI)	2.7	Cross cultural challenges (i.e., language barriers/culturally relevant approaches to care)	3.0
Language skills / cultural competence	2.6	Lack of coordination between AHCH and other organizations in our community	2.8
Not enough coordination with other providers and the larger safety net	2.5	Lack of coordination/communication between AHCH staff/programs	2.8
Welcoming environment	2.5	AHCH hours of operation	2.5
Hours	2.5	Difficulty getting Medicaid	2.4
Difficulty getting Medicaid	2.3		
Eligibility	2.3		

Service Gaps	**Weighted Average** (higher # = higher gap)
Eye exams/care	3.71
Childhood immunizations	3.31
Respite – Recovery from hospital stay or dental procedure, preventative (hospital avoidance)	3.25
Chronic pain management	3.2
Elderly health	3.02
Chronic obstructive pulmonary diseases	2.75
Medication Assisted Addictions Treatment	2.73
HIV	2.72
Women's health, including reproductive health	2.71
Alcohol use related disorders	2.7
Chronic illness management	2.65
Convulsions/seizures	2.54
Other substance use related disorders	2.52
Violence/Trauma (i.e., Physical/Sexual Assault/Traumatic Injury)	2.51
Preventive health (e.g., infectious disease testing, cancer screenings, physical exams etc.)	2.5
Environmental exposure (heat/cold/lightning strikes/dehydration)	2.49
Unintentional Injury/fall/accident	2.45
Triply diagnosed (mental health, substance use disorder, and medical illness)	2.38
Asthma/other respiratory disease	2.37
Hepatitis C	2.28
Diabetes	2.25
Access to over the counter medications	2.24
Social services (including case management, service coordination, and housing supports)	2.22
Dual diagnosis (mental and medical illness)	2.2
Primary medical services	2.15
Sexually Transmitted Infections (STIs)	2.13
Access to prescription medications	2.08
Behavioral health - mental disorders, excluding drug or alcohol dependence	2.07

Oral health-rehabilitative (dentures)	1.96
Oral health (more surgical: extractions, dentures)	1.93
Harm reduction services	1.81
Oral health-emergency	1.76
Oral health-restorative (fillings, rct, ext)	1.7



HIGH SCORES DO NOT INDICATE AHCH WILL DO IT OR ISNT DOING THE SERVICE BUT THAT SERVICES NEED TO BE INCREASED, AUGMENTED, OR MORE READILY AVAILABLE AT AHCH AND/OR IN THE COMMUNITY. ALSO, THE LOW ORAL HEALTH SCORE REPRESENTS THE LEVEL OF EFFORT AT AHCH TO PROVIDE THIS CARE. MANY MORE OPTIONS IN THE COMMUNITY ARE NECESSARY.

Economic and political factors are important considerations as AHCH works within our community to address homelessness. These will best be addressed through community-based policy and systems efforts. Service interventions, outreach, and community-based collaboratives will respond to the social and demographic shifts that will continue to inform and direct AHCH's work.

Transportation Needs

Albuquerque Health care for the Homeless (AHCH)'s executive director spearheaded a survey process to assess transportation needs of persons who are homeless. In response to identified service needs[11], concerned city councilors sought the expertise of AHCH and its partners who also serve persons who are homeless in the most populated parts of the city and on the most common services route. The aim was to create a Community Support Shuttle, free of charge, located within a specific corridor in the City of Albuquerque to address the transportation barriers of persons experiencing homelessness.

A Potential Shuttle Rider Survey 2017 surveyed 168 individuals accessing services at AHCH, Heading Home, and St. Martin's Hospitality Center. When asked if lack of transportation kept them from accessing health, housing, social and other services, eighty-four percent (84.6%) said yes. Forty-two percent (42%) said it was a huge problem and thirty-three percent (33%) said it was a bad problem. The four top transportation needs identified related to: getting to appointments, lack of money, getting to work, and time. The survey also queried priority stops/locations for a dedicated route.

Barriers to transportation can prevent persons experiencing homelessness from accessing needed care and services. This project is an important forward moving measure that will promote *social* equity and improve the community's response to homelessness. The shuttle service has been funded by the City and approved by the joint Albuquerque/Bernalillo County Government Commission.

AHCH Engagement Specialists Survey

In July 2016, AHCH created a new role titled Engagement Specialist and hired two staff to fill that role. The role is designed to more actively and assertively engage people in services, deescalate situations and reengage organizations whose clients have expressed hesitation in seeking services. The staff courtyard and campus presence was designed to increase the likelihood of engagement and continuity of care to successfully exit homelessness, maintain a safe and welcoming environment for all persons entering AHCH, build rapport, engage with and deescalate individuals who might be experiencing mental illness, under the influence of substances, and/or participating in any possible illegal or violent activities, and provide a consistent staff presence to make internal referrals and survey clients to measure levels of comfort and engagement. The Engagement Specialists augment an already robust social services, navigation and outreach force not always available and visible around the health campus.

Surveys were collected on nearly 100 clients who interacted with and Engagement Specialist during the month of March 2017. Nearly fifty percent (50%) of all respondents reported that they were only somewhat likely to not at all likely to participate in services if not approached by and Engagement Specialist.

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[11] *A Community Response to Homelessness in Albuquerque 2013-2017* /Goal 3, Objective 2: Strategy 3: Improve the public transportation system in Albuquerque (i.e., more comprehensive holiday/weekend schedule, extended hours, bust stops near service locations).

What resources do you seek at AHCH?		
Resource	**Number**	**Percent**
Medical	38	38%
Dental	12	12%
Case Management	1	1%
ArtStreet	7	7%
Housing / Housing Assessment	25	23%
Harm Reduction (syringe services, Narcan, education)	4	4%
Behavioral Health (mental health, substance treatment)	20	20%
Resource Center (shower, coffee, bus pass, phone)	41	41%
Other Bus Passes/transportation Pharmacy/prescriptions Identification Card Hep C treatment Acu-detox other social service Native American Healing circle "word of mouth brought me here"	29	29%

When asked to name two factors of Engagement Specialists being present as most important, respondents named a multitude of examples that aligned with two main themes: help and feeling of safety/welcoming.

When asked what about them and their identification with characteristics such as being a person of color, gender identity, mental health, sexual orientation, homeless, etc… might negatively affect their feelings of safety here at AHCH, respondents named fellow client behavior and harassment due to gender identity, mental illness issues triggered by loudness of surroundings and other client outbursts, feeling treated like a disease because you're nameless, not sure if treated differently because of being a person of color or other factor.

This has been a pilot role for AHCH and a new experience for clients. Clients, sometimes their most basic relational needs, are met. Clients report enjoying being greeted and the personal navigation. It is good to have personal help before, during, or after a visit and

clients clearly appreciate the attention to their needs and effort to create a safe and welcoming environment. AHCH will continue to assess this service and how it meets clients' safety and navigation needs and experiences on campus. As in many systems, the environment and how clients perceive they are being treated is an important need to monitor and address ongoing.

Trauma- Informed Care Survey

Homelessness is a traumatic experience. Anyone who has experienced homelessness has endured trauma and most likely several traumas. AHCH's staff, client, board of directors and partners know that the impact of trauma on people's lives is broad and pervasive. Together, AHCH works to create an environment that addresses the needs of people impacted by trauma. Trauma survivors develop survival skills that have helped to manage past traumas. These survival strategies may include substance abuse, withdrawal, aggression and self-harm. To assess AHCH's response to this specific target population need, AHCH's Client Leadership Committee, a standing committee of the Board of Directors, conducted a *Client Experience Survey.*

Trauma-Informed Environment

- When clients become violent.
- When people get belligerent, and start fights, etc.
- When people, other clients, start fighting.
- It's very crowded up front
- When they call Code Blue I get anxious. It messes PTSD.
- Outside influences like the behavior of other clients and when there is a large police presence.
- People outside being rude or trying to hurt each other.

In addition to questions regarding their awareness of trauma-informed care, their feeling of safety and satisfaction, feelings of safety and being treated with respect, clients were asked by other clients, "*What at AHCH causes you to feel unsafe?"*

While the responses in the box to the left will not all be able to be addressed and are not exhaustive, they represent the extent to which AHCH is always balancing the environment to support people with diverse service needs with a harm reduction approach that in and of itself may create challenges. AHCH will continue its work on flow, safety, and working with clients to meet their needs while being a place that is welcoming for all.

Sub-Populations

Urban American Indians and Homelessness in Bernalillo County/Albuquerque Metro Area

According to the New Mexico Health Equity Profile (Communiyt Catalyst , 2010) New Mexico is a majority minority state and home to the second-largest population of American Indians in the nation. Since 2014, Albuquerque Health Care for the Homeless' last approved needs assessment, the sub-population of clients who identify as American Indian/Alaska Native has steadily increased annually from 8% in 2013 to 10% (+ 109 or a 24% increase from previous year) in 2014 (+ 3/1% increase) 12% in 2015 (+ 70; 15% increase from previous year) and 12% again in 2016 and overall % increase of while the overall percentage increase do not appear to be large, the percentages had held steady at 6-8% for nearly a decade. Additionally, while the percentage changes are relatively low, AHCH's numbers have grown in that time and when you look only at American Indian/Alaska Indians, that is a change over time from 2013 to 2016 is 52.6% increase over four calendar years. Clearly, there is a substantial shift in access by this specific and often underserved population that called for a deep dive and analysis. Following is a description of AHCH data and other information to better describe the current environmental context of this important sub-population.

The *2017 New Mexico Coalition to End Homelessness Point-in-Time Count* highlights the following findings about the specific sub-population of persons experiencing homelessness that identify as American Indian/Alaska Native:

- Made up 44.3% of counted unsheltered persons.
- Of the total population counted, 35.7% were sheltered in Emergency Shelters and 57.8% were unsheltered with the remining 6.5% in transitional housing.
- Of the youth counted 10 were members of this sub-population. Eight or 80% were unsheltered.

Trauma and Violence

"You try to live like me," Bailey Gillreath, veteran of Albuquerque's streets. He also goes on to say, "Brief moments of attention on these issues occur, they then quickly fizzle out because people fail to understand the complexity and seriousness of poverty and homelessness[12]." For Albuquerque's indigenous population of persons who are homeless, Native, and poor, violence and death are an everyday reality[13].

While violence on the streets and other trauma related to the experience of homelessness affect everyone who is homeless, the American Indian/Alaska Native sub-population is disproportionality affected, and it's even harder on the women the article states. This has been oft repeated in reports and newspaper articles, many of which are only published in native media outlets.

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[12] Nick Estes (September 12, 2014). *'You Try to Live Like Me' – Looking to Understand ABQ's Homeless Natives.* https://indiancountrymedianetwork.com/news/politics/you-try-to-live-like-me-looking-to-understand-abqs-homeless-natives/

[13] *ibid*

The Indian Country Media Network article, 'You Try to Live Like Me' – Looking to Understand ABQ's Homeless Natives describes the Albuquerque Indian Center as a resource for APD in identifying homeless Natives killed on the streets since the center provides mail service. "Many are killed by hit and runs are beaten left to die in the cold or from exposure, "several a week, sometimes, more." "Lack of identification makes an already difficult life next to impossible. Many tribal enrollment offices are too far away."

The homeless Outreach Collaborator at First Nations attributes failure in funding services as contributing to cycles of violence and neglect that uniquely and disproportionately affects Native people. Others in the article state that the combination of poverty, general disregard from the community, and lack of social and health services, is "a slow death" for Albuquerque's Native and homeless.

In August 2011, a City of Albuquerque funded Urban Indian Survey and Needs Assessment was completed to obtain input form Native American citizens to gain qualitative information on perspectives about current needs and wants, to identify service gaps, and ways to improve programs and services by the City and/or other organizations. A total of 19 recommendations came forward, most are indicators often associated with current or risk for homelessness such as: Cost of Living; City or Agency (culture and community inclusion); Education; Employment; Families; Health & Social Services; and Improve relationships.

In addition to some targeted funding to existing providers, the City of Albuquerque prioritized nine neighborhoods to make an impact in the recommended areas, of the 9, 5, have significantly higher percentages of Native American populations respective to the percentage of the Native American population found within the general population. One of these neighborhoods, Santa Barbara/Martineztown borders AHCH. AHCH's partner First Nations Community Health Source is making strides in the sub-population. AHCH might look to dig deeper into this partnership to better address their needs.

Program	% of Total Population served that is Native American
Motel Vouchers for Persons Experiencing Homelessness	14.02%
Emergency Homeless Shelters	17.80%
*Homeless Dental	7.31%
Early Childhood Development for Homeless Children	19.44%
Landlord Tenant Hotline	6.42%
Eviction Prevention	6.2%
Substance Abuse Treatment Services accessed through AMCI	12.4%
Rape Crisis Services	6.7%
Food Boxes accessed through Road Runner	9.0%
GED Services	7.1%
Stay in School Services	3.6%
Gang Intervention and Prevention	5.1%
Early Intervention and Prevention Programs	5.8%
Therapeutic Pre-School Services and Early Intervention	12%
Assertive Community Treatment	4.5%
Adolescent Substance Abuse Treatment	14%

Youth Mentorship	10%
Primary Care for Children through UNMH Young Children's Center	2.3%
Services for Children experiencing abuse	5.7%
Substance Abuse Treatment for clients with dual diagnosis	4.8%
Meals through Project Share	31.4%
St. Martin's Hospitality Center - Meals	18.6%

This services chart demonstrates some opportunity internally and across our communities to target services to Albuquerque's Native population who are homeless and living in abject poverty. Oral health, eviction prevention (although we saw in another section that communities of color are underrepresented in housing and thus utilize evection preventions less than populations who are better housed), trauma related services such as, alcohol and other substance treatment services and Rape Crisis Services, GED and stay in school services, and family services appear to be accessed in lesser proportions than would be expected given the proportion of AIs/ANs living in poverty and experiencing homelessness.

Housing and Native Americans/Alaska Natives:

According to FY14 New Mexico Homeless Management Information System 895 (16.7%) of 5,371 identify as "Native American or Alaska Native." Of these 28 (3.1%) are seniors age 65 or older. 355 (39.7% were in either "place not meant for human habitation" or in "emergency shelter" immediately prior to project entry.

Homeless Demographic Survey 2016

Project Type	*All Clients - Total Number*	*Total/Percent Primary Race = Native American*	*Gender Native American*	*Ethnicity Native American*	*Adults/Children Native American*	*Unaccompanied Children Native American*
Services	6425	1102 (17.2%)	Male = 620 (56.3%) Female = 476 (43.2%) Transgender = 6 (>1%)	Hispanic = 157 Non-Hispanic = 935 Unknown = 10	Adults = 722 Children = 374 Unknown = 6	47
Street Outreach	5449	845 (15.5%)	Male = 422 (50%) Female = 401 (47.5%) Transgender = 9 (1%) Unknown = (13 1.5%)	Hispanic = 137 Non-Hispanic = 694 Unknown = 14	Adults = 759 Children = 84 Unknown = 6	7

Homeless Demographic Survey 2017

Project Type	*All Clients - Total Number*	*Total/Percent Primary Race = Native American*	*Gender Native American*	*Ethnicity Native American*	*Adults/Children Native American*	*Unaccompanied Children Native American*
Services	2687	445 (16.6%)	Male = 221 (50%) Female = 217 (49%) Transgender = 9 (2%) Unknown = 3	Hispanic = 80 Non-Hispanic = 361 Unknown = 4	Adults = 303 Children = 139 Unknown = 3	7
Street Outreach	4824	777 (16.1%)	Male = 389 (50%) Female = 363 (47%) Transgender = 11 (1.4%) Unknown = 14	Hispanic = 111 Non-Hispanic = 653 Unknown = 13	Adults = 710 Children = 66 Unknown = 1	1

More males receive housing services and more females receive street outreach services (not consistently when looking at the first part of the 2017 year but not full years' worth of data, supports Indian County Media Network article). It appears that transgender identity is being better captured.

For AHCH's Continuum of Care – Supportive Housing Program, Native American Demographic Summary from Reporting Period: April 1, 2016- March 31, 2017 was 19 or 12.5% of 151 served compared to Reporting Period: April 1, 2015 - March 31, 2016 where 15 or 12.1% of 124 American Indians were served.

Housing and Homelessness in Bernalillo County/Albuquerque Metro Area

Housing:

Local Salaries/Economics (lack of a living wage – causes of homelessness): While New Mexico has seen some expansion in the number of jobs since the Great Recession, many of those jobs offer relatively low wages (Marks, 2016). At the same time, higher paying jobs, such as in the oil and construction industries, have been going away. The Business Outlook notes that NM's average weekly wage has grown by 10.2 percent since 2009, the nation's has grown 15.8 percent, making the state 43rd in the nation (3rd quarter 2015).

2017 New Mexico Coalition to End Homelessness Point in Time Count for the Department of Housing and Urban Development

The purpose of the PIT Count is to try and determine how many people experience homelessness on a given night in Albuquerque, and to learn more about their specific needs. Because it is a mix of data sources (sheltered & unsheltered), the numbers are not as definitive as they seem to be and should be considered a minimum estimate.

The PIT Count night for this year was January 23, 2017. In 2017, 1,318 (2015 = 1,287) people reported experiencing homelessness on the night of the count, which is an increase of 31 people over the 2015 PIT Count.

While the reported 31 persons increase from the 2015 count does not appear to be an increase, important indicators or growing housing vulnerability includes the following points. Due to extensive input by AHCH and other outreach teams, the unsheltered count was more comprehensive counting 384 compared to 183 people in 2015. Also, 374 people were counted at the City of Albuquerque's Winter Only shelter compared to 290 in 2015 representing a 23% increase.

The demographic information captured as part of the 2017 PIT demonstrate some nuances in type of homelessness and who is more affected in one area over another. The following analysis include:

- More male adults with children are unsheltered (15.8% of adults in households with at least one child).
- More Hispanic/Latino identified in adults in households with at least one child
- 63.6% identify as White (less representation than in AHCH client profile)
- 22.3% identify as American Indian (greater representation than AHCH client profile)
- 37.4% Hispanic/Latino and 8% Black/African American (less representation than in AHCH client profile)
- 67.6% Male (< AHCH); 31.3% Female (> AHCH) 10.6% Transgender

VI-SPDAT/CoC Albuquerque Coordinated Assessment

Since the last AHCH Needs Assessment the City of Albuquerque has developed a Coordinated Assessment System (CAS). The system utilizes the VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool) to rank homeless households in priority order per their VI-SPDAT score. The higher the VI-SPDAT score, the higher the priority for the person or family

to be placed into housing. Data from 2015 (1,530 completed assessments) and 2016 (1,496 completed assessments) identifies the following housing vulnerability realities.

More than eighty-percent (80%) identified as homeless and twenty percent (20%) at imminent risk of losing housing. Thirty-eight percent (38%) report being continuously homeless for at least one year and nearly forty percent (405) are chronically homeless. Greater than sixty percent (60%) report being medically vulnerable.

Demographics of people accessing the City's Coordinated Assessment System are mostly on trend with those reported in the homeless provider utilization numbers and the NMCEH Point-in-Time Count. For this data-set, thirty-three percent are female, sixty-six percent are male, and just under one percent transgender. Forty-five percent are Hispanic/Latino. Fourteen percent are American Indian/Alaska Native, less than one percent Asian, eleven percent Black/African American, one percent Native Hawaiian or other Pacific Islander and seventy-four percent White. Overall 51.5% have been in jail and nearly 4% has been in prison. Based on this review of data, American Indians/Alaskan Natives may be a target for outreach to get them assessed as their percentages as people being assessed and entered into the Coordinated Assessment is low in comparison to their makeup of persons experiencing homelessness.

Intersectionality

*American Indians, Of the 20 (0.64%) individuals who identify as transgender – 100% identify as male to female, 45% also identify as American Indian/Alaskan Native, followed by 40% White, 10% black and 5% Asian and together they average 42.1 years of age. Sixty percent are transgendered people of color.

LGBTQ Identified –Per a June 2017 report on Health and Well-Being of Lesbian, Gay, and Bisexual Youth in New Mexico, in 2015, lesbian and gay youth were more than four times as likely to be living in unstable housing than straight students, bisexual youth were more than twice as likely and youth who are not sure about their sexual orientation are more than three times as likely. CDC features on homelessness notes that unstable housing can put youth at risk for a variety of adverse conditions ranging from poor nutrition and sleep deprivation to substance use and assault (www.cdc.gov/features/homelessness).

Albuquerque Health Care for the Homeless' Supportive Housing Program served 151 people from April 1, 2016 to March 31, 2016. Of the people served, 78.8% were adults age 18 and over32 (21.2%) were children under age 18, and 6 were youth under age 25 and of those 6, 1 was a parenting youth with children. Almost 90.7% of all persons served were chronically homeless and of the people served, chronically homeless tended to have triply occurring physical and mental health conditions. Three (1.9%) were veterans all of whom were chronically homeless men with co-occurring physical and mental health conditions. One was 62 and older.

Nearly 40% were families (adults with at least one child) and of those families, 19% were chronically homeless. Of the 32 children, 37.5% were under age 5 and 53.1% were between the ages of 5 and 12 and just under 10% were accompanied youth. Ten (6.6%) individuals were 62 and over and all 10 were chronically homeless.

Racial characteristics include nearly 75% White, 4.6% Black/African American, and 12.5% American Indian / Alaska Native. Ethnically, 60.9% identify as Hispanic. Most housing participants are White Hispanics followed by American Indian and then Black/African American. Much of these numbers are on trend with AHCH overall client profile, expect for people who identify as Black/African American.

At entry into AHCH's Supportive Housing Program, nearly 55% of persons have 2 or more physical and mental health conditions. At exit, 44% do and for all participants who stayed in the program 59% report 2 or more physical and mental health conditions (people are diagnosed with conditions while in the program as they have access to care).

Conclusions

This report indicates that people are experiencing higher rates of homelessness (exact extent unknown) and are more vulnerable in recent years (health, economic, housing etc.). People living in poverty have even less access to economic resources over the last five years than in the previous five-year period. Sub-populations of persons experiencing homelessness have unique, sometimes unidentified, and often unmet health needs, despite Medicaid expansion and health reform.

Poverty is entrenching and there is no evidence of future relief. The local housing market does not identify fair and affordable housing as priority and does not meet the demand for affordable housing. There is a tremendous need for affordable housing near transit, jobs, schools, and services. Access to health care is threatened daily and the major health care systems and managed care organizations are often unable to locate and continuously engage persons experiencing homelessness. AHCH's philosophy of care model is more relevant than ever. Now is the time to fortify AHCH efforts to build systems relationships, share data for more continuity of care, and prevent the devastation of inappropriate institutional discharge through alternative systems approaches.

The large number of physical, mental, and social needs that are the experience of people who are homeless make it difficult for health care to be a priority. People come in "when it hurts" and mostly connect with our campus or staff on outreach for housing and crisis situations. AHCH will need to track closely its quality and access indicators in relation to those conditions most affecting the population of persons experiencing homelessness, and maximize continued use of its integrated care teams to link people into the comprehensive mix of services available (i.e., proportion of overall clients seeing dental and medical).

The community has had some successes housing those most vulnerable population. Not being addressed as well are families, youth, and seniors. The community should look at this and see what resources and services will be needed to address the housing and service needs of these sub-populations, and AHCH must continue to understand and serve or facilitate their access to care.

Persons experiencing homelessness are disproportionately people of color, people living in abject and entrenched poverty who are unequally affected by bad credit histories, histories of eviction or criminal charges, higher rates of untreated and out of control chronic conditions, including triply occurring physical, mental and behavioral illnesses. They require a coordinated, culturally humble, and community-based response to their healthcare and housing needs. AHCH will need to rely on its proven approaches to get and keep people housed, address chronic health and social issues, and be nimble and responsive to the rapidly changing medical, social, and housing environments to be effective in the fight to end homelessness in our community. Building community and political will is as important now as ever and the reconvening of groups who were a pivotal part of this assessment to problem-solve and address identified gaps and structural issues will be important aims in support of the 2016 and Beyond AHCH Strategy Roadmap.

This needs assessment is in many ways comprehensive, but not exhaustive. It provides directional arrows to arears for further research, analysis and convening over time as AHCH implements its Strategy Roadmap and programs.

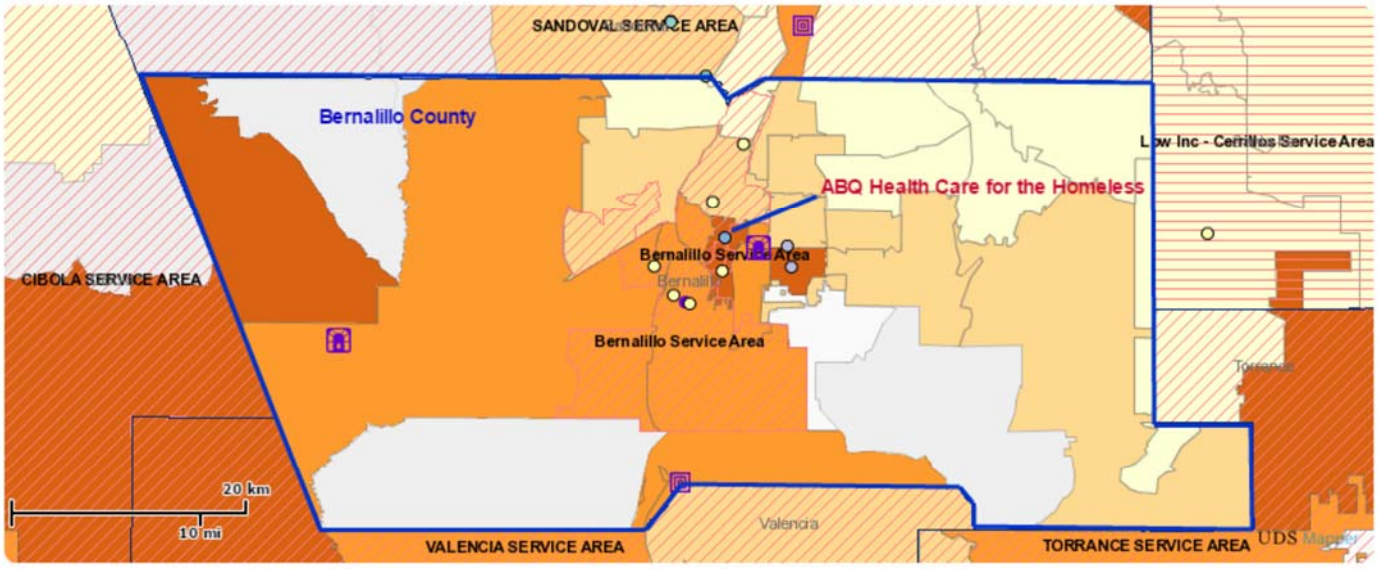
APPENDIX 1:

SERVICE AREA HOMELESS HEALTH CARE AND OTHER RESOURCES

Albuquerque Health Care for the Homeless (AHCH) is the only service provider in Bernalillo County dedicated exclusively to the population of persons experiencing homelessness. AHCH provides integrated, comprehensive, and quality services on-site at its centrally located consolidated services campus based near downtown Albuquerque, close to other homeless services and bus routes, and at mobile clinic-based sites throughout the service area.

The services area is all of Bernalillo County and the target population is 10,000-16,000 people who are homeless. Using a conservative estimate, AHCH estimates that of 12,000 people homeless during a year's time in Albuquerque, AHCH is reaching approximately one third to one-half of the eligible population with primary care services. With the establishment of the 330h program at First Nations, another 10%, are served by its HCH program. The implication is that the remainder receives services in emergency locations or not at all. Following is a map of service delivery sites.

Albuquerque Health Care for the Homeless, Bernalillo County service Area,



States
Counties
Medically Underserved Areas/Populations
Medically Underserved Area
Medically Underserved Population
Governor Designated
HCP Grantee Service Access Points
HCP Look-Alike Service Access Points
Rural Health Clinics

Facility and Point HPSA
HCP Look-Alike
Rural Health Clinic
Indian Health Service Facility
Alaskan Native Tribal Pop.
Native American Tribal Pop.
HCP Grantee

% Poverty (Pop below 100% FPL), 2009-2013
<10%
10 - 20%
20 - 30%
30 - 40%
>40%