

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/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

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Advisor, Community Advocate
Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Independent Review Committee	This group solicits and selects new CoC projects. It also establishes evaluation criteria for renewal projects, evaluates renewal projects, determines whether to renew renewal projects, and ranks renewal projects. The committee members represent a diverse group of viewpoints. Members include representatives from a local private foundation, the Native American community, homeless service providers, local government and includes a person who has experienced homelessness. Together, the committee members understand the programmatic aspect of serving the homeless, but also understand our local plan to end homelessness.	Quarterly	Albuquerque Community Foundation, Albuquerque Heading Home, Futures for Children, City of Albuquerque, Paul Lanier (formerly homeless), New Mexico Veterans Affairs Health Care System
1C-1.2	SOAR Steering Committee	The SOAR Steering Committee leads the implementation of the SSI/SDI Outreach Access and Recovery model, which is a HUD supported model for helping homeless people with disabilities obtain SSI or SSDI. The CoC has prioritized SSI/SSDI as the mainstream resource we want to help homeless persons obtain, and the CoC has decided to do this through implementation of SOAR. The committee plans SOAR trainings and addresses challenges/issues with SOAR implementation.	Monthly	Social Security Administration, Disability Determination Services, NM Coalition to End Homelessness, University of NM Hospital, OptumHealth, Albuquerque Health Care for the Homeless, St. Martin's, Albuquerque Heading Home

1C-1.3	HMIS Governing Committee	The HMIS Governing Committee addresses issues and strategies for the NM HMIS project in collaboration with the HMIS Project Staff. The committee oversees growth of agency participation, application upgrade priorities, and making changes based on user feedback. Committee members include representatives from homeless service providers that use HMIS, the HMIS Lead Agency, City of Albuquerque (CoC Lead Agency and ESG recipient) and the Mortgage Finance Authority (ESG recipient). This group has a technical understanding of the challenges of using HMIS, both from a user and reporting perspective. The group also has the technical knowledge and access to resources to address those challenges.	Quarterly	New Mexico Coalition to End Homelessness, Barrett Foundation, Families and Youth Inc., City of Albuquerque, Sue Campbell (formerly homeless), Mortgage Finance Authority
1C-1.4	Coordinated Assessment Working Group	This workgroup is charged with developing the basic design for the coordinated assessment system. The Albuquerque CoC is partnering with the Balance of State CoC to develop a statewide assessment system. The workgroup has been focused on developing goals and principles for the coordinated assessment system, developing standardized assessment and intake forms, deciding which programs will be part of the coordinated assessment, developing the process for assessment, and deciding which geographic areas and target populations to focus on and in which order as the coordinated assessment system is rolled out.	Monthly	City of Albuquerque, NM Coalition to End Homelessness, Mortgage Finance Authority, DreamTree (youth provider), Communities Against Violence (domestic violence provider), Alb. Health Care for the Homeless, Alb. Heading Home, Crossroads
1C-1.5	Albuquerque Continuum of Care Board	The role of the CoC Board is to provide high-level oversight to the Continuum of Care. The Board monitors Albuquerque's progress in implementing the Albuquerque plan to end homelessness, represent the Albuquerque Strategic Collaborative in the community, monitors CoC membership and provides guidance on CoC related issues, such as converting transitional housing to rapid rehousing.	Quarterly	Paul Lanier (formerly homeless), Henrietta Correa (formerly homeless), CLNkids, Therapeutic Living Services, Barrett Foundation, Kay Monaco (community member)

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

The New Mexico Coalition to End Homelessness (NMCEH) coordinates the CoC committees. The NMCEH has 65 members, including providers, government entities, and homeless/formerly people. The NMCEH pulls from all parts of its membership when convening a committee to ensure that different subpopulations and homeless/formerly homeless are included. The CoC has a regular monthly meeting which 20 to 30 CoC members attend. The NMCEH solicits formal nominations or suggestions (depending on the situation) from the CoC via meetings and emails. For example with the Independent Review Committee and Board the NMCEH solicited nominations from the CoC via email and/or at a meeting; nominees were then approved at a CoC meeting.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The Independent Review Committee (IRC) establishes written evaluation criteria for renewal projects. All renewal projects submit their most recent HUD monitoring reports, financial audits and APRs. The IRC evaluates and ranks the renewal projects based on the established criteria. The IRC develops an RFP for soliciting new projects, which has minimum and scored criteria, and evaluates all proposals received by the deadline. The project or projects with the highest score are selected to apply for the bonus or reallocated project. All renewal applicants were required to submit their project applications via e-snaps by 12-20-14. All applicants were notified via email on 1-16-14 if their project applications were accepted. All process docs were posted to the NM Coalition to End Homelessness website and CoC was notified on 1-10-14.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

An Independent Review Committee (IRC) evaluates each CoC project's housing outcomes annually. The IRC decides whether to renew existing projects based in large part on their housing outcomes. For PSH, the IRC evaluates the percentage of clients staying at least 7 months and the percentage of clients who are still in the program or who have exited to permanent housing. For TH, the IRC evaluates the percentage of clients who have exited to permanent housing. For SSO projects, the IRC evaluates the percentage of clients who have transitional or permanent housing at program exit. The HMIS project lead generates an APR for each project for the same 12 month period (i.e. 5/1/12 to 4/30/13) and the IRC uses these APRs to calculate the outcomes for each project. The IRC does not set one standard that it expects all projects to meet. Instead it evaluates all projects based on how they are doing compared to HUD's performance standards and other projects in the CoC that serve a similar target population.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

The NM Coalition to End Homelessness (NMCEH) helps coordinate the CoC. The NMCEH sends at least 2 emails during the summer/fall to all agencies that serve homeless people to let them know that Albuquerque may be able to apply for new CoC projects. Recipients of these emails include many agencies that do not currently receive CoC funding. The emails state that the NMCEH is available to help agencies develop their potential CoC projects. The Independent Review Committee (IRC) releases an RFP to solicit proposals for new projects. The RFP states that the IRC can review draft proposals up to the deadline and offers detailed feedback on draft proposals. If an applicant is not selected, the IRC provides feedback on their application.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/10/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? No

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

Goodwill was the applicant for the Pathways Supported Housing Program (Grant number NM0010L6B001205) in the final HUD approved GIW. However Goodwill decided after the CoC competition opened that it no longer wanted to apply for a renewal grant. The local HUD field office transferred the grant to the Supportive Housing Coalition of New Mexico. SHC-NM is now listed as the applicant in the GIW attached to the Consolidated Application. The GIW submitted during CoC Registration also included 4 new projects that were awarded in 2012 whose contracts were not executed prior to 1/2/14. The dollar amount for these projects in Section 3 of the GIW that is uploaded to the Consolidated Application have been zeroed out.

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? Yes

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

St. Martin's appealed the Independent Review Committee's (IRC) decision to reduce funding for its transitional housing project. The CoC has a formal appeals process and this process was followed. St. Martin's submitted a written letter stating its appeal. The NM Coalition to End Homelessness, which contracts with the City of Albuquerque to help coordinate the CoC, held a special meeting on 1/15/14 where St. Martin's presented its appeal to the NMCEH membership. The membership had the option of upholding the IRC decision or sending the appeal on to a special grievance committee for further consideration. The membership voted to uphold the IRC's decision. Under the CoC written grievance process that means the IRC's decision is final. St. Martin's has told the CoC in writing that it plans to submit a Solo Application/appeal to HUD.

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The New Mexico Coalition to End Homelessness is the HMIS Lead for New Mexico's two CoCs, and the HMIS lead is overseen by the HMIS governing committee. The HMIS Program Director is responsible for administering the New Mexico HMIS in compliance with the interim rule and in conformance with the 2010 (and 2013 proposed) Data Standards and related HUD notices. The HMIS Program Director reports on efforts to comply with these items to the NMCEH executive director and to the HMIS governing committee on a regular basis.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The NM HMIS project has included guidelines and requirements for Privacy, Security, and Data Quality Management specifically in its Standard Operating Procedures (attached) since 2011. The NM HMIS SOP is reviewed semiannually by the HMIS Project Director to assure it continues to meet current needs and requirements, and (minimally) annually by the NM HMIS Governance Committee to review and approve proposed updates. In Spring 2014, NM HMIS will re-format and expand these existing SOP provisions into individual plans with growth targets and management objectives, responsible agents, and performance tracking measures.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software). ServicePoint

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems). Bowman Systems

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Statewide

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) NM-500 - Albuquerque CoC, NM-501 - New Mexico Balance of State CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$161,202
ESG	\$65,200
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$226,402

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$57,000
County	\$0
State	\$23,500
State and Local - Total Amount	\$80,500

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$11,050
Other - Total Amount	\$11,050

2B-3.6 Total Budget for Operating Year	\$317,952
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	0-50%
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	76-85%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	65-75%

2C-2 How often does the CoC review or assess its HMIS bed coverage? Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

NMCEH will access TA through HUD to identify effective strategies for increasing participation among non-funded agencies. To date, The NM HMIS project has attempted to use a "peer pressure" approach by participating agencies with other agencies in the same community, citing the benefits of more complete local data for planning, funding, and advocacy purposes. Although non-funded agencies agree with the premise, they still can not afford the staff resources required without supplementary funding. NMCEH has worked with the City of Albuquerque and with the NM Mortgage Finance Authority to establish participation requirements in their homeless services contracts (unfortunately, most pertinent contracts are funded through ESG, which requires participation, so no net gain is had). The hope is that the CoC's TA provider can work with the CoC to identify other strategies that have proven effective in other communities.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

The NM HMIS project has attempted to use a "peer pressure" approach by participating agencies with other agencies in the same community, citing the benefits of more complete local data for planning, funding, and advocacy purposes. Although non-funded agencies agree with the premise, they still can not afford the staff resources required without supplementary funding. NMCEH has worked with the City of Albuquerque and with the NM Mortgage Finance Authority to establish participation requirements in their homeless services contracts (unfortunately, most pertinent contracts are funded through ESG, which requires participation, so no net gain is had).

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	32
Transitional Housing	6
Safe Haven	0
Permanent Supportive Housing	21
Rapid Re-housing	3

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	1%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

All HUD-required reports are generated directly and completely from HMIS, including APR, customized CAPER, AHAR, HIC, and sheltered PIT. In most cases, programs are obligated under contract or grant requirements to use HMIS to generate and substantiate submitted reports. NM HMIS is currently partnering with the NM Mortgage Finance Authority, the NM Coalition against Domestic Violence, and Osnum Software to develop a comparable database for use by VAWA covered programs in generating an APR or CAPER; projected implementation is Spring 2014.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Annually

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

NM HMIS works directly with programs to manage data quality. NM HMIS monitors data continuously by reviewing key report fields (e.g., UDE and utilization), and provides each program with a comprehensive detailed data quality review memo to identify all issues that affect report accuracy and consistency, and a special memo is issued in September to prepare for efficient AHAR participation. NM HMIS also provides access to a range of detailed data management reports, a TA Helpdesk available during business hours, and customized reports to assist agencies to manage their HMIS entry and reporting.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Quarterly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Annually
* Using data for program management	Quarterly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

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2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/28/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/26/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	86%	0%	14%
Transitional Housing	0%	47%	0%	53%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

In 2013 we counted 1027 sheltered homeless people. In 2012 we counted 1044 sheltered homeless people. This means there were 17 less sheltered homeless people in 2013. The small decrease may be explained in part by the normal fluctuation from night to night of the number of people using shelter. However, the efforts of our Albuquerque Heading Home initiative could also explain the decrease. Albuquerque Heading Home is our local version of the 100,000 Homes Campaign and is an effort to identify and house the most medically vulnerable chronically homeless people in Albuquerque. To date Albuquerque Heading Home has housed over 256 medically vulnerable, chronically homeless people plus 38 of their family members.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

The HMIS Lead Agency notified all ES and TH providers that it would be using HMIS to generate a PIT count for their programs. Providers were instructed to enter all data in HMIS for clients staying in their programs on 1/28/13 by a set date. The HMIS PIT count was reviewed for accuracy. For programs not in HMIS, a housing inventory/provider PIT count survey was mailed out to these programs. Completed surveys were returned to the NM Coalition to End Homelessness (NMCEH) which tallied the results. The NMCEH followed-up with specific agencies if there were any concerns or questions about the data they reported.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input checked="" type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

The HMIS Lead Agency notified all ES and TH providers that it would be using HMIS to generate a PIT count for their programs. Providers were instructed to enter all data in HMIS for clients staying in their programs on 1/28/13 by a set date. The HMIS PIT count was reviewed for accuracy. For programs not in HMIS, a PIT count provider survey was sent to these programs asking about specific sub-populations. Completed surveys were returned to the NM Coalition to End Homelessness which tallied the results. The NMCEH followed-up with specific agencies if there were any concerns or questions about the data they reported. Volunteers also conducted PIT count interview surveys with clients at several large emergency shelters in order to collect sub-population data.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2J-2 If other, provide a detailed description. (limit 750 characters)

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

The New Mexico Coaliton to End Homelessness (NMCEH) is the HMIS lead agency and contracts with the City to help coordinate the CoC. NMCEH staff reviewed the draft HMIS Sheltered PIT count report for accuracy and followed up with agencies if there were concerns about their HMIS data. Agencies were required to fix data issues before a final HMIS Sheltered PIT Report was generated. For non-HMIS agencies that needed to complete a provider PIT count, the survey contained clear instructions. NMCEH staff also followed-up with providers if there were any questions or concerns about their data. Volunteers who conducted interviews at large emergency shelters in order to collect sub-population data attended a mandatory training.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/28/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/26/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

Our most recent unsheltered PIT counts were in 2011 and in 2013. In 2011 we counted 387 unsheltered homeless people. In 2013 we counted 144 unsheltered homeless people. This means we counted 243 less people in 2013. The success in decreasing our unsheltered homeless populations can be attributed to our Albuquerque Heading Home Initiative. Albuquerque Heading Home is our local version of the 100,000 Homes Campaign and is an effort to identify and house the most medically vulnerable chronically homeless people in Albuquerque. To date Albuquerque Heading Home has housed 256 medically vulnerable, chronically homeless people plus 38 of their family members.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

From 1/29/13 to 1/31/13, volunteers and service providers surveyed people experiencing homelessness to find out where they spend the night of 1/28/13. The PIT count survey asked where the participant stayed on 1/28/13 and for other demographic information. Agency staff and trained community volunteers conducted the PIT count survey with people as they accessed site-based services that people experiencing homelessness are likely to utilize. Some agencies which conduct street outreach also conducted the PIT count survey with homeless people they met on their outreaches. Trained volunteers and outreach providers also went out to certain streets, underpasses and parks between 4am - 6am on 1/29/13 and 1/30/13.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

Staff and trained volunteers entered all completed PIT count interviews into a Quickbase database for analysis. The PIT count interview survey asked the survey participant to provide the first two letters of the first name, last two letters of the last name, year of birth, gender and veteran status. This information was used to create a unique identifier for each person. If two unique identifiers and the answers to where the person slept on 1/28/13 were both the same, the records were assumed to be duplicates and one was eliminated.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		449	449	449
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	308	353	374	401
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		100	100	100
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		80%	85%	85%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		27	10	10

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)**

Supportive Housing Coalition will begin operating a new PSH project with 21 beds for the chronically homeless in early 2014. In the 2013 CoC application the CoC will relocate \$260,000 to a new PSH project that serves the chronically homeless. If new funding is available in the 2014 and/or 2015 CoC competitions the CoC will apply for funding for a new PSH project that serves the chronically homeless. Albuquerque Heading Home will identify new funding sources to create PSH housing for the chronically homeless, including hospitals, the County and private funders. Albuquerque Heading Home is the local version of the 100,000 Homes Campaign and its purpose is to identify and house the most medically vulnerable chronically homeless people in Albuquerque. Existing PSH providers will commit to prioritizing a set percentage of their beds for the chronically homeless.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

The New Mexico Coalition to End Homelessness (NMCEH) will coordinate CoC application process for new or reallocated funding for PSH for the chronically homeless. NewLife Homes will apply for the reallocated PSH project in 2013. The non-profit organization Albuquerque Heading Home will lead the effort to secure additional local funding for PSH. NMCEH and the City of Albuquerque will lead the effort to get PSH projects to commit a set percentage of their beds aside for the chronically homeless.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	640	661	688
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	571	595	620
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	89%	90%	90%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC Review Committee evaluates permanent housing (PH) providers on whether they have met this outcome, and requires those that did not to develop a plan for improving it. The NM Coalition to End Homelessness (NMCEH) will provide technical assistance to those agencies to ensure this outcome has improved. This technical assistance will include encouraging agencies to shift to a Housing First approach. PSH programs need to provide strong supportive services in order to achieve this outcome. Under Medicaid expansion PSH tenants will be able to access the behavioral health services they need. The CoC will ensure that all PSH tenants are enrolled in Medicaid. The CoC will increase state and private funding for PSH services. Having a source of income is critical to housing stability. Therefore CoC will also continue to implement SOAR, which is a model for helping PH tenants quickly obtain SSI or SSDI.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The New Mexico Coalition to End Homelessness will coordinate the CoC review committee and will also provide technical assistance to poorly performing CoC projects to help them improve their housing outcomes. Albuquerque Health Care for the Homeless, St. Martin's Hospitality Center and NMCEH will lead efforts to ensure all PSH tenants are enrolled in Medicaid. NMCEH will lead the implementation of SOAR, in collaboration with the Social Security Administration, Disability Determination Services, Albuquerque Health Care for the Homeless, St. Martin's, the University of New Mexico Hospital and Albuquerque Heading Home. Albuquerque Heading Home will lead the effort to increase private sector funding for PSH services. NMCEH will take the lead in advocating for additional state funding for PSH services by advocating for a \$1 million increase during the 2014 legislative session.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 795

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	18%	22%	26%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	25%	35%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	129	16.23 %
Unemployment Insurance	7	0.88 %
SSI	172	21.64 %

SSDI	96	12.08	%
Veteran's disability	0		%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	82	10.31	%
General Assistance	67	8.43	%
Retirement (Social Security)	2	0.25	%
Veteran's pension	2	0.25	%
Pension from former job	0		%
Child support	16	2.01	%
Alimony (Spousal support)	0		%
Other Source	22	2.77	%
No sources	231	29.06	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

The key components of Albuquerque's plan are to reduce barriers to non-employment sources of income. One strategy the CoC will pursue is to provide 2-3 trainings annually to case managers and other direct service workers on the different mainstream resources and how to help people apply for them. The CoC will also continue to initiate the SOAR initiative, which is a model for helping homeless people with disabilities successfully apply for SSI or SSDI. The CoC will engage in advocacy at the state and federal level to ensure sufficient funding for mainstream resources, including GA and TANF. Finally the CoC will collaborate with the VA to ensure that veterans are receiving benefits.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The key components of Albuquerque's plan are to increase well paying employment opportunities for homeless people and to remove obstacles that make it difficult for homeless people to obtain work. St. Martins and Goodwill will create job training opportunities for homeless people. CoC providers will work with these two agencies and other mainstream job training programs (such as Department of Vocational Rehab) to facilitate effective referrals. CLNkids will advocate for additional early childhood development programs for homeless children, which will enable parents to seek and maintain employment. The CoC will also participate in advocacy efforts to increase the local and state minimum wage so that people earn enough to afford housing. The COC will also advocate for better public transportation so that low income people can get to and from work.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

St. Martin's and Goodwill will take the lead in developing job training programs. CLNkids will take the lead in advocating for more high quality childcare programs so parents can obtain employment. The New Mexico Coalition to End Homelessness (NMCEH) will take the lead in: 1) advocating for increases to the minimum wage at the local and state level; 2) advocating for better public transportation; 3) Developing the SOAR initiative; 4) Conducting mainstream resource workshops for case managers; 5) Conducting state and federal advocacy to ensure sufficient funding for TANF and GA. Albuquerque Health Care for the Homeless and the VA will be the lead in ensuring veterans are receiving veterans benefits.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 795 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	67%	70%	75%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	702	88.30 %
MEDICAID health insurance	401	50.44 %
MEDICARE health insurance	71	8.93 %
State children's health insurance	4	0.50 %
WIC	49	6.16 %

VA medical services	7	0.88 %
TANF child care services	15	1.89 %
TANF transportation services	6	0.75 %
Other TANF-funded services	4	0.50 %
Temporary rental assistance	4	0.50 %
Section 8, public housing, rental assistance	67	8.43 %
Other Source	30	3.77 %
No sources	93	11.70 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The key components of Albuquerque's plan are to reduce barriers to mainstream resources. One major strategy the CoC will pursue is to provide 2-3 trainings annually to case managers and other direct service workers on the different mainstream resources and how to help people apply for them. The CoC will coordinate with the Albuquerque Housing Authority to offer a training on Section 8 and Public Housing. Another major strategy is to ensure that all homeless people eligible for Medicaid under the Medicaid Expansion apply. The CoC will coordinate with the VA to ensure that all eligible Veterans will receive VA medical services.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The New Mexico COalition will organize workshops and trainings for case managers and other direct services workers on mainstream resources. Albuquerque Health Care for the Homeless and St. Martin's will lead the effort to enroll all homeless people in Medicaid. The VA will lead the effort to ensure all eligible veterans are receiving veteran benefits.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	75	90
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	7	15	25
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	2	5	8

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The City of Albuquerque currently has a TH grant for almost \$1 million. In the 2014 CoC application the City plans to reallocate its TH grant to a new rapid rehousing project which will serve about 75 households with children at any point in time. The City will allocate any additional ESG funds it receives from HUD to Rapid ReHousing for homeless households with children. The CoC will advocate for the NM Human Services Dept. to use TANF funding for Rapid ReHousing. At least one provider in Albuquerque will apply for Supportive Services for Veteran Families when the SSVF NOFA is published.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The City of Albuquerque and New Mexico Coalition to End Homelessness (NMCEH) will lead the effort to relocate the TH grant to Rapid ReHousing in collaboration with the current TH providers (Barrett Foundation, SAFE House, St. Martins and Catholic Charities). The NMCEH will advocate for use of TANF funds for Rapid ReHousing. Goodwill Industries will apply for the SSVF grant.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

Currently the CoC has one Rapid Rehousing (RRH) project which is operated by Barrett Foundations. Barrett and the CoC developed the following policies for determining who will receive assistance: 1) Household must be comprised of a single woman or a woman with minor children 2) Meet HUD's definition of "literally homeless" 4) Have employment income but with an annual income at or below 80% AMI 5) Are only in need of temporary housing assistance. Barrett determines how much subsidy to provide to each client after developing a detailed budget with the client. Barrett offers rental assistance subsidies at full, 3/4, 1/2 or 1/4 support. Household contribution increase commensurately as household income increases.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

Currently the CoC only has one ESG funded Rapid Rehousing (RRH) project which is operated by Barrett Foundation. The RRH program provides case management to households residing in the RRH program. Currently we do not have any RRH providers that provide case management to households residing in other CoC or ESG funded programs.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

Currently the CoC only has one Rapid Rehousing (RRH) project which is operated by Barrett Foundation. The RRH case manager develops an exit plan with each household and then provides after care services to program graduates to help them remain stably housed. At exit, clients are informed that they are eligible for After Care, which is client-driven light case management support for one year following program exit. Clients are informed of how much time they have used in the RRH program and how much time remains available, should a housing crisis occur. To date, clients experiencing case management or housing issues have utilized the After Care program successfully.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-1.1a If other, please explain. (limit 750 characters)

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The NM Children, Youth and Families Dept. (CYFD) has implemented a formal protocol through its Independent Living Program to assist youth between ages 15 and 21 with obtaining a permanent living arrangement upon leaving the state's foster care system. CYFD develops and implements a transitional living plan for each youth and provides support services to help them achieve self sufficiency. Each youth is assigned a social worker who coordinates services and helps them find permanent housing. In October 2007 CYFD initiated a 20 unit, scattered-site housing program called Transitions for youth transitioning from the foster care or juvenile justice systems. Upon leaving foster care youth routinely enter their own permanent housing, go to live with friends or return to live with their biological families. Some youth also enter one of five transitional living programs for youth aging out of foster care, which are partially funded by CYFD.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Children Youth and Families Department is the main stakeholder responsible for ensuring that persons being discharged from foster care not routinely discharged into homelessness. CYFD has partnered with Supportive Housing Coalition of New Mexico (SHC-NM) and AGENCIES to implement the Transitions Program. SHC-NM administers the housing assistance and AGENCIES provide supportive services. CYFD has also partnered with Hogares, New Day and Youth Development Incorporated to offer transitional living programs for youth aging out of foster care.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-2.1a If other, please explain.
(limit 750 characters)

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Albuquerque Health Care for the Homeless has taken the lead in discharge planning by meeting with University of NM Hospital (UNMH) and Presbyterian Hospital (PH) staff on improving discharge planning. With the goal of having a formal discharge protocol that will prevent discharge to homelessness. The Albuquerque Opportunity Center has partnered with the VA Hospital, UNMH and PH to provide 24 hour respite beds to people being discharged from the hospital. This partnership is an important step in building community collaborations that lead to better discharge planning. There is a new initiative in Albuquerque to house the most medically vulnerable chronically homeless persons, many of whom are likely to otherwise be hospitalized and then discharged to the streets. PH and UNMH are part of this initiative. Sometimes people being discharged from hospitals go directly to emergency shelters or the streets. They also routinely return to their own housing or move in with family or friends.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

The City of Albuquerque and Albuquerque Heading Home are the stakeholders leading the effort to identify and house the most medically vulnerable chronically homeless people in Albuquerque. Albuquerque Health Care for the Homeless is leading the effort to create a formal discharge protocol with University of New Mexico Hospital and Presbyterian Hospital. The New Mexico Veterans Affairs Health Care System is also a stakeholder in the effort to prevent discharge to homelessness.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-3.1a If other, please explain.
(limit 750 characters)**

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Under NM's behavioral health care system, Medicaid recipients with behavioral health needs go through a local Core Service Agency (CSA). The CSA develops and implements a discharge plan with the consumer, family and treatment team; it addresses living situation after discharge and aftercare. The state increased housing options for people being discharged when the NM Human Services Dept. (HSD) launched the Linkages program in 2008 to provide permanent supportive housing for individuals with serious mental illness (SMI). The NM Coalition to End Homelessness is working to secure additional funding to expand this program. Because the Linkages program is targeted to individuals with SMI it expanded the housing opportunities available to people who are discharged from treatment facilities. People being discharged from mental health institutions also routinely return to their own housing or move in with family/friends. HSD also offers move-in assistance for persons with serious mental illness.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Stakeholders involved include, New Mexico Human Services Department, the Supportive Housing Coalition of New Mexico, New Mexico Coalition to End Homelessness, St. Martin's Hospitality Center, First Nations and Albuquerque Health Care for the Homeless. First Nations and Albuquerque Health Care for the Homeless provide services for Linkages clients. St. Martins Hospitality Center is involved as a Core Service Agency.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The NM Corrections Dept. has implemented a protocol for the reentry planning process for all adult inmates who are being released back to the community from incarceration. A reentry plan is required for all inmates who are being released with supervision to follow. The reentry plan must address healthcare, education/job development, housing, family support and life skills. A Reentry and Transition Coordinator assists with the reentry plan and in locating housing. The Metropolitan Detention Center (MDC) which is the local jail has also begun working on a new discharge system. MDC is operated by Bernalillo County. The County will be launching a new pilot project to provide services and housing to people with behavioral health issues who are being released from MDC who otherwise have no place to live. The goal is to prevent people from re-entering the jail.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The NM Corrections Department is the main stakeholder for re-entry planning for adults being released from state prisons. Bernalillo County, City of Albuquerque, Metro Court, District Court, Albuquerque Health Care for the Homeless and Crossroads for Women are the main stakeholders for the re-entry pilot project for the local jail.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

- Increase access to safe, high quality and affordable housing
- Increase the supply of safe, high quality, affordable housing
- Strengthen and sustain access to comprehensive supportive services
- Increase access to high wage/high skill jobs
- Increase Prevention and Rapid Rehousing Resources

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

In 2012 the City of the Albuquerque developed their 2013- 2017 Consolidated Plan and 2012 Action Plan. In 2013 the City developed their 2013 Action Plan. All these address how ESG funds are allocated. The City worked with the CoC when developing their plans. For the Consolidated Plan the City held a series of focus groups which many CoC members attended. The City also did an online survey which was completed by many CoC members and CoC clients. The City staff person who led the Consolidated Planning process attended our August 2012 CoC meeting to present the draft priorities and strategies for how to allocate ESG, CDBG and Home funds. The CoC expressed their support for these priorities and strategies. In 2013 the CoC reviewed the draft Action Plan and supported it. The CoC will develop performance standards for ESG projects in 2014. The City of Albuquerque has contracted with the NM Coalition to End Homelessness to monitor and evaluate ESG projects beginning in 2014.

3C-3 Describe the extent in which ESG funds are used to provide rapid rehousing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

Currently, the City of Albuquerque has used 42% of its ESG allocation for Rapid ReHousing activities. The City decided to use the funds to operate a Rapid ReHousing project, in collaboration with the CoC, because the HPRP had been very successful and there was clearly a need in the community for Rapid ReHousing. The City contracts with Barrett Foundation to run a Rapid ReHousing program for families with children and single women. Barrett Foundation targets families and women staying at its emergency shelter and at two other emergency shelters in Albuquerque. To date Barrett Foundation's Rapid ReHousing Program has served 19 households. The City does not use any of its ESG funds for prevention because it uses \$109,400 of its CDBG dollars annually on prevention programs.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The City of Albuquerque's 2013-2017 Consolidated Plan identifies these strategies for preventing homelessness: increase the supply of affordable housing for very low income people, increase services to help people stay housed and invest in prevention programs. The City currently funds an Eviction Prevention Assistance program using CDBG which serves about 200 people per year. The program is administered through the City's 4 multi-service centers which are located throughout the City. There are two barriers identified in the City's Analyses of Impediments. These are the need for increased awareness and education and limited supply of affordable housing. The City's Plan invests resources in increasing the supply of affordable housing and in a Fair Housing program to increase outreach, awareness and education. The ESG recipient is the City of Albuquerque which is also the Collaborative Applicant for the CoC. The City works closely with CoC members on strategies to prevent homelessness.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The CoC has a broad and active membership. The CoC is driven by its Plan to End Homelessness, which also has broad community support and participation. The City of Albuquerque, the NM Mortgage Finance Authority (a quasi public-private agency that functions as New Mexico's state housing department), the NM Veterans Affairs Health Care System, the Albuquerque Housing Authority, Albuquerque Community Foundation and NM AIDS Services (HOPWA provider) regularly attend the monthly CoC member meetings and are involved in many of our committees and workgroups. The NM Human Services Department, which administers TANF, is also an active member of our CoC. As regular participants in our CoC all of these entities are involved in planning for how to best use our homelessness dollars. Currently our CoC works with Head Start programs by helping to enroll eligible children who are part of CoC programs into Head Start programs.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The Associate Director and the Section 8 Supervisor of the Albuquerque Housing Authority (AHA) regularly attend the monthly CoC meetings. AHA staff provides updates on their activities and in turn CoC members communicate any concerns or issues with helping clients access AHA housing. Most recently, AHA communicated their plans to close the Section 8 and Public Housing waitlists. Because AHA shared this information with CoC members in advance, CoC members were able to prepare their clients. In addition, CoC members were able to advocate for waitlist closure and clean-up procedures that would not harm those experiencing homelessness. AHA has also partnered with Albuquerque Heading Home (which serves medically vulnerable chronically homeless people) to fill their special use Section 8 vouchers for disabled individuals transitioning out of a skilled nursing facility. The CoC has also begun discussions with AHA about setting a local preference for the chronically homeless.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

CoC and ESG programs throughout the CoC have a mix of policies when it comes to barriers to entry. Most programs low barriers but some do have some requirements such as a lengthy amount of time sober. The CoC has not recently systematically analyzed barriers to entry by program. However, this will change in 2014. The City of Albuquerque contracts with the NM Coalition to End Homelessness (NMCEH) to help coordinate the CoC. Beginning in 2014 the NMCEH plans to monitor all CoC and ESG recipients. As part of its monitoring, the NMCEH will be assessing each CoC and ESG project for barriers to entry. Projects with high barriers to entry will be expected to change eligibility criteria in order to make it easier for people to access their programs.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

The CoC has taken several steps over the last few years to shift to a housing first approach. Beginning in 2008, the CoC gives priority to projects that use a housing first approach when selecting a new PSH bonus or reallocated project. This has led to the creation of 3 new PSH projects for the chronically homeless that utilize a housing first approach. The City of Albuquerque receives two rental assistance PSH CoC grants which it sub-contracts out to 4 different providers. In its contract with sub-recipients, the City requires them to use a housing first approach. The CoC evaluates all PSH projects' housing outcomes. The CoC does not accept serving a difficult client population as a reason for having low housing outcomes. Instead, programs that serve a difficult population are encouraged to shift to a housing first approach in order to improve outcomes. The City-funded Housing First Program and HUD-VASH also use a Housing First approach. Across ALL PSH programs, 75% use a HF approach.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The CoC is in the process of developing its coordinated assessment system (CAS). The Albuquerque CoC is working with the Balance of State CoC to develop a statewide CAS. The CoC developed a workgroup which has been meeting monthly since early 2013. Initially homeless people will access the CAS through drop-in centers and emergency shelters. These providers will complete a short assessment with clients that helps to assess which program type (i.e. rapid rehousing, permanent supportive housing) they are the best fit for. The shelter and drop in centers will then contact the CAS to find out if there are any openings in an appropriate housing program. The CAS will use HMIS to keep track of bed openings in housing programs. The workgroup and CoC are also in process of determining which population will have priority for different types of housing. Initially, the coordinated assessment system will focus on helping chronically homeless people access permanent supportive housing.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Agencies in the Albuquerque CoC do not discriminate based on race, color, national origin, religion, sex, age, familial status or disability. Several agencies in Albuquerque, including Albuquerque Health Care for the Homeless, St. Martin's Hospitality Center, First Nations and the VA conduct street outreach across the city to people who are experiencing homelessness. Many of the people they encounter on these outreaches have disabilities and are unlikely to access services without special outreach. These outreach teams help the people they encounter obtain supportive housing and services. In 2011, the CoC launched a new initiative called Albuquerque Heading Home to identify the most medically vulnerable chronically homeless people in Albuquerque a massive street outreach effort. The CoC choose to focus on this group because they were most at risk of dying if they did not receive housing.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The CoC has a policy requiring CoC and ESG agencies to have policies/procedures in place on this matter. Under our CoC Policy, each CoC and ESG agency that serves households with children or unaccompanied youth must have policies/procedures that: ensure all school-aged children are enrolled in school and whenever possible in their schools of origin; ensure all homeless families and youth are informed of their eligibility for McKinney-Vento (M-V) education services; ensure that all children in their program(s) are connected to appropriate services in the community, including early childhood education programs and M-V education services; ensure their policies/procedures are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the M-V Act, and other laws; designate a staff person to work with all children and families on these issues. Annually, each CoC agency is required to sign a statement verifying that they have these policies and procedures.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

CoC and ESG agencies work closely with the Albuquerque Public Schools Title 1 Homelessness Project. When CoC agencies work with families with schoolaged children they quickly refer them to the Title 1 staff so that they can receive services for which they are eligible. Title 1 provides enrollment assistance to reduce barriers to school attendance, school supplies, hygiene products and food, transportation to school-of-origin (on a case-by-case basis), after-school and lunch-time tutoring programs, preschool and parental support programs for 3-4 year old children in crisis, summer experiential and reading programs, math programs and automatic registration in the APS free lunch program. APS Title 1 staff also make facilitated referrals to other agencies within the CoC, including homeless services providers, community behavioral health providers for comprehensive behavioral health services, Special Education Child Fund, and the APS Clothing Bank.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

The Albuquerque CoC is strongly committed to serving families with children. The Albuquerque CoC is strongly committed to serving families with children. The CoC will take two steps to ensure that CoC and ESG funded transitional housing, permanent supportive housing and emergency shelters are not refusing admission to specific family members and to ensure that they do not have policies that lead to the separation of family members. First, the CoC will address written standards for administering assistance and this issue will be included in those written standards. Second, the CoC will begin monitoring all CoC and ESG providers, and this will be one of the issues that will be monitored.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

The CoC currently has two Rapid Rehousing project, one of which is funded through ESG and which just began operating in July 2013. The other is funded through the SSVF grant. Beginning in 2014 the CoC will use HMIS to determine whether people who have exited the rapid rehousing programs have returned to homelessness. The Rapid Rehousing project provides aftercare to clients who have left the program in order to reduce the chances that these households will become homeless again.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC updated its Plan to End Homelessness in 2013. As part of that update the CoC decided to align its Albuquerque Plan with Opening Doors by aligning our broad goals with the themes that are in the federal plan. The goals in the Albuquerque Plan are: 1) Increase supply of safe, affordable housing; 2) Improve Health and Stability; 3) Improve Economic Security; 4) Rebuild the Homeless Crisis Response System; 5) Build Politic and Community Will. Albuquerque is making significant progress in meeting these goals. Recent achievements include: 1) Passage of local housing bonds for affordable housing development; 2) Strategic efforts to enroll homeless population in Medicaid; 3) Building a successful SOAR initiative; 4) Convening of a working group to develop a statewide coordinated assessment system; 5) A Mayor who is champion on homelessness issues.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

Our CoC helps families obtain shelter and housing through outreach, case management and housing programs. Albuquerque Health Care for the Homeless (AHCH) conducts outreach to homeless families, including families living on the streets and in motels who are at high risk of becoming unsheltered. AHCH offers a specialized outreach with medical care for homeless families. AHCH prioritizes families for its case management, and also provides intensive, short-term case management to families, many of whom are unsheltered. Albuquerque family homeless service providers coordinate through the ACCESS Collaborative to connect homeless families to the most appropriate housing or shelter program.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

SAFE House provides emergency shelter and transitional housing to victims of domestic violence, including their families. SAFE House is an active member of the CoC and works closely with other CoC members to provide shelter and housing to DV victims. Enlace provides services and housing to Spanish-speaking immigrants who are survivors of domestic violence. Albuquerque also has a Family Advocacy Center, which is partnership between service providers, the Courts, Child Protective Services, Albuquerque Police Department and NM Legal Aid to offer support to domestic violence victims in a single, safe and secure location.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

New Day and Youth Development Inc. (YDI) provide emergency shelter to homeless youth under age 18. YDI provides street outreach to homeless youth living on the street under age 18. Hogares provides transitional housing and behavioral health services to youth between 16 and 24 with behavioral health issues, including homeless youth. The NM Children Youth and Families Department (CYFD) funds housing vouchers for youth aging out of foster care or the juvenile justice system. The Albuquerque Public Schools Title 1 Homelessness Project helps unaccompanied youth up to age 18 stay in school and connect to other resources in the community. The NM Coalition to End Homelessness will advocate for additional CYFD funding to expand their housing voucher program. CYFD is also planning to expand housing options for youth in their care, so that youth will not become homeless. Local providers will advocate for better systems/resources to assist homeless youth transitioning to adulthood.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

Abq. Health Care for the Homeless (AHCH), St. Martin's, Abq. Police Dept., First Nations, NM Dept. of Health, and the VA all have street outreach staff that engage the unsheltered homeless throughout the City. Staff from these different agencies do outreach together in order to facilitate access to the most appropriate resources. St. Martin's and AHCH run drop-in centers where unsheltered homeless people can obtain basic necessities and long-term help. In Jan. 2011 and 2013, providers and the City organized volunteers and staff to conduct "vulnerability surveys" with people sleeping outside throughout the City. The purpose of the survey was to identify and house the most medically vulnerable chronically homeless people. To date over 250 people have been housed through this effort.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The CoC is addressing veteran homeless. The NM VA is an active member of the CoC and it organizes an annual Homeless Vet Summit which many CoC members attend. CoC members frequently make referrals to the HUD-VASH program. The Veterans Integration Center, YWCA and Alb. Heading Home provide grant per diem TH to homeless vets. VA has a clinic twice a week at Alb. Health Care for the Homelessness to engage veterans who are not accessing VA services. Goodwill has a SSVF grant, which provides time-limited rental assistance and services. VA also has 1 TH program and 1 shelter program. The CoC first directs eligible homeless veterans to these resources before directing them to a CoC or ESG program. CoC and ESG resources are generally used for homeless veterans not eligible for these VA funded services. More specifically the VA works with Albuquerque Heading Home to connect the most medically vulnerable homeless veterans to permanent housing, either VASH or a City-funded Housing First voucher.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
\$239,928					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
City of Albuquerque...	NM0017L6B001205	\$912,917	\$761,996	\$150,921	Regular
ACCESS	NM0002L6B001205	\$245,746	\$183,817	\$61,929	Regular
Cuidando los Ninos	NM0018L6B001205	\$227,970	\$211,095	\$16,875	Regular
Social Transition...	NM0016L6B001205	\$137,844	\$127,641	\$10,203	Regular

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: City of Albuquerque Transitional Housing
Grant Number of Reduced Project: NM0017L6B001205
Reduced Project Current Annual Renewal Amount: \$912,917
Amount Retained for Project: \$761,996
Amount available for New Project(s): \$150,921
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

One of the sub-recipients for this grant receives \$150,921 in leasing funds to operate a scattered site transitional housing (TH) program. This project has had a lower percentage of people exiting to permanent housing than other similar TH projects in the CoC since the CoC began tracking this outcome in 2008. In deciding how to absorb the 5% cut in renewal funding, the CoC Independent Review Committee (IRC) decided to reduce funding for low performing projects. Thus the IRC decided to reduce funding for this project because it contains a low-performing subrecipient.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: ACCESS
Grant Number of Reduced Project: NM0002L6B001205
Reduced Project Current Annual Renewal Amount: \$245,746

Amount Retained for Project: \$183,817

Amount available for New Project(s): \$61,929
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

One of the grant's sub-recipients receives services funds for its TH program, which has had a lower percentage of people exiting to permanent housing than other similar TH projects. To absorb the 5% cut in renewal funding, the Independent Review Committee (IRC) decided to first reduce funding for low performing projects. There were not enough low-performing projects fully absorb the 5% cut. The IRC decided to prioritize well-performing TH and PSH housing over SSO grants. Within that, the IRC decided to prioritize SSO grants that were affiliated with housing programs over SSO grants not affiliated with housing programs. This grant had one sub-recipient that did not have an affiliated housing program, and their funding was also reduced.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Cuidando los Ninos

Grant Number of Reduced Project: NM0018L6B001205

Reduced Project Current Annual Renewal Amount: \$227,970

Amount Retained for Project: \$211,095

Amount available for New Project(s): \$16,875
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

To absorb the 5% cut in renewal funding, the Independent Review Committee (IRC) decided to first reduce funding for low performing projects. However here were not enough low-performing projects fully absorb the 5% cut. The IRC decided to prioritize well-performing Transitional Housing and Permanent Supportive Housing projects over well performing Supportive Services Only (SSO) grants. Within that, the IRC decided to prioritize SSO grants that were affiliated with housing programs over SSO grants not affiliated with housing programs. This grant is an SSO grant that was not affiliated with a housing program and thus it recieved a reduction.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Social Transitional and Resource Services (STAR)

Grant Number of Reduced Project: NM0016L6B001205

Reduced Project Current Annual Renewal Amount: \$137,844

Amount Retained for Project: \$127,641

Amount available for New Project(s): \$10,203
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced. (limit 750 characters)

To absorb the 5% cut in renewal funding, the Independent Review Committee (IRC) decided to first reduce funding for low performing projects. However here were not enough low-performing projects fully absorb the 5% cut. The IRC decided to prioritize well-performing Transitional Housing and Permanent Supportive Housing projects over well performing Supportive Services Only (SSO) grants. Within that, the IRC decided to prioritize SSO grants that were affiliated with housing programs over SSO grants not affiliated with housing programs. This grant is an SSO grant that was not affiliated with a housing program and thus it recieved a reduction.

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$239,928				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
22	Gateway 66	PH	\$239,928	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 22
Proposed New Project Name: Gateway 66
Component Type: PH
Amount Requested for New Project: \$239,928

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, “Remaining Reallocation Balance” should equal “0.” If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$239,928
Amount requested for new project(s):	\$239,928
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The Independent Review Committee (IRC) annually evaluates each CoC project's housing outcomes using HMIS data. The IRC decides whether to renew existing projects based in large part on their housing stability outcomes. For example, for PSH the IRC evaluates the percentage of clients who are still in the program or who have exited to permanent housing. Beginning in 2014 the IRC will also annually evaluate each CoC project's performance in helping clients increase their income and obtain mainstream resources. Also beginning in 2014 the CoC will evaluate how each PSH provider is helping to address chronic homelessness by looking at the number of chronically homeless people each PSH serves and whether the program has barriers that made it hard for CH people to access their programs. In 2014 the CoC will also begin to monitor the performance of ESG and CoC funded Rapid Rehousing providers. All of these monitoring efforts will include examining HMIS data and on-site monitoring visits.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

If a project is not reaching HUD-established performance goals, the Independent Review Committee (IRC) asks the project to provide a written plan for how it will improve its performance. The IRC reviews these written replies to assess whether the CoC project's plan is sufficient. The New Mexico Coalition to End Homelessness (NMCEH), which is a HUD Technical Assistance provider, provides technical assistance to help project applicants improve their performance. This includes making program designs that will improve outcomes. The NMCEH also helps the CoC agency connect with and learn from other CoC projects with stronger outcomes. In 2014 NMCEH will also lead a local planning process to convert most existing TH programs into Rapid ReHousing projects and will provide technical assistance to TH providers to help make this happen.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CoC evaluates the capacity of CoC grantees to meet regulatory requirement and CoC priorities based in part on HUD monitoring reports, City of Albuquerque monitoring reports, financial audits and feedback from the local HUD field office. If a CoC grantee is struggling to meet its requirements, the NM Coalition to End Homelessness (NMCEH) provides technical assistance. NMCEH contracts with the City of Albuquerque to help coordinate the CoC which includes helping underperforming projects. NMCEH offers individual technical assistance, which includes activities such as training staff on the relevant requirements, helping staff complete APRs and providing template forms.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

The CoC currently tracks length of homelessness for all CoC and ESG programs using HMIS via a data field that collects data on blocks of time. This field is currently not required. NM HMIS will now require number of days homeless to be collected at entry. During the PIT count the CoC will collect length of homelessness from ES and TH providers not in HMIS and from unsheltered people via a survey. In the CoC from 12/12 to 11/13: 5% were homeless less than a month, 7% from 1-3 months, 7% from 12 months to 2 years and 9% for two years or more. The CoC plans to reallocate most of its TH dollars into a new Rapid Rehousing program (RRHP). With this new RRHP in place families in emergency shelter (ES) can quickly access permanent housing. The CoC will evaluate ESG ES on how long people are in their programs and will expect ES to meet a CoC established benchmark. Albuquerque Heading Home will continue to house the most medically vulnerable chronically homeless, reducing their time homeless.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

The CoC uses HMIS (which includes all ESG and CoC funded ES, TH, Rapid ReHousing and PSH programs) to evaluate returns to homelessness. The CoC uses HMIS to generate an APR for each program; the CoC uses the APR to calculate the percentage of people exiting TH and PSH to permanent housing. The CoC decides whether to renew projects based in large part on this outcome. 88% of all PSH clients are in the program or have exited to PH at the end of the program year and 88% of all TH clients exit to PH upon leaving the program. NM HMIS currently has a data field called "return to homeless services" which provides data regarding client transitions and recidivism. These are helpful in understanding which services are linked to lower or higher recidivism rates. For example the data shows clients with case management less likely than those without to return to homeless services. This in turns influences CoC strategy (i.e. advocating for more state funding for services).

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

In 2011 the CoC launched the Albuquerque Heading Home Initiative (AHH), which is the local version of the national 100,000 Homes Campaign. The purpose of AHH is to identify and house the most medically vulnerable chronically homeless people in Albuquerque. AHH has led to the adoption of several CoC-wide outreach procedures. First, outreach providers utilize a standard assessment tool, the Vulnerability Index (VI) Survey, to assess medical vulnerability. All VI surveys are entered into a database in order to systematically keep track of who is most vulnerable and thus who has highest priority for housing. Several CoC PSH providers prioritize their beds for AHH clients. Every other year the CoC also organizes a coordinated street outreach effort in order to reach everyone who might fit AHH target population.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? Yes

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

NewLife adheres to Section 3 requirements to ensure local employment. NewLife's recent projects have relied on more than 50% of construction labor drawn from the immediate locality; in the case of the Gateway 66, the immediate locality exhibits an area median income much lower than other areas of the city. In addition, NewLife will employ permanent staff from the target population. The Gateway 66 includes more than 3,000 square feet of commercial space that will be introduced in conjunction with the development of housing units. NewLife will task a service coordinator with facilitating employment opportunities for residents as well as networking with area business to (a) announce the arrival of a new residential facility, and (b) request the opportunity to propose residents for employment opportunities within the immediate area."

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? Yes

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons: Advertise at social service agencies, Employment/Training/Community centers, local newspapers, Preference policy for hiring low and very low income persons residing in the service area

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	75%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	75%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 10/30/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

The vast majority of homeless people in Albuquerque will qualify for Medicaid so this is where our CoC is focusing its efforts. Albuquerque Health Care for the Homeless has 6 staff members doing Medicaid enrollment (2 are doing so full time). They assist clients at their clinic and at homeless service locations throughout the City, including emergency shelters. SMHC has a dedicated Medicaid enrollment staff person on site, and also has computers available for people to use to enroll in Medicaid or access the state Health Insurance Exchange. The CoC has ensured that all members are aware of the Medicaid expansion at CoC member meetings. All CoC agencies have staff that help clients apply for mainstream benefits and these staff members will help their clients apply for Medicaid. The CoC also distributed a fact sheet one CoC member had developed explaining options under the ACA which CoC members will be able to use with their clients.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

The New Mexico Coalition to End Homelessness (NMCEH) is working with its member agencies to increase state funding for permanent supportive housing and transitional housing services. The NMCEH was able to secure a \$250,000 in 2013 and is advocating for a \$500,000 increase in 2014. Albuquerque Health Care for the Homeless (AHCH) is taking the lead in exploring how the CoC can use Medicaid to pay for case management and other supportive services. Albuquerque Heading Home is taking the lead to increase private and local public sector funding for services by demonstrating that it is less expensive to provide housing and services than to allow people to remain homeless.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NM500 Consolidate...	01/15/2014
CoC Governance Agreement	No	NM500 CoC Goveran...	01/09/2014
CoC-HMIS Governance Agreement	No	HMIS-CoC Governan...	01/22/2014
CoC Rating and Review Document	No	NM500 Rating and ...	01/28/2014
CoCs Process for Making Cuts	No	NM500 Process for...	01/28/2014
FY2013 Chronic Homeless Project Prioritization List	No	Chronic Homeless ...	01/15/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	NM500 GIW	01/16/2014
FY2013 Rank (from Project Listing)	No	NM500 Project Ran...	01/16/2014
Other	No	NM HMIS SOP 2014	01/17/2014
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

Document Description: NM500 Consolidated Plan Form

Attachment Details

Document Description: NM500 CoC Governance Charter

Attachment Details

Document Description: HMIS-CoC Governance Charter

Attachment Details

Document Description: NM500 Rating and Review Documents

Attachment Details

Document Description: NM500 Process for Making Cuts Documents

Attachment Details

Document Description: Chronic Homeless Beds

Attachment Details

Document Description: NM500 GIW

Attachment Details

Document Description: NM500 Project Ranking

Attachment Details

Document Description: NM HMIS SOP 2014

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/22/2014
1D. Project Review	01/22/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/22/2014
2B. HMIS Funding Sources	01/22/2014
2C. HMIS Beds	01/22/2014
2D. HMIS Data Quality	01/22/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/22/2014
2G. Sheltered PIT	01/22/2014
2H. Sheltered Data - Methods	01/22/2014
2I. Sheltered Data - Collection	01/22/2014
2J. Sheltered Data - Quality	01/22/2014
2K. Unsheltered PIT	01/22/2014
2L. Unsheltered Data - Methods	01/22/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/22/2014
Objective 1	01/22/2014
Objective 2	01/22/2014
Objective 3	01/22/2014
Objective 4	01/22/2014
Objective 5	01/22/2014
3B. CoC Discharge Planning: Foster Care	01/22/2014
3B. CoC Discharge Planning: Health Care	01/22/2014

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3B. CoC Discharge Planning: Mental Health	01/22/2014
3B. CoC Discharge Planning: Corrections	01/22/2014
3C. CoC Coordination	01/22/2014
3D. Strategic Plan Goals	01/22/2014
3E. Reallocation	01/22/2014
3F. Grant(s) Eliminated	No Input Required
3G. Grant(s) Reduced	01/22/2014
3H. New Project(s)	01/22/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/22/2014
4B. Employment Policy	01/22/2014
4C. Resources	01/22/2014
Attachments	01/28/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Albuquerque NM CoC (NM-500); Individual applicants listed next page

Project Name: All project names are listed on the next page

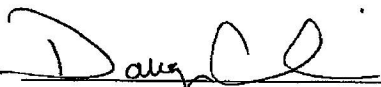
Location of the Project: Specific addresses for each project are listed on the next page

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Albuquerque

Certifying Official of the Jurisdiction Name: Doug Chaplin

Title: Director, Dept. of Family & Community Services, City of Albuquerque

Signature: 

Date: 12/13/13

Certification of Consistency with the Consolidated Plan

Albuquerque, NM Continuum of Care (NM-500) applicants, projects and locations:

Albuquerque HealthCare for the Homeless, Inc.
Social Transition and Resource Services
1217 1st Street NW, Albuquerque, NM 87102

City of Albuquerque
Cuidando Los Ninos
1500 Walter Street SE, Albuquerque, NM 87102

Barrett Foundation, Inc.
Bridges Supportive Housing
10300 Constitution Avenue NE, Albuquerque, NM
87112

City of Albuquerque
CoC Planning Project
400 Marquette Ave. NW, Albuquerque, NM 87102

Bernalillo County
Renee's Project
Dept. of Substance Abuse Programs
401 Roma NW, 6th Floor, Albuquerque, NM 87102

Crossroads for Women
The Crossroads (Non-Chronic Grant)
805 Tijeras Avenue NE, Albuquerque, NM 87102

Catholic Charities
Proyecto La Luz (Supportive Services Only)
3301 Candalaria NE, Albuquerque, NM 87107

Crossroads for Women
The Crossroads (Chronic Homeless Grant)
805 Tijeras Avenue NE, Albuquerque, NM 87102

Catholic Charities
Proyecto La Luz (Transitional Housing)
3301 Candalaria NE, Albuquerque, NM 87107

NewLife Homes
Gateway 66
13001 Central Ave NE
Albuquerque, NM 87123

Catholic Charities
ACCESS
3301 Candalaria NE, Albuquerque, NM 87107

NewLife Homes
Sundowner
6101 Central Ave NE
Albuquerque, NM 87108

Catholic Charities
Partners in Housing
3301 Candalaria NE, Albuquerque, NM 87107

SAFE House
R.I.S.E.
PO Box 25363 (street address confidential)
Albuquerque, NM 87125

City of Albuquerque
Transitional Housing – City of Albuquerque
400 Marquette Ave. NW, Albuquerque, NM 87102
(Scattered site leased units in Albuquerque, NM)

Supportive Housing Coalition of NM
Pathways Supported Housing Program
5000 San Mateo Blvd. NE, Albuquerque, NM 87109

City of Albuquerque
Rental Assistance – AHCH/SMHC/Hogares
400 Marquette Ave. NW, Albuquerque, NM 87102
(Scattered site leased units in Albuquerque, NM)

Supportive Housing Coalition of New Mexico
Sevagram Supportive Housing
202 Central Avenue SE, Suite 300, Albuquerque, NM
87102

City of Albuquerque
Rental Assistance - TLS
400 Marquette Ave. NW, Albuquerque, NM 87102
(Scattered site leased units in Albuquerque, NM)

Supportive Housing Coalition of New Mexico
Downtown@700-2nd, 200 2nd St, Albuquerque, NM
87102

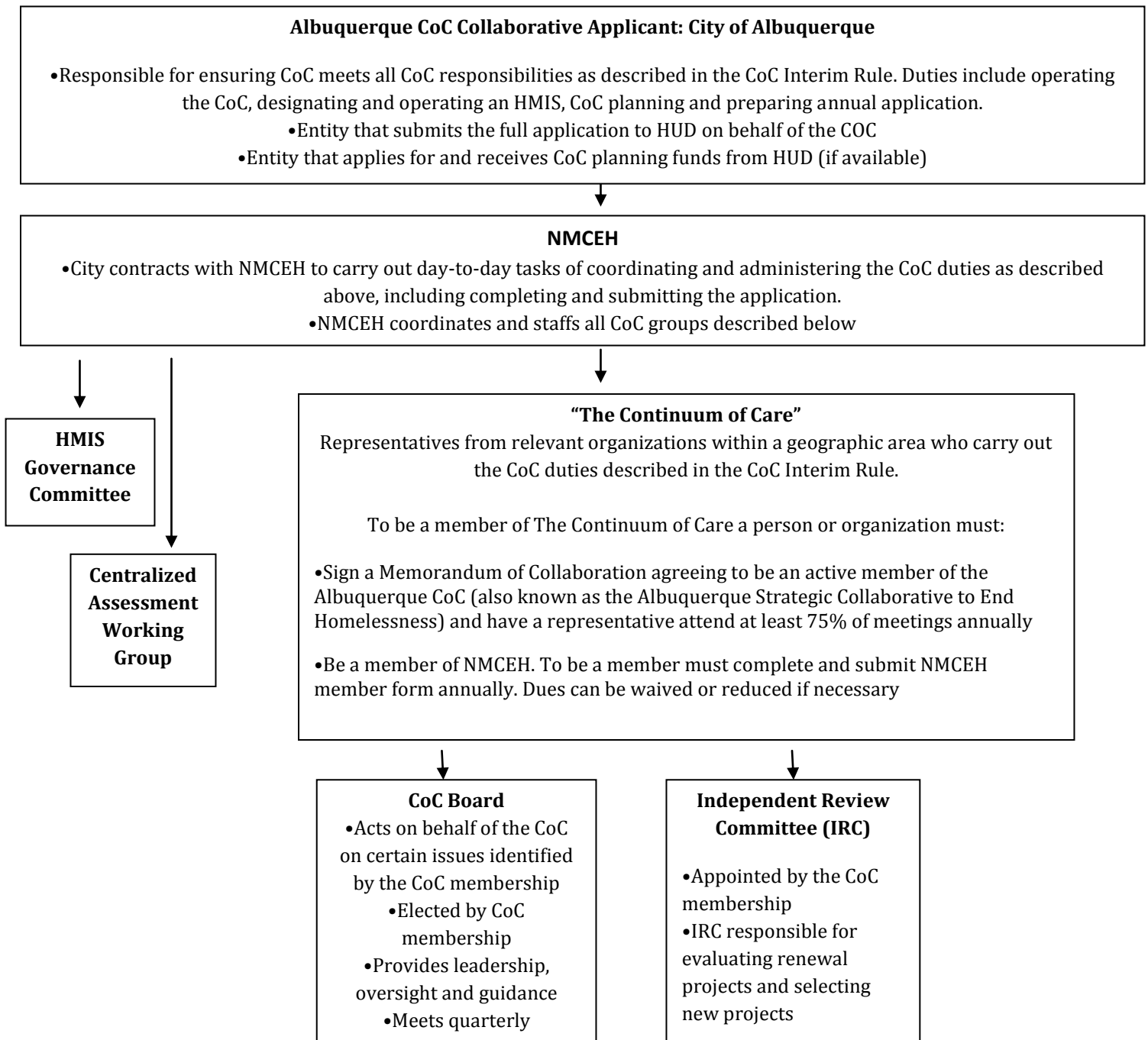
Certification of Consistency with the Consolidated Plan

Albuquerque, NM Continuum of Care (NM-500) applicants, projects and locations ctd.

St. Martin's Hospitality Center
Dual Diagnosis Outreach
1201 Third Street, NW Albuquerque, NM 87102

Transitional Living Services, Inc.
Mesa House
4020 Central Avenue SE, Albuquerque, NM 87108

Albuquerque Continuum of Care (CoC) Governance Charter
Approved January 14, 2014



RESPONSIBILITIES OF THE ALBUQUERQUE CONTINUUM OF CARE (CoC)

The Albuquerque CoC has the following responsibilities as defined and required in the CoC Interim Rule.

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 subrecipient 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 nonvictim 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;
 - (iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
 - (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; 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

The Albuquerque Continuum of Care will develop a plan that 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.

The Albuquerque CoC will prepare an application for funds

(a) The Albuquerque Continuum of Care will:

- (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;

(b) 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.

ALBUQUERQUE CoC COLLABORATIVE APPLICANT

The Albuquerque CoC Collaborative Applicant is the City of Albuquerque. As the Collaborative Applicant, the City:

- Is responsible for ensuring CoC meets all CoC duties as described in the CoC Interim Rule and above under “Responsibilities of the Albuquerque Continuum of Care.”
- Is the entity that submits the full application to HUD on behalf of the CoC
- Is the entity that applies for and receives CoC planning funds from HUD (if available)

The City contracts with the New Mexico Coalition to End Homelessness (NMCEH) to carry out the day-to-day tasks of coordinating and administering these CoC duties.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) LEAD AGENCY

The Albuquerque CoC has selected the NMCEH as the HMIS lead agency.

THE ALBUQUERQUE CoC MEMBERSHIP

Process for becoming a member of the Albuquerque CoC:

In order to be a member of the Albuquerque Continuum of Care an entity or person has to:

- Sign a Memorandum of Collaboration agreeing to be an active member of the Albuquerque Strategic Collaborative to End Homelessness, which is the local name for the Albuquerque CoC.
- Attend at least 75% of CoC meetings annually (9 out of 12 meetings)
- Be a member of NMCEH. To be a member of NMCEH an entity or person must submit a membership form each year. NMCEH can waive membership dues for any entity or person that would like to join the CoC but is unable to afford the dues.

NMCEH will invite all potential stakeholders to join the CoC at least annually and will reach out individually to interested stakeholders as appropriate throughout the year. CoC membership should include representatives from homeless services agencies, the City, the County, the City and County Housing Authorities, the Veterans Administration, Albuquerque Public Schools and universities

Albuquerque CoC member meetings:

The Albuquerque CoC will hold a meeting for all CoC members and other interested stakeholders once a month. These meetings are also known as the “Albuquerque Strategic Collaborative to End Homelessness” meetings. NMCEH will send out a meeting announcement and agenda via email to the CoC members and other interested stakeholders several days before the meeting. The Albuquerque CoC annual meeting will take place in May each year. The Albuquerque CoC will convene special meetings if action is needed on specific items between meetings. These will be announced via email at least one week prior to the meeting. A quorum of the CoC shall be 50% of the CoC membership plus 1.

CoC member meeting activities will include but are not limited to:

- Developing and overseeing implementation of the Albuquerque Plan to End Homelessness
- Providing input into evaluation criteria for CoC and ESG projects
- Providing input into development of centralized assessment system (this will be led by a centralized assessment working group)
- Providing information and analysis needed to complete CoC application
- Developing a written process for electing a CoC Board and elect a CoC board
- Nominating and approving members for the Independent Review Committee
- Developing written standards for providing Continuum of Care assistance (per CoC regulations)

The NMCEH holds NMCEH membership meetings every other month beginning in January; members can join either in-person or via webinar. Meetings announcements and agenda are sent out via the NMCEH list-serve a few days in advance of the meeting. The NMCEH will convene special meetings if action is needed on specific items between meetings. Special meetings will be announced via email at least one week prior to the meeting and the meetings will take place via webinar and/or conference call. The Albuquerque CoC will use the NMCEH membership meetings to consider any CoC appeals regarding either changes to renewal projects or selection of new projects. The Albuquerque CoC will also use the NMCEH membership meetings to conduct planning around statewide CoC issues such as HMIS and increasing state funding for supportive housing.

Anyone is welcome to attend the Albuquerque CoC or NMCEH member meetings regardless of whether they are officially a member of the Albuquerque CoC or NMCEH.

ALBUQUERQUE CoC BOARD

Board Composition:

- The Board of Directors shall consist of a minimum of five and a maximum of nine Directors.
- At least one representative will be a person who is experiencing or who has experienced homelessness
- The other representatives will be from entities that serve people experiencing homelessness or are involved in addressing homelessness in other ways. There should be a mix of public and private agencies and a mix of agencies that serve different sub-populations.
- All members will serve 1 year terms. Members may be re-elected to two consecutive terms.
- A quorum of the Board shall be 50% of the Board membership plus 1. When necessary, a vote may be taken by email. Meetings may also be held by conference call if necessary.
- Any vacancy in the Board of Directors may be filled by election at the next regular meeting of the general membership.

- Any director may resign from office by delivering a written resignation to the Chair, Vice Chair or Secretary.
- Any director may be removed from office, with or without cause, by the general membership in any regular meeting.
- The CoC Board will elect a chair, a vice chair and a secretary at its first meeting after election of board members each year. The chair will preside over board meetings. The vice chair will preside over meetings when the chair is absent. The secretary will ensure that minutes are taken at each meeting and made available for public review. The officers will serve for one year terms and may be re-elected to two consecutive terms.
- All CoC Board members must sign the Conflict of Interest Policy.

Board Selection Process:

- The Albuquerque CoC will accept nominations for board members in the winter/early spring of each year.
- The Albuquerque CoC will elect new board members annually at the May meeting.

Responsibilities of CoC Board:

- Monitor Albuquerque’s progress in implementing the Albuquerque plan to end homelessness (*A Community Response to Homelessness in Albuquerque 2013-2017*)
- Represent the Albuquerque Strategic Collaborative in the community
- Help develop strategy for annual CoC application cycle, particularly when we are facing major changes such as cuts
- Monitor whether CoC members are meeting CoC membership requirements.

Meetings:

The CoC Board will meet quarterly.

ALBUQUERQUE CoC SUBCOMMITTEES, WORKING GROUPS, ETC.

The Continuum of Care will have subcommittees and workgroups as needed. In some cases these will be appointed by the Albuquerque CoC and in other cases they will be appointed by the NMCEH. The three subcommittees/ working groups that the Albuquerque CoC has in place right now are:

Independent Review Committee (IRC)

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 will be appointed by the CoC membership. The IRC will set evaluation and selection criteria for renewal and new projects, and to evaluate projects based on those criteria. The IRC will also rank projects, based on those evaluation criteria, if the CoC is required to do that by HUD. The CoC membership will provide input into these evaluation and selection criteria. There is a formal appeals process in place for any agency that disagrees with the IRC’s decisions

HMIS Governance Committee

This group consists of NMCEH, City of Albuquerque, New Mexico Mortgage Finance Authority (MFA) and several HMIS user agencies. This group meets quarterly. Members are appointed by NMCEH, MFA and City of Albuquerque.

Centralized Assessment Working Group

NMCEH convened this group; members were appointed by NMCEH. It will be responsible for developing the basic structure and process for the statewide Centralized Assessment System. NMCEH recruited committee members

who represent youth providers, domestic violence providers, Emergency Solutions Grant recipients and sub-recipients, family providers, behavioral health providers, and emergency shelter, transitional housing and permanent supportive housing providers.

PROCESS FOR MONITORING EMERGENCY SOLUTION GRANT (ESG) RECIPIENTS

The City of Albuquerque will contract with NMCEH to annually monitor all ESG funded projects within the CoC. The CoC will annually set outcomes that they expect ESG projects to achieve. Outcomes will be housing focused. NMCEH staff will use HMIS to determine whether ESG projects have achieved those outcomes. If not, the City of Albuquerque and NMCEH will provide technical assistance to the ESG recipient to help them improve their outcomes.

STANDARDS FOR ADMINISTERING ASSISTANCE

Minimum Standards listed first under each category are the minimum standards for agencies helping the homeless. Recommended Standards are a higher level of service that agencies are requested to strive for.

The purposes of the standards are:

- 1) To clarify the rights and responsibilities of residents and service providers;
- 2) To promote upgrading of the relatively few programs which do not achieve these minimum standards;
- 3) To promote the use of best practices as reflected in the recommended standards;
- 4) To enhance the dignity, safety, health, and comfort of residents, and to strengthen their ability to move toward stability and self-maintenance;
- 5) To clarify the expectations for public funding of homeless service agencies so that the public, grant makers, policy makers and program monitors can have reliable criteria for evaluations.

There are two primary self-policing methods for maintaining these standards:

- 1) The diligence of the agency provider staff and board of directors;
- 2) An internal complaint resolution process at each facility.

DEFINITIONS

HOMELESS PERSON

There are several definitions of a homeless person that an agency may be required to follow depending on the federal funding sources they use. Below are the two slightly different definitions used by the U.S. Department of Housing and Urban Development and by the U.S. Department of Education.

According to the U.S. Department of Housing and Urban Development, a homeless person is someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without supportive housing assistance. A person is considered homeless only when he/she resides in one of the places described below:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who will imminently lose their primary nighttime residence, provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing;

(3) Unaccompanied youth under 25 years of age, or families with children and youth who:

(i) do not otherwise qualify as homeless under this definition, but who are defined as homeless under other federal Acts; and

(ii) have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iii) can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment;

(4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing

The U.S. Department of Education defines "homeless children and youth" as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes children and youth who are:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as *doubled-up*);

- living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;
- living in emergency or transitional shelters;
- abandoned in hospitals; or
- awaiting foster care placement;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless because they are living in circumstances described above.

EMERGENCY SHELTER

An emergency shelter provides temporary emergency lodging for homeless individuals and/or families. It provides at a minimum the basic needs of a place to sleep, humane care, a clean environment, reasonable security, and referrals to other agencies. Most emergency shelters provide additional support services, including meals, case management, counseling, advocacy and help with future plans.

TRANSITIONAL HOUSING

A transitional facility provides housing for previously homeless persons or families who indicate a willingness to participate in developing and implementing a case plan which has an eventual goal of independent living. A transitional facility may charge a rent or program fee clearly described in advance.

PERMANENT SUPPORTIVE HOUSING

A permanent supportive housing program provides long term housing for previously homeless individuals or families where the head of the household suffers from a long-term disability. A permanent supportive housing program provides support services that meet the needs of the disabled residents. Residents of permanent supportive housing programs typically pay a portion of their income as rent.

DAY PROGRAM

A day program for the homeless provides a safe place for homeless individuals or families to be during the day. Day programs usually provide food, showers, laundry, and referrals to other services. They may also provide case management and more in-depth services.

FACILITY

For the purposes of these standards, facility means any organization owned or managed property or program including congregate or scattered site housing.

A. Administration

Mandatory Standards

1. Our organization (faith-based or otherwise) states that it is operated by a non-profit corporation or public agency.
2. If fees are collected, they are clearly stated prior to intake and agreed upon in writing by both the beneficiary and the organization.
3. Our facility has a policy statement, which includes the facility's purpose, population served and program descriptions.
4. Our facility has space designated for securing client files in order to ensure client confidentiality.
5. Our facility clearly posts the method for making a grievance.
6. Our organization has procedures to protect the confidentiality of client records.
7. Our organization has a policy forbidding conflict of interest for staff and Board members.
8. Our organization collaborates with other organizations.
9. The Executive Director is not the Chairman of the Board of Directors.
10. The Board of Directors is not primarily made up of family members and/or staff persons.

Recommended Standards

1. Our facility has an organizational chart delineating the administrative responsibility of all persons working in the facility.
2. Our facility has established written protocols to guide staff actions and program services regarding injury and disease prevention within the facility setting. Our facility maintains up-to-date statements on its policies regarding HIV/AIDS, mandatory implementation of universal precautions, and control of tuberculosis as per the Department of Health guidelines.
3. Members of our Board of Directors serve as volunteers and are not compensated except for reasonable travel reimbursements for attending Board functions.
4. Our facility uses a professional accounting system.
5. There is a monthly income/expense report and report of services provided.
6. There is an annual outside audit by a reputable firm.
7. Our organization is registered with the IRS as a nonprofit organization and with the New Mexico Attorney General

B. Personnel

Mandatory Standards

1. Our facility has retained on-site staff persons (paid or volunteer) to provide a safe and humane environment during all hours the facility is open to the residents.
2. Our organization practices equal opportunity employment and does not discriminate on the basis of gender, religion, race, color, national origin, disability, veterans status, ethnicity, or sexual orientation.
3. Our staff models appropriate behavior. Clients and staff are treated with dignity and respect by staff.

Recommended Standards

1. Our facility's staff has been trained in emergency evacuation, first aid procedures, reporting of abuse and neglect, crisis intervention, and CPR procedures, and receives on-going in-service training in counseling skills and handling tensions in a non-violent manner.
2. Our facility has an organized method of selecting and training all volunteers and paid staff. Also, volunteers have job descriptions and identifiable lines of authority.
3. Our facility has staff, to the extent possible, who can communicate in the language of our residents.
4. Our facility's staff and volunteers receive training on relevant community resources and social service programs.
5. Our facility's staff is identifiable.
6. Our organization conducts background checks on staff who will be working with children.

C. Operations

Mandatory Standards

1. Our facility has a clearly defined policy about the possession of weapons on site.
2. Our facility has clearly defined policies on the use and possession of alcohol and illegal drugs.
3. Our facility shall provide a clean, safe, and healthy environment, which is consistent with conventional social services and which respects individual needs and human dignity.
4. Our facility has written policies for intake procedures and criteria for admitting people to our facility.
5. Our facility provides all residents with, and posts in a conspicuous place, a copy of our house rules and regulations, and a copy of the disciplinary and grievance procedures.
6. Our facility keeps a daily office log which documents the activities of each shift, and any unusual or special situations and instructions regarding residents. (shelters only)
7. Our facility maintains a daily census, listing residents, employees and volunteers. (shelters only)
8. Our facility refers people to the appropriate agency or referral service if we cannot provide shelter or a needed service.

Recommended Standards

1. Our facility posts and/or explains laws related to children and adult protective service laws.
2. Our facility allows residents, during their period of stay, to report the facility address as their legal residence for legal purposes such as receipt of mail, school registration, and voter registration.
3. Our organization supports client's choice and self determination in pursuing services, treatment options, etc.
4. Our facility provides access to, a phone and a computer with internet access which residents can use.
5. Our facility has separate family rooms that allows for intact families to stay together.
6. Our facility will protect our residents confidentiality by not disclosing their participation in or residence at our program without their express written consent.

D. Health

Mandatory Standards

1. Our facility has available, at all times, first aid equipment, supplies and established procedures for medical emergencies.
2. Our facility has provisions for storing, refrigerating, and retrieving residents' medications.
3. Our facility refers residents to a medical facility or clinic for needed health examinations, emergency treatment, and follow-up visits.
4. Our facility promptly and appropriately responds to medical problems with residents and staff.
5. Our staff receives regular training and is knowledgeable about common physical problems of homeless people and how to obtain needed services.

Recommended Standards

1. Our facility has at least one staff person on duty who is trained in emergency first aid procedures.

E. Food

Mandatory Standards

1. Our facility has made adequate provisions for the sanitary storage and preparation of any food provided.

Recommended Standards

1. Our facility provides residents with one well-balanced meal daily, either on site, or readily accessible off site, or by providing do it yourself food preparation facilities.
2. Our facility makes a reasonable effort to meet medically appropriate dietary needs of all residents.

3. Our facility provides food buying and menu planning by a staff member, consultant or volunteer knowledgeable in nutrition.

4. A sanitation inspection by the Health Department is done at our facility periodically.

F. Equipment and Environment

Mandatory Standards

1. Our facility is clean and complies with all applicable building, safety and health codes.

2. Our facility has an adequate ventilation system.

3. Our facility has a housekeeping and maintenance plan to ensure a safe, sanitary, clean, and comfortable environment, and works actively to eliminate insect and rodent infestations.

4. Our facility has a sufficient supply of functionally clean and reasonably private toilets and wash basins, with hot and cold running water when the facility is open.

5. Our facility, if an emergency shelter, provides towels, soap, and toilet tissues.

6. Our facility, if an emergency shelter, has bathing facilities for our residents.

7. All scattered site housing units meet Housing Quality Standards.

Recommended Standards

1. Our facility provides each person with at least a bed, mat or cot (or crib for infants whenever possible), and a blanket, both of which are clean and in good repair.

2. Our facility provides clients with reasonable access to public transportation.

3. Our facility has laundry facilities available to residents, or access to laundry facilities nearby.

4. Our facility, if an emergency shelter, provides storage for checking in/out residents' personal belongings during their stay in our facility.

5. Our facility provides a dining area separate from the sleeping areas, as appropriate to the type of facility.

G. Safety

Mandatory Standards

1. Our facility has an emergency plan covering fire, flood, and other disasters.

2. Our facility has a fire-life safety system including posting of an evacuation plan and all items as required by building, safety, and health codes.

3. Our facility has a phone available 24 hours per day to contact the fire department, paramedics, police, and site supervisor personnel, and posts a list of such emergency numbers.

4. Our facility has a security plan to deter theft and resident harm.

Recommended Standards

1. Our facility provides on-site security to ensure the safety of our residents and our neighbors, if appropriate.

H. Grievances

Mandatory Standards

1. Our facility has adopted a grievance procedure, which is clearly posted in a place visible to clients.

Recommended Standards

1. Our agency includes in its grievance procedure a way for clients to report their grievance to a third party that can work with the client and the agency to resolve the grievance.

I. Program Services

Mandatory Standards

1. Facility residents have the right to receive stated services without regard to race, religion, gender, age, national origin, ancestry, color, sexual orientation, disability or familial status, except when age and gender of people served are determined by the agency's mission.

2. Our facility has as one of its primary purposes to help end or prevent homelessness for its program participants. We recognize many methodologies in achieving this mission and support our participants' choice in determining their own path.

Recommended Standards

1. Emergency shelters have policies that set the length of stay for clients based on their individual needs that allows working people to earn at least two pay checks during their stay and allows disabled residents to stay long enough to start receiving disability benefits, or to access permanent supportive housing.

2. All programs should have case management services that connect people with all of the services and benefits they need.

3. Transitional housing programs should strive to place at least 80% of their residents in permanent housing at the end of their stay.

4. Permanent supportive housing programs should have intensive services that meet the complex needs of the disabled homeless including services for mental health needs and substance abuse, and should strive to keep more than 80% of their residents housed for at least six months.

5. Permanent supportive housing programs should strive to emulate the Housing First model as much as possible, which means being equipped to accept clients directly from the streets and providing intensive services that meet the residents need for substance abuse treatment and mental health care without making compliance with a particular treatment program a requirement for staying housed.

6. Day programs for the homeless should provide intensive case management services that can help their clients obtain SSI and other public benefits that they may be entitled to, and be able to refer homeless people to a variety of services.

7. These policies have been approved by the organizations Board of Directors.

New Mexico Homeless Management Information System Charter January 2014

This charter establishes a structure for the governance, management and operation of the New Mexico Homeless Management Information System. It replaces the governance structure document of 2010 and supplements the MOU concerning HMIS between the NM Mortgage Finance Authority, the City of Albuquerque and the New Mexico Coalition to End Homelessness.

One HMIS System for New Mexico's Two CoCs

New Mexico has one HMIS system for both the Albuquerque Continuum of Care and the New Mexico Balance of State Continuum of Care. These two continuums cover the entire state of New Mexico. The system will be known as the New Mexico Homeless Management Information System or New Mexico HMIS.

HMIS Lead Agency

The New Mexico Coalition to End Homelessness is designated as the HMIS Lead agency for the Balance of State Continuum of Care and the Albuquerque Continuum of Care. As the HMIS Lead, the New Mexico Coalition to End Homelessness is responsible for managing the New Mexico HMIS and is designated as the agency that will apply for funding to operate the New Mexico HMIS.

A separate companion MOU defines the responsibilities of the New Mexico Coalition to End Homelessness, the City of Albuquerque and the New Mexico Mortgage Finance Authority for ensuring the successful operation of the New Mexico HMIS. This MOU is updated annually.

Relationship of HMIS and the Continuums of Care

New Mexico has two Continuum of Care regions CoCs, the City of Albuquerque and the Balance of State. Both CoCs use the New Mexico HMIS and both CoCs have representatives on the HMIS Governing Committee to ensure that HMIS is meeting the needs of both CoCs. The Collaborative Applicant for the Balance of State CoC is the New Mexico Coalition to End Homelessness under a contract with the New Mexico Mortgage Finance Authority. The Collaborative Applicant for the Albuquerque CoC is the City of Albuquerque which contracts for assistance from the New Mexico Coalition to End Homelessness. Thus the HMIS Lead Agency is also involved in staffing both CoCs.

HMIS Governing Committee

The HMIS Governing Committee is the decision making body for the NM HMIS project. The HMIS Governing Committee makes decisions about budget, software vendors, and any other major actions needed for the project. Members of the Governing Committee will serve two year terms and may be re-elected at the end of their term. There are no term limits. Members of the NM HMIS Governing Committee will be:

- 1 representative from the New Mexico Mortgage Finance Authority,
- 1 representative from the City of Albuquerque,
- 1 representative from the New Mexico Coalition to End Homelessness,
- 1 HMIS user representative from the New Mexico Balance of State Continuum of Care,
- 1 HMIS user representative from the Albuquerque Continuum of Care,
- 1 homeless or formerly homeless representative.

The initial members of the Governing Committee will be the appointed representatives from MFA, NMCEH and the City of Albuquerque. The initial members will elect the other members. Future members representing the three partners will be appointed by MFA, COA, and NMCEH and the other members will be elected by the sitting members of the Committee. The NM HMIS Governing Committee will meet once a quarter or more often if needed with a call in option for people living outside of Albuquerque.

The NM HMIS Governing Committee will be staffed by the HMIS Project Director who is a staff person of NMCEH. The NM HMIS Governing Committee will review and approve policies for the NM HMIS. The NM HMIS Governing Committee will work with the HMIS Lead to plan for the strategic expansion of the HMIS project.

Financial decisions that affect NMCEH, MFA or the COA would be subject to approval by the appropriate administrators or governing bodies of these organizations.

Privacy, Security and Data Quality

The HMIS Lead is responsible for developing a privacy plan, security plan and a data quality plan for the New Mexico HMIS. These plans are subject to review and approval by the HMIS Governing Committee. The HMIS Lead will submit the plans to the Albuquerque Continuum of Care Board and the NM Balance of State Continuum of Care board for review and suggestions.

Consistent Participation of Recipients and Sub-recipients

The New Mexico Coalition to End Homelessness as the HMIS Lead will encourage the consistent participation of the recipients and sub-recipients of HUD homeless assistance funding. The Coalition will enlist the assistance of the NM Mortgage Finance Authority and the City of Albuquerque and other recipients to encourage participation by agencies that are sub-recipients of theirs and to use enforcement measures if necessary.

Compliance with Other HUD Requirements

The New Mexico Coalition to End Homelessness will be responsible for ensuring that the New Mexico HMIS project is administered in compliance with all HUD requirements. When there is a change in HUD requirements the Coalition will bring the new requirements to the attention of the HMIS Governing Committee along with a plan for any changes necessary to the administration of the New Mexico HMIS that are a result of new HUD requirements.

Comparable Database for Domestic Violence Agencies

The New Mexico HMIS includes a comparable database for domestic violence agencies. The New Mexico Coalition to End Homelessness consults with the New Mexico Coalition Against Domestic Violence to assist with the operation of the comparable database and to assure compliance with Violence Against Women Act (VAWA) policy and procedure requirements.

Approved by HMIS Governing Committee on January 13, 2014



New Mexico Coalition to
End Homelessness

New Mexico Homeless Management Information System (HMIS)

Policies and Procedures

Version 3.1

(Update Approved by NM HMIS Governing Committee: 13 January 2014)



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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 3.0 effective DATE.

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 Manager. 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 not 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

Policy: In order to minimize duplication of services and use of funds, and to promote consistency and constancy of the information managed, NM HMIS requires 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 must 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. 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

Summary of NM HMIS Standard Operating Procedures (SOP) For Users

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.

NM HMIS SOP	Section Reference
<p>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.</p>	<ul style="list-style-type: none"> • 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
<p>Agency Administrator: All agencies utilizing NM HMIS must assign a staff person to serve as the Agency Administrator for NM HMIS.</p>	<ul style="list-style-type: none"> • A.4. Agency Administrators
<p>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.</p>	<ul style="list-style-type: none"> • A.6. NM HMIS Communication with Authorized Agencies • A.7. NM HMIS HelpDesk and Technical Assistance
<p>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.</p>	<ul style="list-style-type: none"> • B.2. NM HMIS Agency Data Sharing Agreements and User Licenses • C.3. Required Data Collection • C.4. Inter-Agency Data Sharing
<p>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.</p>	<ul style="list-style-type: none"> • C.1. Ethical Data Use • C.6. Client Rights and Confidentiality of Records
<p>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.</p>	<ul style="list-style-type: none"> • C.6. Client Rights and Confidentiality of Records • C.7. Client Grievance
<p>Security and User Access: Each user is provided with a unique user name and password. Passwords must be reset every 45 days.</p>	<ul style="list-style-type: none"> • A.5. User Access Security Levels and Account Management • 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..	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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								
Data Standards	Program Applicability	Subjects	When Collected					
			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			
		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)	
<input type="checkbox"/> Handicap Access <input type="checkbox"/> Brochures <input type="checkbox"/> Printed Directory	
Would you like your operational information to be provided to the public? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Coalition to
End Homelessness

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.

NM HMIS Governing Committee Approved: 13 January 2014

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 Coalition to
End Homelessness

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.

NM HMIS Governing Committee Approved: 13 January 2014

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

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):

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

<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> More than 1 year ago
<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> Don't Know
<input type="checkbox"/> 6 to 12 months ago	<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
Source of Income	Receiving Source of Income?	Amount Received
Income in dollars (i.e. employment income)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	\$ _____
Unemployment Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Supplemental Security Income (SSI):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Social Security Disability Income (SSDI):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Veteran's Disability Payment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Private Disability Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Worker's Compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Temporary Assistance for Needy Families (TANF):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
General Assistance (GA):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Retirement from Social Security:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Veteran's Pension:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Pension from Former Job:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Child Support:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Alimony/Other Spousal Support:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Aid to the Needy and Disabled (AND):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Old Age Pension (OAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other Sources: If Other: Describe _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
	Yes	No
Food Stamps or Money Benefits Card (Supplemental Nutrition Assistance Program (SNAP):	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps (or SNAP) Amount: \$ _____		
MEDICAID Health Insurance Program:	<input type="checkbox"/>	<input type="checkbox"/>
MEDICARE Health Insurance Program:	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program:	<input type="checkbox"/>	<input type="checkbox"/>
Women, Infants and Children (WIC):	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's - VA Medical Services:	<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care Services:	<input type="checkbox"/>	<input type="checkbox"/>
TANF Transportation Services:	<input type="checkbox"/>	<input type="checkbox"/>
TANF (Other TANF-funded Services):	<input type="checkbox"/>	<input type="checkbox"/>
Section 8, Public Housing, or Other Rental Assistance or Housing Vouchers: (Through _____ What _____ Agency?)	<input type="checkbox"/>	<input type="checkbox"/>
Other Benefit Sources: (Through What Agency?)	<input type="checkbox"/>	<input type="checkbox"/>

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):

<input type="checkbox"/> Nursery School to 4 th Grade	<input type="checkbox"/> 10 th Grade	<input type="checkbox"/> GED	<input type="checkbox"/> Don't Know
<input type="checkbox"/> 5 th or 6 th Grade	<input type="checkbox"/> 11 th Grade	<input type="checkbox"/> Post Secondary	<input type="checkbox"/> Refused
<input type="checkbox"/> 7 th or 8 th Grade	<input type="checkbox"/> 12 th Grade, No Diploma	<input type="checkbox"/> No schooling	
<input type="checkbox"/> 9 th Grade	<input type="checkbox"/> 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):

<input type="checkbox"/> None	<input type="checkbox"/> Doctorate Degree	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Other Graduate/Professional Degree	<input type="checkbox"/> Refused
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Certificate of Advanced Training or Skilled Artisan	
<input type="checkbox"/> 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):

<input type="checkbox"/> None	<input type="checkbox"/> Transportation	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Residency requirements	<input type="checkbox"/> Lack of available preschool programs	<input type="checkbox"/> Refused
<input type="checkbox"/> Availability of school records	<input type="checkbox"/> Immunization requirements	
<input type="checkbox"/> Birth certificates not available	<input type="checkbox"/> Physical Examination requirements	
<input type="checkbox"/> Legal guardianship requirements	<input type="checkbox"/> 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:

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Owns Car | <input type="checkbox"/> Uses Bus |
| <input type="checkbox"/> Family/ Friends | <input type="checkbox"/> Taxi | |
| <input type="checkbox"/> Handicap Transportation | <input type="checkbox"/> 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):

<input type="checkbox"/> Persian Gulf Era to Present: (Aug 1991 – Present)	<input type="checkbox"/> Between WWII and Korean War: (Aug 1947 – May 1950)
<input type="checkbox"/> Post Vietnam Era: (May 1975 – Jul 1991)	<input type="checkbox"/> WW II: (Sep 1940 – Jul 1947)
<input type="checkbox"/> Vietnam Era: (Aug 1964 – Apr 1975)	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Between Korean War & Vietnam: (Feb 1955 – Jul 1964)	<input type="checkbox"/> Refused
<input type="checkbox"/> 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):

<input type="checkbox"/> Europe:	<input type="checkbox"/> South China Sea:	<input type="checkbox"/> Persian Gulf:
<input type="checkbox"/> North Africa:	<input type="checkbox"/> China, Burma, India:	<input type="checkbox"/> Other:
<input type="checkbox"/> Vietnam:	<input type="checkbox"/> Korea:	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Laos and Cambodia:	<input type="checkbox"/> South Pacific:	<input type="checkbox"/> Refused

HEALTH - For All Individuals and All Family Members)

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

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

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

<p>1. Program Name: _____ Entry Date: ____/____/____ (if enrolling) Exit Date: ____/____/____ (if exiting. Leave blank if client not exiting out of program)</p>	<p>Service Name # 1: _____ _____ Entry Date: ____/____/____ Exit Date: ____/____/____ Status: Closed, Identified, or in Progress (check one) #Units: _____</p>												
<p><u>If exiting from program:</u></p> <p>Reason for leaving (choose one):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Completed Program</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Criminal Activity / Violence</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Death</td> <td style="padding: 2px;"><input type="checkbox"/> Disagreement with rules/persons</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Left for housing opp. Before completing program</td> <td style="padding: 2px;"><input type="checkbox"/> Needs could not be met</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Non-compliance with program</td> <td style="padding: 2px;"><input type="checkbox"/> Non-payment of rent</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other (Please specify) _____</td> <td style="padding: 2px;"><input type="checkbox"/> Reached maximum time allowed</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Unknown / Disappeared</td> <td></td> </tr> </table>	<input type="checkbox"/> Completed Program	<input type="checkbox"/> Criminal Activity / Violence	<input type="checkbox"/> Death	<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Needs could not be met	<input type="checkbox"/> Non-compliance with program	<input type="checkbox"/> Non-payment of rent	<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Reached maximum time allowed	<input type="checkbox"/> Unknown / Disappeared		<p><u>If providing service(s):</u></p> <p>Service Name # 2: _____ _____ Entry Date: ____/____/____ Exit Date: ____/____/____ Status: Closed, Identified, or in Progress (check one) #Units: _____</p>
<input type="checkbox"/> Completed Program	<input type="checkbox"/> Criminal Activity / Violence												
<input type="checkbox"/> Death	<input type="checkbox"/> Disagreement with rules/persons												
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Needs could not be met												
<input type="checkbox"/> Non-compliance with program	<input type="checkbox"/> Non-payment of rent												
<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Reached maximum time allowed												
<input type="checkbox"/> Unknown / Disappeared													

<p><u>If exiting from program:</u></p> <p style="text-align: center;">Destination (choose one):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Deceased</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Don't Know</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with Emergency Shelter voucher</td> <td style="padding: 2px;"><input type="checkbox"/> Foster care home or foster care group home</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Hospital (non-psychiatric)</td> <td style="padding: 2px;"><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Jail, prison or juvenile detention facility</td> <td style="padding: 2px;"><input type="checkbox"/> Other (Please specify) _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Owned by client, no housing subsidy</td> <td style="padding: 2px;"><input type="checkbox"/> Owned by client, with housing subsidy</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)</td> <td style="padding: 2px;"><input type="checkbox"/> Place not meant for habitation (e.g. , a vehicle or anywhere outside)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</td> <td style="padding: 2px;"><input type="checkbox"/> Refused</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Rental by client, no housing subsidy</td> <td style="padding: 2px;"><input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Rental by client, VASH Subsidy</td> <td style="padding: 2px;"><input type="checkbox"/> Safe Haven</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Staying or living with family, permanent tenure</td> <td style="padding: 2px;"><input type="checkbox"/> Staying or living with family, temporary tenure</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Staying or living with friends, permanent tenure</td> <td style="padding: 2px;"><input type="checkbox"/> Staying or living with friends, temporary tenure</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Substance abuse treatment facility or detox center</td> <td style="padding: 2px;"><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</td> </tr> </table>	<input type="checkbox"/> Deceased	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with Emergency Shelter voucher	<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Place not meant for habitation (e.g. , a vehicle or anywhere outside)	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Refused	<input type="checkbox"/> Rental by client, no housing subsidy	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy	<input type="checkbox"/> Rental by client, VASH Subsidy	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Staying or living with family, permanent tenure	<input type="checkbox"/> Staying or living with family, temporary tenure	<input type="checkbox"/> Staying or living with friends, permanent tenure	<input type="checkbox"/> Staying or living with friends, temporary tenure	<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<p><u>If providing service(s):</u></p> <p>Service Name # 3: _____</p> <p>_____</p> <p>Entry Date: ___/___/___</p> <p>Exit Date: ___/___/___</p> <p>Status: Closed, Identified, or in Progress (check one)</p> <p>#Units: _____</p> <p><u>If providing service(s):</u></p> <p>Service Name # 4: _____</p> <p>_____</p> <p>Entry Date: ___/___/___</p> <p>Exit Date: ___/___/___</p> <p>Status: Closed, Identified, or in Progress (check one)</p> <p>#Units: _____</p>
<input type="checkbox"/> Deceased	<input type="checkbox"/> Don't Know																								
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<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)																								

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