

CHALENG 2008 Survey Results Summary

VISN 2

Site: VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 121
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 10

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	20
Transitional Housing Beds	0	0
Permanent Housing Beds	105	50

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 105

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	4.20	2.94	3.70
Food	4.12	3.40	3.85
Clothing	4.00	3.32	3.61
Emergency (immediate) shelter	4.00	2.70	3.50
Halfway house or transitional living facility	3.75	2.67	3.35
Long-term, permanent housing	3.74	2.62	2.64
Detoxification from substances	3.55	3.35	3.59
Treatment for substance abuse	3.45	3.54	3.78
Services for emotional or psychiatric problems	4.09	3.39	3.63
Treatment for dual diagnosis	3.91	3.28	3.42
Family counseling	3.52	3.15	2.99
Medical services	3.80	3.75	3.96
Women's health care	2.81	3.32	3.09
Help with medication	4.23	3.22	3.79
Drop-in center or day program	3.38	3.27	3.08
AIDS/HIV testing/counseling	3.68	3.66	3.62
TB testing	3.95	3.66	3.96
TB treatment	3.60	3.68	3.59
Hepatitis C testing	3.71	3.65	3.73
Dental care	2.83	2.96	2.90
Eye care	3.31	3.13	3.25
Glasses	3.32	3.08	3.19
VA disability/pension	3.52	3.43	3.12
Welfare payments	3.35	3.23	2.78
SSI/SSD process	3.15	3.04	2.90
Guardianship (financial)	3.20	2.77	2.75
Help managing money	3.50	2.78	3.00
Job training	2.90	3.15	2.98
Help with finding a job or getting employment	3.00	3.00	3.12
Help getting needed documents or identification	3.74	3.11	3.52
Help with transportation	3.48	2.77	3.28
Education	3.14	3.13	3.13
Child care	3.25	2.60	2.49
Family reconciliation assistance	3.00	2.70	2.63
Discharge upgrade	3.37	3.02	2.91
Spiritual	3.43	3.24	3.51
Re-entry services for incarcerated Veterans	3.05	2.74	2.80
Elder Healthcare	2.75	3.24	3.01
Credit counseling	2.72	2.51	2.77
Legal assistance for child support issues	3.33	2.66	2.60
Legal assistance for outstanding warrants/fines	3.26	2.50	2.69
Help developing social network	3.18	2.94	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	Yes
Agencies that provide legal assistance for outstanding warrants/fines	Yes

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.60	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.52	3.62

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.53	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.17	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.27	1.93
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.16	2.28
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.67	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.86	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.00	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.92	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.88	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.66	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.79	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.94	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	We received 35 additional HUD-VA Supported Housing vouchers and a case manager. We made referrals to newly contacted programs in the Niagara Falls area.
Emergency (immediate) shelter	Issue discussed at Ten-Year Plan to End Homelessness conference sponsored by Western New York Coalition for the Homeless and Homeless Alliance of Western New York.
Halfway house or transitional living facility	Altamont Program renovated an unused structure for a VA Grant and Per Diem program. Homeless Veterans Provider Technical Assistance Center provided a grant writing training to service providers interested in applying for VA Grant and Per Diem funding.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.**

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Belmont Shelters has been instrumental in the administration of HUD Housing Choice Vouchers.
Agency #2	Homeless Alliance of Western New York conducted a local point-in-time count of homeless which also promoted increased community awareness.
Agency #3	Cazenovia Recovery Systems has applied for grants for housing for individuals with limited incomes and special needs. The agency has been a strong advocate for the homeless.

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Emergency (immediate) shelter	Evaluate use of vacant VA buildings for possible immediate or emergency shelter. Better educate staff and community partners regarding use of existing resources such as TSI (Transitional Services Inc.) and DSS (Department of Social Services).
Services for emotional or psychiatric problems	Better utilization of community and VA case management resources. Make more referrals to Single Point of Entry (SPOE) services.
Transitional living facility or halfway house	Altamont and Cazenovia Recovery are opening transitional beds during the upcoming year. Develop transitional housing for Veterans in outlying areas.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.

CHALENG 2008 Survey Results Summary

VISN 2

Site: VAMC Albany, NY - 500

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 1,300
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 6

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	60
Transitional Housing Beds	114	20
Permanent Housing Beds	68	20

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 130

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	4.12	3.82	3.70
Food	4.05	3.95	3.85
Clothing	3.63	4.05	3.61
Emergency (immediate) shelter	4.11	3.46	3.50
Halfway house or transitional living facility	4.09	3.48	3.35
Long-term, permanent housing	3.25	2.98	2.64
Detoxification from substances	4.21	3.38	3.59
Treatment for substance abuse	4.38	3.83	3.78
Services for emotional or psychiatric problems	4.03	3.84	3.63
Treatment for dual diagnosis	3.75	3.79	3.42
Family counseling	3.19	3.08	2.99
Medical services	4.47	4.10	3.96
Women's health care	2.97	3.51	3.09
Help with medication	4.24	3.47	3.79
Drop-in center or day program	3.58	3.31	3.08
AIDS/HIV testing/counseling	3.84	3.67	3.62
TB testing	4.30	3.91	3.96
TB treatment	3.77	3.73	3.59
Hepatitis C testing	3.98	3.74	3.73
Dental care	3.68	3.39	2.90
Eye care	3.93	3.81	3.25
Glasses	3.89	3.72	3.19
VA disability/pension	2.95	3.68	3.12
Welfare payments	2.61	3.43	2.78
SSI/SSD process	2.95	3.64	2.90
Guardianship (financial)	2.79	3.29	2.75
Help managing money	3.42	3.15	3.00
Job training	3.54	3.43	2.98
Help with finding a job or getting employment	3.82	3.47	3.12
Help getting needed documents or identification	3.83	3.85	3.52
Help with transportation	3.73	3.69	3.28
Education	3.69	3.59	3.13
Child care	3.10	2.86	2.49
Family reconciliation assistance	2.89	3.24	2.63
Discharge upgrade	3.44	3.34	2.91
Spiritual	3.74	3.74	3.51
Re-entry services for incarcerated Veterans	2.98	3.67	2.80
Elder Healthcare	3.18	3.54	3.01
Credit counseling	2.75	3.29	2.77
Legal assistance for child support issues	2.80	3.26	2.60
Legal assistance for outstanding warrants/fines	2.91	3.25	2.69
Help developing social network	3.51	3.46	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	Yes
Agencies that provide legal assistance for outstanding warrants/fines	Yes

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.80	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.93	3.62

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.72	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.38	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.38	1.93
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.54	2.28
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.72	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.92	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.19	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.40	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.32	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.76	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.83	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.16	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	We received an additional 35 HUD-VA Supported Housing vouchers, bringing our total up to 60.
Emergency (immediate) shelter	We continue to maintain contact with local shelters and advocate for Veterans at local HUD Continuum of Care meetings.
Women's health care	We are housing more women in VA Grant and Per Diem. Albany Housing Coalition now has a monthly women Veterans' discussion group.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Altamont Program (Schuyler Inn) added 10 VA Grant and Per Diem beds and is housing women Veterans. They have applied for funding for a long-term substance abuse treatment program for Veterans.
Agency #2	Altamont Housing Authority obtained 35 more Section 8 vouchers for HUD-VA Supported Housing, bringing the total up to 60.
Agency #3	Homeless and Travelers Aid Society of the Capital District provides immediate shelter to homeless Veterans. They collaborate with VA to ensure the provision of health care.

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

<p>Emergency (immediate) shelter</p>	<p>Continue to advocate for Veterans at the local Continuum of Care meetings, in regard to emergency shelters. Advocate for more Veteran-specific shelter beds. Educate Veterans on navigating the emergency housing system in all counties and follow Veterans individually in the community providing appropriate referrals to VA clinics and community providers.</p>
<p>Long-term, permanent housing</p>	<p>Hire new VASH social worker to case manage 35 new HUD-VASH vouchers. Continue partnership with the Albany Housing Authority and other county housing authorities. Continue to explore more permanent housing options for Veterans including Section 8 apartments and other affordable housing.</p>
<p>Help with finding a job or getting employment</p>	<p>Continue to develop relationships with VA Compensated Work Therapy and Supported Employment, and Department of Labor Homeless Veterans Reintegration Program in Albany and North County -- and with Veteran-friendly community employers. Seek out job training agencies for Veterans including: state of New York's Vocational and Educational Services for Individuals with Disabilities (VESID) , VA Vocational Rehabilitation and Employment (VR&E) services, and Northeast Career Planning.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.**

CHALENG 2008 Survey Results Summary

VISN 2

Site: VAMC Canandaigua, NY - 528A5, Bath, NY, Rochester, NY

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 178
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 5

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	0
Transitional Housing Beds	40	10
Permanent Housing Beds	20	40

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 50

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	3.54	3.43	3.70
Food	3.61	3.76	3.85
Clothing	3.39	3.30	3.61
Emergency (immediate) shelter	3.52	3.43	3.50
Halfway house or transitional living facility	3.17	3.10	3.35
Long-term, permanent housing	2.35	2.70	2.64
Detoxification from substances	3.74	3.77	3.59
Treatment for substance abuse	3.88	3.86	3.78
Services for emotional or psychiatric problems	3.67	3.77	3.63
Treatment for dual diagnosis	3.17	3.67	3.42
Family counseling	2.73	2.85	2.99
Medical services	3.92	3.81	3.96
Women's health care	3.00	3.20	3.09
Help with medication	3.52	3.65	3.79
Drop-in center or day program	3.05	3.16	3.08
AIDS/HIV testing/counseling	3.65	3.67	3.62
TB testing	3.80	3.89	3.96
TB treatment	3.17	3.74	3.59
Hepatitis C testing	3.71	3.63	3.73
Dental care	3.52	3.15	2.90
Eye care	3.38	3.45	3.25
Glasses	3.30	3.33	3.19
VA disability/pension	2.91	3.60	3.12
Welfare payments	3.65	3.32	2.78
SSI/SSD process	3.13	3.11	2.90
Guardianship (financial)	2.64	3.11	2.75
Help managing money	2.62	2.74	3.00
Job training	3.17	3.43	2.98
Help with finding a job or getting employment	3.04	3.33	3.12
Help getting needed documents or identification	3.33	3.45	3.52
Help with transportation	3.08	2.95	3.28
Education	3.13	3.24	3.13
Child care	2.55	2.63	2.49
Family reconciliation assistance	2.36	2.67	2.63
Discharge upgrade	2.61	3.32	2.91
Spiritual	3.41	3.24	3.51
Re-entry services for incarcerated Veterans	2.36	2.84	2.80
Elder Healthcare	2.85	3.16	3.01
Credit counseling	2.95	2.88	2.77
Legal assistance for child support issues	2.61	2.65	2.60
Legal assistance for outstanding warrants/fines	2.70	2.76	2.69
Help developing social network	2.95	2.89	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	Yes
Agencies that provide child care	Yes
Agencies that provide legal assistance for child support issues	Yes
Agencies that provide legal assistance for outstanding warrants/fines	Yes

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.86	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.81	3.62

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. Community Rating of Level of Collaborative Activity between VA and Community Agencies

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Co-location of Services - Services from the VA and your agency provided in one location.	2.05	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.52	1.93
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.86	2.28
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.95	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.81	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.10	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.52	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.05	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.95	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.89	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.26	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Halfway house or transitional living facility	We have established sharing agreements for an additional six VA Grant and Per Diem beds, and four Veteran-specific transitional beds.
Long-term, permanent housing	The local social services department has added ten additional Veteran-specific HUD Shelter Plus Care beds.
Help with finding a job or getting employment	Collaborate arrangements have increased the Veteran job placement rate from 62% to over 70%.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Salvation Army Project Redirect Program (Department of Labor Homeless Veterans Reintegration Program) combines job development and housing placement resources for more effective case management of Veterans.
Agency #2	(no agency identified)
Agency #3	(no agency identified)

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

<p>Medical services</p>	<p>VA clinic hours in Rochester and Canandaigua are now extended from 7 a.m.-6 p.m. (MTW) and 7a.m.-8p.m (Th) and 8 a.m.-4:30p.m. (F). Additionally , we have established Community Care multi-disciplinary teams that will work our homeless outreach staff. We are also opening a "storefront clinic" in a low-income residential section of Rochester.</p>
<p>Help with transportation</p>	<p>Transportation in rural areas is scarce, and urban areas have reduced schedules and increased fares. We will work with a local task force to address these situations, as well as coordinate with Disabled American Veterans for increased ridership to medical appointments.</p>
<p>Help managing money</p>	<p>We have worked with our providers to schedule educators/counselors from consumer credit counseling services. We will expand these education services to include our Veterans in the VA Domiciliary.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.**

CHALENG 2008 Survey Results Summary

VISN 2

Site: VAMC Syracuse, NY - 670

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 157
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 15

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	60	60
Transitional Housing Beds	90	40
Permanent Housing Beds	73	70

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 50

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	4.00	3.57	3.70
Food	4.67	3.76	3.85
Clothing	3.56	3.64	3.61
Emergency (immediate) shelter	4.63	3.14	3.50
Halfway house or transitional living facility	3.67	2.97	3.35
Long-term, permanent housing	3.71	2.78	2.64
Detoxification from substances	4.78	3.62	3.59
Treatment for substance abuse	4.78	3.86	3.78
Services for emotional or psychiatric problems	4.00	3.39	3.63
Treatment for dual diagnosis	3.88	3.27	3.42
Family counseling	3.25	3.08	2.99
Medical services	4.67	3.78	3.96
Women's health care	2.40	3.39	3.09
Help with medication	4.50	3.42	3.79
Drop-in center or day program	4.56	2.72	3.08
AIDS/HIV testing/counseling	4.22	3.62	3.62
TB testing	4.22	3.78	3.96
TB treatment	4.00	3.69	3.59
Hepatitis C testing	4.00	3.73	3.73
Dental care	4.56	2.94	2.90
Eye care	4.56	3.09	3.25
Glasses	4.33	3.00	3.19
VA disability/pension	4.38	3.89	3.12
Welfare payments	2.57	3.06	2.78
SSI/SSD process	3.44	2.94	2.90
Guardianship (financial)	2.86	2.79	2.75
Help managing money	3.67	2.70	3.00
Job training	3.38	3.28	2.98
Help with finding a job or getting employment	3.29	3.44	3.12
Help getting needed documents or identification	3.89	3.61	3.52
Help with transportation	4.44	2.82	3.28
Education	3.89	3.21	3.13
Child care	3.13	2.41	2.49
Family reconciliation assistance	3.88	2.54	2.63
Discharge upgrade	3.29	3.09	2.91
Spiritual	3.78	3.22	3.51
Re-entry services for incarcerated Veterans	3.14	3.10	2.80
Elder Healthcare	3.43	2.81	3.01
Credit counseling	3.13	2.88	2.77
Legal assistance for child support issues	3.43	2.54	2.60
Legal assistance for outstanding warrants/fines	3.00	2.50	2.69
Help developing social network	3.56	2.84	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	Yes
Agencies that provide legal assistance for child support issues	Yes
Agencies that provide legal assistance for outstanding warrants/fines	Yes

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.80	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.13	3.62

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.88	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.91	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	1.93
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.56	2.28
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.76	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.76	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.91	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.39	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.19	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.56	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.65	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	Housing Visions project (Maple Heights) will open in January 2009 with 12 units of housing for homeless Veterans with families.
Services for emotional or psychiatric problems	Staff attended annual CHALENG meeting to identify needs; expansion of outreach services anticipated.
Halfway house or transitional living facility	Volunteers of America approved for VA Grant and Per Diem program in Binghamton, New York.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Housing Visions, Inc. increased permanent housing for Veterans through development of new projects in Syracuse and Rome.
Agency #2	Jobs and Hope expanded services through the Department of Labor Homeless Veterans Reintegration Program to include Oneida and Onondaga Counties, assisting homeless Veterans in accessing employment resources.
Agency #3	(no agency identified)

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

<p>Transitional living facility or halfway house</p>	<p>Volunteers of America (Binghamton, NY) was approved as a VA Grant Per Diem provider with transitional beds and case management for women and families.</p>
<p>Help with finding a job or getting employment</p>	<p>Department of Labor Homeless Veteran Reintegration Program (HVRP) in Oneida County has expanded outreach services to Syracuse/Onondaga County to provide employment opportunities for homeless Veterans.</p>
<p>Long-term, permanent housing</p>	<p>1. Syracuse Public Housing Authority is a designated HUD-VASH site for 35 vouchers for homeless Veterans. HUD-VASH Program is scheduled to begin September 2008. 2. Housing Visions, Inc. to implement Rome Canal Housing project to create five permanent housing beds for homeless Veterans.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.**