

CHALENG 2010 Survey Results Summary

VISN: 3

Site: VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)

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 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 12

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 3

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	208
Permanent Housing Beds	165

*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	Yes
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 (Number of Veteran Participants: 45.
Number of provider (VA and non-VA) participants: 33.)

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 (shower, haircut, etc.)	4.05	3.47	3.74
Food	4.21	3.71	3.86
Clothing	4.00	3.63	3.62
Emergency (immediate) shelter	3.79	3.03	3.55
Transitional living facility or halfway house	3.24	3.00	3.45
Long-term, permanent housing	2.26	2.68	2.90
Detoxification from substances	4.05	3.63	3.69
Treatment for substance abuse	4.41	3.58	3.84
Services for emotional or psychiatric problems	4.22	3.70	3.71
Treatment for dual diagnosis	3.66	3.52	3.51
Family counseling	2.77	3.04	3.11
Medical services	4.44	3.90	4.04
Women's health care	2.85	3.41	3.17
Help with medication	4.59	3.53	3.87
Drop-in center or day program	3.44	3.00	3.15
AIDS/HIV testing/counseling	4.06	3.40	3.63
TB testing and Treatment	4.43	3.40	3.90
Legal assistance to help restore a driver's license	2.60	2.83	2.87
Hepatitis C testing	4.12	3.50	3.70
Dental care	4.59	2.90	2.91
Eye care	4.68	3.57	3.38
Glasses	4.73	3.53	3.35
VA disability/pension	3.03	3.60	3.14
Welfare payments	2.31	3.33	2.80
SSI/SSD process	2.15	3.30	2.95
Guardianship (financial)	2.94	3.00	2.84
Help managing money	3.50	3.00	3.13
Job training	2.50	2.87	2.96
Help with finding a job or getting employment	2.63	2.86	3.02
Help getting needed documents or identification	3.75	3.13	3.50
Help with transportation	3.33	3.03	3.31
Education	2.90	2.97	3.19
Child care	2.79	2.50	2.64
Family reconciliation assistance	3.00	2.68	2.73
Discharge upgrade	3.29	3.00	2.96
Spiritual	3.97	3.34	3.55
Re-entry services for incarcerated veterans	3.29	3.00	2.94
Elder health care	3.57	3.10	3.11
Credit counseling	2.66	2.63	2.85
Legal assistance for child support issues	2.48	2.57	2.70
Legal assistance for outstanding warrants/fines	2.36	2.59	2.75
Help developing social network	3.22	2.87	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

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

1. 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	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.52	3.55

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. 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.	2.63	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.74	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.10	2.00
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.	2.11	2.31
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.	1.42	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.68	1.73
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.	2.11	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.26	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.11	2.02
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.	1.53	1.68
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.	1.63	1.74
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.	1.95	1.89

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	All HUD-VASH vouchers issued in FY 2010 have been allocated. VASH social workers have assisted Veterans in applying for Section 8 vouchers. We have been working with several landlords and real estate brokers to assist Veterans in obtaining appropriate housing.
Help with finding a job or getting employment	Veterans who meet criteria have been referred to vocational rehabilitation programs. Veterans have also been encouraged to attend employment fairs. We coach Veterans for job interviews and help them complete applications. During this fiscal year our staff have developed relationships with an organics food retail store to hire homeless Veterans.
Emergency (immediate) shelter	During this fiscal year we have been encouraging local agencies to apply for Healthcare for Homeless Veteran contracts and Grant and Per Diem funding. We have met with two agencies to discuss ways to help Women Veterans and their dependents. We have also been exploring alternative housing options with two local agencies.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would* use to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	25 housing choice Vouchers will be issued in FY 2011. b. VA staff will meet with local stakeholders and community partners to develop long term permanent housing choices.
Emergency (immediate) shelter	a. Continue working with local agencies to develop and advocate for emergency shelters for Veterans. b. VA staff will continue to meet with local HUD Continuums of Care to establish working relationships with local emergency shelters
Help with finding a job or getting employment	a. Work with vocational rehabilitation programs. b. Encourage Veterans to attend employment fairs.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.

CHALENG 2010 Survey Results Summary

VISN: 3

Site: VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)

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 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 25

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 0

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	126
Permanent Housing Beds	280

*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	Yes
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 (Number of Veteran Participants:
113. Number of provider (VA and non-VA) participants: 18.)

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 (shower, haircut, etc.)	4.36	4.00	3.74
Food	4.17	4.35	3.86
Clothing	3.75	3.88	3.62
Emergency (immediate) shelter	4.17	4.18	3.55
Transitional living facility or halfway house	3.83	3.94	3.45
Long-term, permanent housing	2.54	3.61	2.90
Detoxification from substances	3.86	4.11	3.69
Treatment for substance abuse	4.15	4.22	3.84
Services for emotional or psychiatric problems	3.78	4.06	3.71
Treatment for dual diagnosis	3.65	3.83	3.51
Family counseling	2.80	3.11	3.11
Medical services	4.21	4.28	4.04
Women's health care	2.67	3.87	3.17
Help with medication	4.07	3.72	3.87
Drop-in center or day program	3.39	3.76	3.15
AIDS/HIV testing/counseling	3.73	4.00	3.63
TB testing and Treatment	3.96	4.20	3.90
Legal assistance to help restore a driver's license	3.55	3.33	2.87
Hepatitis C testing	3.98	4.06	3.70
Dental care	3.94	3.78	2.91
Eye care	4.25	3.94	3.38
Glasses	3.95	3.89	3.35
VA disability/pension	2.94	3.72	3.14
Welfare payments	3.04	3.61	2.80
SSI/SSD process	3.02	3.72	2.95
Guardianship (financial)	2.83	3.41	2.84
Help managing money	3.50	3.61	3.13
Job training	2.93	3.28	2.96
Help with finding a job or getting employment	3.20	3.72	3.02
Help getting needed documents or identification	3.98	4.28	3.50
Help with transportation	3.76	3.29	3.31
Education	2.93	3.50	3.19
Child care	2.32	2.31	2.64
Family reconciliation assistance	2.69	3.00	2.73
Discharge upgrade	2.60	3.50	2.96
Spiritual	3.60	3.53	3.55
Re-entry services for incarcerated veterans	2.60	3.35	2.94
Elder health care	2.65	3.88	3.11
Credit counseling	3.50	3.56	2.85
Legal assistance for child support issues	2.74	3.12	2.70
Legal assistance for outstanding warrants/fines	3.10	3.18	2.75
Help developing social network	3.65	3.72	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

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

1. 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?	4.00	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.77	3.55

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. 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.	3.46	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	3.69	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.31	2.00
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.	3.00	2.31
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.	2.23	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.15	1.73
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.	2.58	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.33	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	3.08	2.02
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.	2.00	1.68
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.	2.18	1.74
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.	2.58	1.89

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Emergency (immediate) shelter	The need for Emergency Shelter of Homeless Veterans was identified as a top need in FY 2010. We were able to work with VA Central Office to establish two contracts for emergency housing for a total of 17 beds. Also, the State of New Jersey has a consolidated shelter system with a single point of contact for access. No MOU is necessary to use these resources.
Long-term, permanent housing	We worked diligently to support an Enhanced Use Lease initiative to provide permanent housing on our Lyons campus, but HUD was unable to modify their administrative rules in time to provide the project-based vouchers necessary to secure funding for these beds. The housing provider will re-apply for these vouchers in FY 2011. Through collaboration with HUD, we have been able to provide permanent housing to 280 Veterans in FY 2010 (through HUD-VASH). This program has been a tremendous success in New Jersey, with only three Veterans dropping out of the program (1%). We also worked with a developer to construct 18 units of permanent housing for homeless Veterans in Patterson New Jersey, and continued to support the Reformed Church of Highland Park in their efforts to provide ten units of permanent housing for homeless Veterans. This project represents an innovative partnership with a faith-based group using the value of their property to secure financing for the renovation and operation of permanent supportive housing for homeless Veterans. The beds will be open in early FY 2011.
Help with finding a job or getting employment	With the dramatic loss of employment opportunities in New Jersey as a result of the national recession, we are focusing on finding new employment opportunities for all Veterans.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Long-term, permanent housing	<p>We have continued to work closely with a faith-based group to support their renovation a church in their community to provide permanent housing for homeless Veterans. The Reformed Church of Highland Park has a history of using their own property to provide housing to young women aging out of the foster care system. Based upon this success, we supported them in securing funding though the New Jersey Housing and Mortgage Finance Agency, and testified before the local zoning board on several occasions to facilitate variances required for this renovation. We also participated in several focus groups and other meetings with their congregation and concerned members of their community. This year we collaborated with the local Community Mental Health Center as they negotiated with the Church to provide case management services to support the local Section 8 vouchers obtained for the program. We provided them with education regarding the unique mental health needs of homeless Veterans and helped evaluate Veterans for the program. We look forward to expanding these initiatives through other faith-based groups in New Jersey. Churches are good potential partners for collaboration. Churches can leverage the equity in their excess property to receive support for these projects. They also share with the VA a common mission to “serve the underserved.”</p>
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Help with finding a job or getting employment</p>	<p>In FY 2011 we will be expanding our Veterans Industries program to provide Veterans with additional skills and experience that they can use to find jobs in the community. We currently operate a greenhouse, a golf driving range and learning center, and two Cafes. We have started a Landscape technology certificate training program and will complete construction of an additional greenhouse in FY 2011. We will be submitting requests and grants to develop a moving and storage service to support Veterans moving into HUD-VASH apartments.</p>
<p>Help with transportation</p>	<p>Since New Jersey does not have a well-developed public transportation system, Veterans have a great deal of difficulty finding transportation to and from employment opportunities. While we are able to provide limited transportation for residents of our VA Compensated Work Therapy Transitional Residence to the Medical Center and a few local job sites, there is clearly a need for further assistance. We have been requesting funds to provide additional transportation services to-and-from work. We hope to establish a "Veteran Employment Corridor" from our VA Lyons campus through central New Jersey to help our Veterans transition into permanent employment.</p>
<p>Drop-in center or day program</p>	<p>We currently have a small office in Newark with two staff members providing limited outreach services. We would like to establish a Community Resource and Referral Center (CRRC) in Newark-- the epicenter of Veteran homelessness in northern New Jersey, including Veterans who migrate from New York City. We have also requested a mobile medical clinic to provide additional outreach to Veterans who do not typically access VA services.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 3

Site: VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)

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 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 0

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 0

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	379
Transitional Housing Beds	296
Permanent Housing Beds	300

*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 (Number of Veteran Participants: 90.
Number of provider (VA and non-VA) participants: 32.)

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 (shower, haircut, etc.)	3.74	3.46	3.74
Food	3.59	3.55	3.86
Clothing	3.29	3.54	3.62
Emergency (immediate) shelter	3.24	3.28	3.55
Transitional living facility or halfway house	3.08	3.04	3.45
Long-term, permanent housing	2.62	2.66	2.90
Detoxification from substances	3.64	3.43	3.69
Treatment for substance abuse	3.79	3.57	3.84
Services for emotional or psychiatric problems	3.67	3.57	3.71
Treatment for dual diagnosis	3.43	3.36	3.51
Family counseling	3.07	2.80	3.11
Medical services	3.92	3.93	4.04
Women's health care	2.84	3.05	3.17
Help with medication	3.79	3.38	3.87
Drop-in center or day program	3.31	3.50	3.15
AIDS/HIV testing/counseling	3.86	3.65	3.63
TB testing and Treatment	4.06	3.77	3.90
Legal assistance to help restore a driver's license	2.61	2.48	2.87
Hepatitis C testing	3.77	3.65	3.70
Dental care	2.83	3.08	2.91
Eye care	3.73	3.23	3.38
Glasses	3.77	3.27	3.35
VA disability/pension	2.91	3.20	3.14
Welfare payments	2.81	2.92	2.80
SSI/SSD process	2.74	2.85	2.95
Guardianship (financial)	2.70	2.76	2.84
Help managing money	2.89	2.72	3.13
Job training	2.73	2.65	2.96
Help with finding a job or getting employment	2.83	2.63	3.02
Help getting needed documents or identification	3.42	2.84	3.50
Help with transportation	3.19	3.33	3.31
Education	2.99	3.12	3.19
Child care	2.83	2.24	2.64
Family reconciliation assistance	2.61	2.21	2.73
Discharge upgrade	2.82	2.77	2.96
Spiritual	3.04	2.73	3.55
Re-entry services for incarcerated veterans	2.72	2.71	2.94
Elder health care	2.97	2.91	3.11
Credit counseling	2.45	2.48	2.85
Legal assistance for child support issues	2.66	2.23	2.70
Legal assistance for outstanding warrants/fines	2.71	2.22	2.75
Help developing social network	3.14	2.88	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

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

1. 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?	3.44	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.81	3.55

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. 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.	2.29	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.24	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.12	2.00
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.	2.27	2.31
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.	1.33	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.87	1.73
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.	1.43	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.00	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.80	2.02
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.	1.29	1.68
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.	1.80	1.74
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.	1.36	1.89

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	All HUD-VASH vouchers were distributed for FY 2010. In VISN 3, we established a Five -Year Plan to End Veteran Homelessness workgroup with specific timeframes.
Emergency (immediate) shelter	All Veterans who need emergency shelter receive placement with local New York City Department of Homeless Services.
Help with finding a job or getting employment	At Project TORCH, each Veteran resident can receive a referral to VA Compensated Work Therapy (CWT). At the Manhattan and Fort Hamilton campuses there are New York State Department of Labor representatives. They are available daily to meet with Veterans for employment referrals and resume workshops.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would* use to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	As this continues to be the number one unmet need in our local area, more vouchers were issued for HUD-VASH and more staff hired for FY 2011 to continue to help Veterans and their families successfully move out of homelessness and into permanent housing.
VA disability/pension	Refine services to connect Veterans with eligibility specialists.
Help with finding a job or getting employment	Continue referring eligible Veterans to VA Compensated Work Therapy and Supported Employment. Participate actively with VA initiatives such as VA Regional Office's efforts to hire Veterans as VA employees.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.

CHALENG 2010 Survey Results Summary

VISN: 3

Site: VAMC Northport, NY - 632

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 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 43

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 0

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	51
Transitional Housing Beds	82
Permanent Housing Beds	242

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

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	Yes
Transitional Housing Beds	Yes
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 (Number of Veteran Participants: 22.
Number of provider (VA and non-VA) participants: 56.)

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 (shower, haircut, etc.)	4.00	3.49	3.74
Food	3.95	3.61	3.86
Clothing	3.62	3.65	3.62
Emergency (immediate) shelter	4.14	3.71	3.55
Transitional living facility or halfway house	4.05	3.55	3.45
Long-term, permanent housing	2.75	3.30	2.90
Detoxification from substances	3.74	3.12	3.69
Treatment for substance abuse	4.33	3.33	3.84
Services for emotional or psychiatric problems	4.16	3.63	3.71
Treatment for dual diagnosis	3.58	3.45	3.51
Family counseling	3.44	3.02	3.11
Medical services	4.43	3.90	4.04
Women's health care	3.67	3.60	3.17
Help with medication	4.21	3.56	3.87
Drop-in center or day program	3.38	3.19	3.15
AIDS/HIV testing/counseling	3.78	3.47	3.63
TB testing and Treatment	4.26	3.53	3.90
Legal assistance to help restore a driver's license	3.06	2.94	2.87
Hepatitis C testing	3.94	3.54	3.70
Dental care	3.55	2.90	2.91
Eye care	4.41	3.30	3.38
Glasses	4.36	3.29	3.35
VA disability/pension	2.65	3.13	3.14
Welfare payments	3.24	3.04	2.80
SSI/SSD process	3.38	3.22	2.95
Guardianship (financial)	3.41	2.90	2.84
Help managing money	3.44	2.87	3.13
Job training	3.00	3.02	2.96
Help with finding a job or getting employment	3.28	2.78	3.02
Help getting needed documents or identification	3.67	2.96	3.50
Help with transportation	3.55	2.81	3.31
Education	3.00	3.15	3.19
Child care	3.27	2.38	2.64
Family reconciliation assistance	3.47	2.46	2.73
Discharge upgrade	3.50	2.84	2.96
Spiritual	4.00	3.35	3.55
Re-entry services for incarcerated veterans	3.38	2.71	2.94
Elder health care	4.07	3.14	3.11
Credit counseling	2.89	2.56	2.85
Legal assistance for child support issues	3.06	2.53	2.70
Legal assistance for outstanding warrants/fines	3.13	2.45	2.75
Help developing social network	3.89	3.10	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

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

1. 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?	3.40	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.70	3.55

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. 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.	2.44	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.71	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.81	2.00
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.	2.23	2.31
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.	1.19	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.42	1.73
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.	1.65	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.00	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.84	2.02
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.	1.44	1.68
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.	1.72	1.74
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.	1.56	1.89

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

<p>Long-term, permanent housing</p>	<p>Northport VA has utilized all 175 HUD-VASH vouchers received during FY 2008 and FY 2009. All 25 FY 2010 vouchers will be assigned to Veterans within two months. The Northport VA HUD-VASH program currently has over 100 pending HUD-VASH applications. Based on a review of the pending applications, 65 appear to be eligible and clinically appropriate for the HUD-VASH program. We anticipate, based on the current pace of applications received, that we will have two hundred pending applications for HUD-VASH by the end of FY 2011. We continue to utilize permanent housing provided by various not-for-profit agencies. The high cost of housing in our catchment area represents a significant obstacle in securing permanent housing for low-income Veterans, unless it is subsidized by programs such as Section 8, Shelter Plus Care or HUD-VASH. Northport VA is currently working with a private housing provider to increase our inventory of affordable permanent housing resources.</p>
<p>Child care</p>	<p>We finds this need is most often identified in the HUD-VASH program, as it is the only Northport VA housing program that currently serves Veterans with children. HUD-VASH has been able to meet this need through the local county Department of Social Services, which provides this type of service. This need is typically seen in the OIF/OEF (Operation Iraqi Freedom/Operation Enduring Freedom) population, due to the average age, and increased percentage of female Veterans found in that population. The VISN 3 OIF/OEF Program Coordinator, Northport OIF/OEF, EAP (Employee Assistance Program) and homeless services staff have been addressing this need during the past year. A Veterans child care Support Program is now in the developmental stage. The program would allow Veterans to utilize child care to enable them to keep healthcare appointments, including meetings to obtain benefits and other resources, as well as educational and employment seeking activities. The child care would be provided through vouchers distributed by a local county child care council, the actual provider location would be determined by Veteran preference and need. Funding for the program will be provided by various Veterans Service Organizations, not by the VA.</p>
<p>Money Management</p>	<p>During our monthly legal assistance workshops, we identify Veterans who could benefit from money management training and notify their case managers to address this. We work with many nonprofit agencies that offer debt counseling and other money management services to our Veterans.</p>

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Child Care	A Veterans Child Care Support Program is now in the developmental stage. The program will allow Veterans to utilize child care to enable them to attend healthcare appointments, meetings to obtain benefits and other resources, and educational and employment-seeking activities. The child care would be provided through vouchers distributed by the local county childcare council, the actual provider location would be determined by Veteran preference and need. Funding for the program will be provided by donations from various Veterans Service Organizations.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>Northport VAMC has already utilized the 25 FY 2010 allotment of HUD-VASH vouchers, received. In addition to requesting 200 additional HUD-VASH vouchers, Northport VAMC is working with local not-for-profit agencies and private landlords to develop low-cost permanent housing. Northport VAMC is particularly interested in providing permanent housing that can be funded through Public Assistance. This will help provide housing to single Veterans who have become homeless due to the current economic conditions and who lack a mental health or substance abuse diagnosis required to access housing resources dedicated to those populations.</p>
<p>Help with finding a job or getting employment</p>	<p>Northport VAMC Homeless Services staff assess for this need during initial assessments, and refer Veterans seeking employment to United Veterans Beacon House -- our VA Grant and Per Diem provider -- which has been awarded an Homeless Veterans Reintegration Program grant from the Department of Labor. United Veterans Beacon House reports that 48 Veterans found full-time employment through that program during FY 2010. In addition, Northport VAMC Homeless Services refers Veterans seeking employment to the local Department of Labor office for assistance in securing employment.</p>
<p>VA disability/pension</p>	<p>Northport VAMC Homeless Services staff routinely assess homeless Veterans for eligibility for VA and non-VA entitlements. All Veterans who meet eligibility requirements are assisted in applying for entitlements. Northport VAMC has New York State and Disabled American Veterans benefits counselors on the Medical Center grounds, and eligible Veterans are immediately referred to apply for benefits. As the waiting time for VA benefit decisions can be lengthy, Northport VAMC Homeless Service staff utilize the Regional Veterans Benefits Administration Homeless point of contact for assistance in expediting benefit decisions for homeless Veterans. In addition, Northport VAMC has a Social Security representative assigned to the Medical Center, who assists Homeless Veterans in applying for SSD, SSI and Social Security Retirement benefits.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**