CHALENG 2008 Survey Results Summary

VISN 21

Site: VA Central California HCS, CA - 570

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, nonprofit 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: 2,800

2. Service Area type: Even mix of urban and rural

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	12	20
Transitional Housing Beds	20	30
Permanent Housing Beds	25	30

*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 (homeless Veterans and VA/ community providers). Number of total participants: 23

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	4.25	2.36	3.70
Food	4.88	2.50	3.85
Clothing	4.13	2.64	3.61
Emergency (immediate) shelter	4.50	2.04	3.50
Halfway house or transitional living	4.38	2.00	3.50
facility	4.30	2.21	3.35
Long-term, permanent housing	3.57	2.14	2.64
Detoxification from substances	4.25	2.71	3.59
Treatment for substance abuse		2.86	
Services for emotional or psychiatric	4.38 4.50		3.78
problems	4.50	2.86	3.63
Treatment for dual diagnosis	4.50	2.77	3.42
Family counseling Medical services	3.29 4.75	2.50	2.99
		3.17	3.96
Women's health care	4.00	2.92	3.09
Help with medication	4.50	3.00	3.79
Drop-in center or day program	3.71	1.83	3.08
AIDS/HIV testing/counseling	4.00	2.67	3.62
TB testing	4.50	2.67	3.96
TB treatment	4.33	2.58	3.59
Hepatitis C testing	4.43	2.67	3.73
Dental care	4.75	1.92	2.90
Eye care	4.13	2.25	3.25
Glasses	4.13	2.27	3.19
VA disability/pension	3.75	2.67	3.12
Welfare payments	3.13	2.20	2.78
SSI/SSD process	3.63	2.58	2.90
Guardianship (financial)	2.71	2.36	2.75
Help managing money	3.13	2.45	3.00
Job training	2.63	2.42	2.98
Help with finding a job or getting	2.75	2.58	
employment			3.12
Help getting needed documents or identification	4.25	2.75	3.52
Help with transportation	3.75	2.00	3.28
Education	3.38	2.00	
Child care			3.13
	2.14	1.75	2.49
Family reconciliation assistance	2.25	2.11	2.63
Discharge upgrade	2.50	2.45	2.91
Spiritual	2.13	2.50	3.51
Re-entry services for incarcerated Veterans	2.50	2.45	2.80
Elder Healthcare	3.13	2.91	3.01
Credit counseling		2.91	2.77
	2.00 2.25		
Legal assistance for child support issues		2.40	2.60
Legal assistance for outstanding warrants/fines	2.25	2.18	2.69
Help developing social network	2.50	2.42	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 <i>I</i>	Agreements	with Con	nmunity	Service ⁻	Types:
----	-------------------	------------	----------	---------	----------------------	--------

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient	Yes
(hospitals, wards	
Nursing homes	No
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?	3.27	3.56
VA Service Coordination : Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.14	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

Community Agencies Implementation Scale	Site Mean	VHA
1 = None , no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score ^{**}
3 = Moderate, significant steps taken but full implementation not		
achieved.		
4 = High , strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	2.27	2.57
your agency meet formally to exchange information, do needs		
assessment, plan formal agreements, and promote access to		
services.		
Co-location of Services - Services from the VA and your agency	1.47	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	1.47	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	1.60	2.28
and informal agreements between the VA and your agency covering		
such areas as collaboration, referrals, sharing client information, or		
coordinating services.		
Interagency Client Tracking Systems/ Management Information	1.47	1.60
Systems - Shared computer tracking systems that link the VA and		
your agency to promote information sharing, referrals, and client		
access.		
Pooled/Joint Funding - Combining or layering funds from the VA	1.13	1.67
and your agency to create new resources or services.		
Uniform Applications, Eligibility Criteria, and Intake	1.53	1.80
Assessments – Standardized form that the client fills out only once		
to apply for services at the VA and your agency.		
Interagency Service Delivery Team/ Provider Coalition - Service	1.60	2.19
team comprised of staff from the VA and your agency to assist clients		
with multiple needs.		
Consolidation of Programs/ Agencies - Combining programs from	1.33	1.99
the VA and your agency under one administrative structure to		
integrate service delivery.		
Flexible Funding – Flexible funding used to fill gaps or acquire	1.20	1.63
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.		
Use of Special Waivers - Waiving requirements for funding, eligibility	1.27	1.68
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.	4.07	
System Integration Coordinator Position - A specific staff position	1.27	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development. *Scored of non-VA community agency representatives who compl		

*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*

Emergency (immediate) shelter	We received a grant to provide funding for women Veterans with families.
Long-term, permanent housing	We utilize HUD-VA Supported Housing and HUD Shelter Plus Care.
Help with finding a job or getting employment	We are working with an agreement with a local agency for the provision of job training.

*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	HUD's Shelter Plus Care program provides long-term housing.
Agency #2	Fresno County Veterans Service Office helps Veterans file for benefits.
Agency #3	Fresno Area Express provides reduced-fee bus passes for Veterans.

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

Long-term, permanent housing	Cooperative agreements with community agencies to place 11 Veterans and to meet again to develop need resources.
Food	Work with other agencies to refer better. Meet again to develop new plan.
Clothing	Work with other agencies to refer better. Meet again to develop new plan.

*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 21

Site: VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)

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, nonprofit 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: 3,000

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: 25

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	100
Transitional Housing Beds	140	100
Permanent Housing Beds	50	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 (homeless Veterans and VA/ community providers). Number of total participants: 22

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	3.70	2.80	3.70
	3.64	3.50	
Food			3.85
Clothing	2.82	3.00	3.61
Emergency (immediate) shelter	3.82	3.00	3.50
Halfway house or transitional living	3.70	3.30	0.05
facility	0.00	0.50	3.35
Long-term, permanent housing	2.36	2.56	2.64
Detoxification from substances	3.45	2.20	3.59
Treatment for substance abuse	4.18	2.40	3.78
Services for emotional or psychiatric	3.64	2.90	
problems			3.63
Treatment for dual diagnosis	3.36	2.40	3.42
Family counseling	2.91	2.11	2.99
Medical services	4.00	3.20	3.96
Women's health care	3.00	2.73	3.09
Help with medication	3.73	2.89	3.79
Drop-in center or day program	2.82	3.10	3.08
AIDS/HIV testing/counseling	3.90	2.90	3.62
TB testing	4.82	2.70	3.96
TB treatment	3.73	2.90	3.59
Hepatitis C testing	3.55	2.70	3.73
Dental care	3.82	2.56	2.90
Eye care	4.27	2.20	3.25
Glasses	4.10	2.40	3.19
VA disability/pension	2.27	3.13	3.12
Welfare payments	2.91	3.22	2.78
SSI/SSD process	3.55	3.22	2.90
Guardianship (financial)	2.36	2.44	2.75
Help managing money	2.27	3.11	3.00
Job training	2.09	2.40	2.98
Help with finding a job or getting	2.50	2.56	2.00
employment	2.50	2.50	3.12
Help getting needed documents or	2.64	2.80	0.12
identification	2.04	2.00	3.52
Help with transportation	2.55	2.64	3.28
Education	2.27	2.50	3.13
Child care	2.27	2.20	2.49
Family reconciliation assistance	2.36	1.89	2.63
Discharge upgrade	2.55	2.44	2.91
Spiritual	2.60	2.10	3.51
Re-entry services for incarcerated	2.27	2.44	2.90
Veterans	0.40	0.50	2.80
Elder Healthcare	2.10	2.50	3.01
Credit counseling	2.40	2.22	2.77
Legal assistance for child support issues	2.00	2.50	2.60
Legal assistance for outstanding warrants/fines	2.20	2.60	2.69
Help developing social network	2.60	2.56	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 <i>i</i>	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	Yes
(hospitals, wards	
Nursing homes	Yes
Faith-based organizations	Yes
Agencies that provide child care	No
Agencies that provide legal assistance for	No
child support issues	
Agencies that provide legal assistance for	Yes
outstanding warrants/fines	

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?	3.55	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.73	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

Community Agencies		
Implementation Scale	Site Mean	VHA
1 = None , no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score**
3 = Moderate, significant steps taken but full implementation not		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	3.00	2.57
your agency meet formally to exchange information, do needs		
assessment, plan formal agreements, and promote access to		
services.		
Co-location of Services - Services from the VA and your agency	2.64	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	2.36	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	2.70	2.28
and informal agreements between the VA and your agency covering		
such areas as collaboration, referrals, sharing client information, or		
coordinating services.		
Interagency Client Tracking Systems/ Management Information	1.73	1.60
Systems - Shared computer tracking systems that link the VA and	-	
your agency to promote information sharing, referrals, and client		
access.		
Pooled/Joint Funding - Combining or layering funds from the VA	2.55	1.67
and your agency to create new resources or services.		-
Uniform Applications, Eligibility Criteria, and Intake	1.82	1.80
Assessments – Standardized form that the client fills out only once		
to apply for services at the VA and your agency.		
Interagency Service Delivery Team/ Provider Coalition - Service	2.82	2.19
team comprised of staff from the VA and your agency to assist clients		
with multiple needs.		
Consolidation of Programs/ Agencies - Combining programs from	2.55	1.99
the VA and your agency under one administrative structure to		
integrate service delivery.		
Flexible Funding – Flexible funding used to fill gaps or acquire	1.82	1.63
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.		
Use of Special Waivers - Waiving requirements for funding, eligibility	2.09	1.68
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.		
System Integration Coordinator Position - A specific staff position	2.00	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development.		
*Scored of non-VA community agency representatives who compl	otod Particin	ant Survay

*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*

Treatment for dual diagnosisAttempts to contract with non-VA dual diagnosis treatment programs were unsuccessful. They were too expensive.	ong-term, ermanent ousing	We recently received 35 HUD-VA Supported Housing vouchers. We continue to work with the community and have accessed a few HUD Shelter Plus Care units but would like to obtain more.
Halfway house or transitional living facilityWe encourage providers in underserved areas to apply for VA Grant and Per Diem; one rural provider's submission is currentl under review.	ansitional living	Grant and Per Diem; one rural provider's submission is currently

*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	Contra Costa County Department of Health and Human Services has been working with us to contract for emergency beds.
Agency #2	(no agency identified)
Agency #3	(no agency identified)

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

Long-term, permanent housing	Continue implementation of new HUD-VASH program and advocate for additional vouchers in the future.
Emergency (immediate) shelter	Complete residential contracts for interim housing in Contra Costa and Alameda Counties which will result in 20 additional beds. One contract should be completed by October 2008.
Transitional living facility or halfway house	Continue to work with providers in underserved areas and encourage them to apply for Grant and Per Diem funds. We will be hosting a 2-day technical assistance workshop in Sacramento, CA, March 9-10 and plan to invite several providers.

*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 21

Site: VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA

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, nonprofit 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: 2,972

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	50
Transitional Housing Beds	197	40
Permanent Housing Beds	38	75

*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 (homeless Veterans and VA/ community providers). Number of total participants: 140

	Site homeless	Site provider	VHA Mean Score
Need Ranking (1=Need Unmet	Veteran mean score	mean score	(nationwide)*(all
5= Need Met)			participants)
Personal hygiene	4.02	3.63	3.70
Food	4.18	3.74	3.85
Clothing	3.91	3.53	3.61
Emergency (immediate) shelter	4.00	3.32	3.50
Halfway house or transitional living	3.83	3.10	
facility			3.35
Long-term, permanent housing	3.16	2.36	2.64
Detoxification from substances	4.22	3.07	3.59
Treatment for substance abuse	4.26	3.79	3.78
Services for emotional or psychiatric	4.05	3.49	
problems			3.63
Treatment for dual diagnosis	3.83	3.36	3.42
Family counseling	3.22	2.59	2.99
Medical services	4.25	3.93	3.96
Women's health care	2.85	3.67	3.09
Help with medication	4.12	3.62	3.79
Drop-in center or day program	3.44	3.12	3.08
AIDS/HIV testing/counseling	3.96	3.53	3.62
TB testing	4.39	3.85	3.96
TB treatment	3.83	3.68	3.59
Hepatitis C testing	4.17	3.83	3.73
Dental care	3.52	2.98	2.90
Eye care	3.77	3.33	3.25
Glasses	3.52	3.21	3.19
VA disability/pension	3.28	3.63	3.12
Welfare payments	2.71	2.88	2.78
SSI/SSD process	3.04	3.10	2.90
Guardianship (financial)	2.56	2.73	2.75
Help managing money	3.37	3.03	3.00
Job training	3.61	3.15	2.98
Help with finding a job or getting	3.68	3.18	2.00
employment	0.00	0.10	3.12
Help getting needed documents or	4.11	3.10	
identification		0.10	3.52
Help with transportation	3.77	3.02	3.28
Education	3.56	3.05	3.13
Child care	2.45	2.15	2.49
Family reconciliation assistance	2.95	2.13	2.63
Discharge upgrade	3.27	2.75	2.91
Spiritual	3.75	3.30	3.51
Re-entry services for incarcerated	3.13	3.05	0.01
Veterans	0.10	0.00	2.80
Elder Healthcare	3.06	2.90	3.01
Credit counseling	3.28	2.73	2.77
Legal assistance for child support issues	2.94	2.49	2.60
Legal assistance for outstanding			2.00
	3.06	2.73	1
warrants/fines			2.69

**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 <i>I</i>	Agreements	with Con	nmunity	Service ⁻	Types:
----	-------------------	------------	----------	---------	----------------------	--------

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

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?	3.79	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.91	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

Community Agencies		
Implementation Scale	Site Mean	VHA
1 = None, no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score**
3 = Moderate, significant steps taken but full implementation not		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	2.87	2.57
your agency meet formally to exchange information, do needs		-
assessment, plan formal agreements, and promote access to		
services.		
Co-location of Services - Services from the VA and your agency	2.50	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	2.30	1.93
services of the VA and your agency.	2.00	1.00
Interagency Agreements/ Memoranda of Understanding - Formal	2.60	2.28
and informal agreements between the VA and your agency covering		
such areas as collaboration, referrals, sharing client information, or		
coordinating services.		
Interagency Client Tracking Systems/ Management Information	1.85	1.60
Systems - Shared computer tracking systems that link the VA and	1.00	1.00
your agency to promote information sharing, referrals, and client		
access.		
Pooled/Joint Funding - Combining or layering funds from the VA	1.90	1.67
and your agency to create new resources or services.	1.50	1.07
Uniform Applications, Eligibility Criteria, and Intake	2.31	1.80
Assessments – Standardized form that the client fills out only once	2.51	1.00
to apply for services at the VA and your agency.		
Interagency Service Delivery Team/ Provider Coalition - Service	2.79	2.19
team comprised of staff from the VA and your agency to assist clients	2.19	2.13
with multiple needs.		
Consolidation of Programs/ Agencies - Combining programs from	2.36	1.99
	2.30	1.99
the VA and your agency under one administrative structure to integrate service delivery.		
	4.07	4.00
Flexible Funding – Flexible funding used to fill gaps or acquire	1.87	1.63
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.	0.00	4.00
Use of Special Waivers - Waiving requirements for funding, eligibility	2.00	1.68
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.	0.01	4.00
System Integration Coordinator Position - A specific staff position	2.21	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development. *Scored of non-VA community agency representatives who comp		

*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*

Transitional Housing	Seven VA Grant and Per Diem proposals were submitted; so far one has been approved.
Eye care	LensCrafter's "Gift of Sight" program has helped our Veterans obtains eyeglasses.
Legal assistance	No progress has been made in obtaining new resources. It will be a priority need for FY 2009.

*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 of Lodi and Modesto submitted two grant proposal for Veteran-specific emergency and transitional housing in outlying counties.
Agency #2	Innvision of Silicon Valley and EHC Lifebuilders, San Jose: these are two local community nonprofits that can always find shelter for homeless Veterans. Both agencies have responded to several emergency situations when our ER needed to find shelter for individuals and families who needed medical treatment. Both agencies have submitted proposals for VA Grant and Per Diem funding.
Agency #3	LensCrafters (Menlo Park) coordinated its "Gift of Sight" program with the VA Homeless Veterans Restorative Vision (HVRV) Program. Eyeglasses were provided for Veterans in our VA Grant and Per Diem programs.

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

Emergency (immediate) shelter	PAHCS has three hospitals with many programs that attract homeless Veterans to our campuses. Homeless Veterans who come to our campuses lacking shelter are referred to community emergency shelters in near-by Santa Clara and San Mateo counties. Last winter there was an increase in the demand for all shelter beds resulting in a waiting list for emergency shelter. None of these community emergency shelters are Veteran- specific, and our Veterans had to sleep on floors, or be referred to resources in far away counties/areas. We have a great need for 50-contracted Veteran specific emergency shelter with no access barriers.
SSI/SSD process	Develop working relationship with state/county officials for the purposes of increasing our staff awareness of SSI/SSD benefits and claim filing procedures. Ideally, if an SSI/SSD claims officer could come on campus one day a month to the walk in homeless clinic and assist in processing applications for state benefits this would be a great resource for staff and homeless Veterans.
Legal assistance for outstanding warrants/fines	HCRV (Healthcare for Re-Entry Veterans) program provides extensive outreach to incarcerated Veterans throughout VISN 21. A large proportion of these Veterans come to our homeless program at Menlo Park VA needing legal consultation which the VA is unable to provide. It is hoped that an informal agreement in 2009 could be worked out with low cost or pro bono legal services to have a representative one or two days a month at the multi- disciplinary walk-in clinic for homeless Veterans; Menlo Park VA campus.

*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 21

Site: VA Sierra Nevada HCS, NV - 654

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, nonprofit 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: 450

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: 8

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	160
Transitional Housing Beds	30	40
Permanent Housing Beds	40	100

*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: 30

Need Ranking (1=Need Unmet	Site homeless	Site provider	VHA Mean Score
5= Need Met)	Veteran mean score	mean score	(nationwide)*(all
	2.96	2.05	participants)
Personal hygiene	3.86	2.95 3.42	3.70
Food	3.57	-	3.85
Clothing	3.00	3.26	3.61
Emergency (immediate) shelter	4.00	2.74	3.50
Halfway house or transitional living	4.71	2.32	
facility		4.05	3.35
Long-term, permanent housing	3.57	1.95	2.64
Detoxification from substances	4.86	2.83	3.59
Treatment for substance abuse	4.71	2.95	3.78
Services for emotional or psychiatric	4.00	2.84	
problems			3.63
Treatment for dual diagnosis	3.80	2.74	3.42
Family counseling	2.83	2.67	2.99
Medical services	4.00	3.42	3.96
Women's health care	1.67	2.94	3.09
Help with medication	4.57	3.11	3.79
Drop-in center or day program	3.25	2.95	3.08
AIDS/HIV testing/counseling	3.60	3.53	3.62
TB testing	4.57	3.53	3.96
TB treatment	4.25	3.33	3.59
Hepatitis C testing	4.57	3.59	3.73
Dental care	3.14	1.74	2.90
Eye care	1.43	2.22	3.25
Glasses	1.57	2.11	3.19
VA disability/pension	2.00	2.89	3.12
Welfare payments	1.80	2.89	2.78
SSI/SSD process	1.50	2.68	2.90
Guardianship (financial)	1.80	2.61	2.75
Help managing money	1.75	2.39	3.00
Job training	2.20	2.50	2.98
Help with finding a job or getting	2.83	2.44	2.00
employment	2.00	2.11	3.12
Help getting needed documents or	3.00	2.44	
identification	0.00		3.52
Help with transportation	2.86	2.33	3.28
Education	2.00	2.41	3.13
Child care	1.40	2.18	2.49
Family reconciliation assistance	1.20	2.31	2.63
Discharge upgrade	1.40	2.80	2.03
Spiritual	2.00	3.12	3.51
Re-entry services for incarcerated	2.00	2.25	0.01
Veterans	2.00	2.20	2.80
Elder Healthcare	2.00	211	
		2.44	3.01
Credit counseling	1.40	2.71	2.77
Legal assistance for child support issues	1.40	2.41	2.60
Legal assistance for outstanding	1.40	2.22	2.60
warrants/fines		0.50	2.69
Help developing social network	2.33	2.53	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 Ty	pes:
--	------

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

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?	3.27	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.09	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

Community Agencies	0.4	1/114
Implementation Scale	Site Mean	VHA
1 = None , no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score**
3 = Moderate, significant steps taken but full implementation not		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	2.14	2.57
your agency meet formally to exchange information, do needs		
assessment, plan formal agreements, and promote access to		
services.		
Co-location of Services - Services from the VA and your agency	1.58	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	1.65	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	1.65	2.28
and informal agreements between the VA and your agency covering		_
such areas as collaboration, referrals, sharing client information, or		
coordinating services.		
Interagency Client Tracking Systems/ Management Information	1.00	1.60
Systems - Shared computer tracking systems that link the VA and	1.00	
your agency to promote information sharing, referrals, and client		
access.		
Pooled/Joint Funding - Combining or layering funds from the VA	1.42	1.67
and your agency to create new resources or services.	1.42	1.07
Uniform Applications, Eligibility Criteria, and Intake	1.35	1.80
Assessments – Standardized form that the client fills out only once	1.00	1.00
to apply for services at the VA and your agency.		
Interagency Service Delivery Team/ Provider Coalition - Service	1.70	2.19
team comprised of staff from the VA and your agency to assist clients	1.70	2.13
with multiple needs. Consolidation of Programs/ Agencies - Combining programs from	1.53	1.99
	1.55	1.99
the VA and your agency under one administrative structure to		
integrate service delivery.	4.00	4.00
Flexible Funding – Flexible funding used to fill gaps or acquire	1.32	1.63
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.		4.00
Use of Special Waivers - Waiving requirements for funding, eligibility	1.32	1.68
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.		
System Integration Coordinator Position - A specific staff position	1.53	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development.		

*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	Two additional residential treatment beds have been added at our contracted provider Bristlecone, bringing the total to four. A second VA Grant and Per Diem award was made to Ridge House, Inc which serves formerly incarcerated Veterans.
Long-term, permanent housing	We received 35 HUD-VA Supported Housing vouchers and have made several placements. We will receive another 35 vouchers in October. We continue to network with agencies who assist our Veterans who don't meet HUD-VA Supported Housing criteria.
Dental Care	Our VA Dental Service provides services to our VA Grant and Per Diem residents and refers some Veterans to the Health Access Washoe County (HAWC) clinic.

*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	ReStart Homeless Services provides permanent housing for seriously mentally ill, chronically homeless Veterans.
Agency #2	Bristlecone Family Resources provides transitional housing to homeless Veterans who are participating in our VA Addictive Disorder Treatment Program.
Agency #3	The HAWC Clinic (Health Access Washoe County) provides dental work to those Veterans who do not quality for services under the Homeless Veterans Dental Program (HVDP) or service-connected VA care.

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

Long-term, permanent housing	Continue to screen and place Veterans in the HUD-VASH program. Those not meeting the criteria for HUD-VASH will be referred to community providers who assist with long-term, permanent housing.
Eye care	Work with Veteran Service Organizations in making eye care available. VSOs may be willing to contact service organizations who are willing to donate, private-for-profit organizations, pro-bono services etc.
Glasses	Work with Veteran Service Organizations which are willing to work with us in meeting this need. VSOs may be able to contact private- for-profit organizations that may accept vouchers.

*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 21

Site: VAM&ROC Honolulu, HI - 459

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, nonprofit 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: 800

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: 20

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	30
Transitional Housing Beds	98	50
Permanent Housing Beds	0	140

*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: 60

Need Ranking (1=Need Unmet	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all
5= Need Met)	4.47	0.05	participants)
Personal hygiene	4.17	2.85	3.70
Food	4.24	2.93	3.85
Clothing	3.83	2.89	3.61
Emergency (immediate) shelter	4.37	2.26	3.50
Halfway house or transitional living	3.97	2.22	
facility			3.35
Long-term, permanent housing	2.97	1.93	2.64
Detoxification from substances	3.86	2.15	3.59
Treatment for substance abuse	4.44	2.73	3.78
Services for emotional or psychiatric	3.52	2.78	
problems			3.63
Treatment for dual diagnosis	3.21	2.65	3.42
Family counseling	2.90	2.62	2.99
Medical services	3.93	3.54	3.96
Women's health care	2.60	2.92	3.09
Help with medication	4.07	3.15	3.79
Drop-in center or day program	2.75	2.44	3.08
AIDS/HIV testing/counseling	3.04	3.08	3.62
TB testing	4.55	3.48	3.96
TB treatment	3.25	3.08	3.59
Hepatitis C testing	3.54	3.32	3.73
Dental care	2.57	2.31	2.90
Eye care	2.80	2.69	3.25
Glasses	2.46	2.58	3.19
VA disability/pension	2.66	3.12	3.12
Welfare payments	3.83	3.24	2.78
SSI/SSD process	2.89	3.15	2.90
Guardianship (financial)	3.24	2.72	2.75
Help managing money	3.43	2.44	3.00
Job training	3.18	2.69	2.98
Help with finding a job or getting	3.26	2.54	2.30
employment	5.20	2.04	3.12
Help getting needed documents or	3.96	2.84	0.12
identification	3.90	2.04	3.52
Help with transportation	4.17	2.63	3.28
Education	3.14	2.74	3.13
Child care	2.09	2.74	2.49
Family reconciliation assistance			
<i>,</i>	2.38	2.62	2.63
Discharge upgrade	2.67	2.20	2.91
Spiritual	3.07	3.00	3.51
Re-entry services for incarcerated	2.65	2.52	2.00
Veterans	0.00	2.50	2.80
Elder Healthcare	2.20	2.59	3.01
Credit counseling	2.96	2.44	2.77
Legal assistance for child support issues	2.32	2.44	2.60
Legal assistance for outstanding warrants/fines	2.48	2.37	2.60
wanants/iiits			2.69

**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 Ty	pes:
--	------

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

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?	3.00	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.11	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

Community Agencies	r	1
Implementation Scale	Site Mean	VHA
1 = None , no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score**
3 = Moderate, significant steps taken but full implementation not		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	2.22	2.57
your agency meet formally to exchange information, do needs		
assessment, plan formal agreements, and promote access to		
services.		
Co-location of Services - Services from the VA and your agency	1.57	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	1.57	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	1.82	2.28
and informal agreements between the VA and your agency covering		
such areas as collaboration, referrals, sharing client information, or		
coordinating services.		
Interagency Client Tracking Systems/ Management Information	1.68	1.60
Systems - Shared computer tracking systems that link the VA and		
your agency to promote information sharing, referrals, and client		
access.		
Pooled/Joint Funding - Combining or layering funds from the VA	1.36	1.67
and your agency to create new resources or services.		
Uniform Applications, Eligibility Criteria, and Intake	1.57	1.80
Assessments – Standardized form that the client fills out only once		
to apply for services at the VA and your agency.		
Interagency Service Delivery Team/ Provider Coalition - Service	1.82	2.19
team comprised of staff from the VA and your agency to assist clients		
with multiple needs.		
Consolidation of Programs/ Agencies - Combining programs from	1.86	1.99
the VA and your agency under one administrative structure to		
integrate service delivery.		
Flexible Funding – Flexible funding used to fill gaps or acquire	1.52	1.63
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.		
Use of Special Waivers - Waiving requirements for funding, eligibility	1.43	1.68
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.		
System Integration Coordinator Position - A specific staff position	1.73	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development.		
*Scored of non-VA community agency representatives who compl	atad Dartiain	ant Cuminal

*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	HUD-VA Supported Housing program started with 35 vouchers. Two Veterans have been placed. One new VASH staff has started.
Help with finding a job or getting employment	A Department of Labor Homeless Veterans Reintegration Program grant has been awarded to a local VA Grant and Per Diem provider. This will fund a new jobs program.
*The Action Dian cor	esisted of proposed strategies the local VA program and its

*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	U.S. VETS, our local VA Grant and Per Diem provider received a Department of Labor Homeless Veterans Reintegration Program grant to provide job-training/finding related services.
Agency #2	Hawaii Public Housing Authority is a very helpful partner in helping us start our HUD-VA Supported Housing program.
Agency #3	(no agency identified)

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

Long-term, permanent housing	We received and are utilizing 70 HUD-VASH vouchers
Treatment for substance abuse	Contact residential treatment program.
VA disability/pension	Veterans Benefits Organization representative is on our homeless Veterans team.

*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 21

Site: VAMC San Francisco, CA - 662

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, nonprofit 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: 2,532

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	0	100
Transitional Housing Beds	144	75
Permanent Housing Beds	205	375

*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: 99

Need Ranking (1=Need Unmet	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all
5= Need Met)			participants)
Personal hygiene	4.16	2.50	3.70
Food	4.35	3.00	3.85
Clothing	3.82	2.75	3.61
Emergency (immediate) shelter	4.17	2.33	3.50
Halfway house or transitional living	4.50	3.40	0.00
facility		0.10	3.35
Long-term, permanent housing	2.88	1.50	2.64
Detoxification from substances	4.22	3.50	3.59
Treatment for substance abuse	4.50	3.75	3.78
Services for emotional or psychiatric	4.07	3.00	
problems	1.07	0.00	3.63
Treatment for dual diagnosis	3.73	3.00	3.42
Family counseling	3.13	2.33	2.99
Medical services	4.35	4.25	3.96
Women's health care	2.95	3.25	3.09
Help with medication	4.24	3.25	3.79
Drop-in center or day program	3.84	2.80	3.08
AIDS/HIV testing/counseling	3.80	4.33	3.62
TB testing	4.43	4.33	3.96
TB treatment	3.87	4.33	3.59
Hepatitis C testing	4.26	4.33	3.73
Dental care	3.34	3.25	2.90
Eye care	3.71	2.50	3.25
Glasses	3.55	2.50	3.19
VA disability/pension	3.28	3.50	3.12
Welfare payments	3.22	3.67	2.78
SSI/SSD process	3.48	3.50	2.90
Guardianship (financial)	3.01	3.67	2.75
Help managing money	3.41	2.75	3.00
Job training	3.46	2.50	2.98
Help with finding a job or getting	3.51	3.40	2.30
employment	3.51	3.40	3.12
Help getting needed documents or	4.17	3.50	0.12
identification	4.17	0.00	3.52
Help with transportation	3.94	2.50	3.28
Education	3.70	2.50	3.13
Child care	2.83	2.33	2.49
Family reconciliation assistance	3.03	2.00	2.63
Discharge upgrade	3.35	2.33	2.91
Spiritual	3.58	2.33	3.51
Re-entry services for incarcerated	3.08	2.33	0.01
Veterans	0.00	2.00	2.80
Elder Healthcare	3.23	3.00	3.01
Credit counseling	3.30	2.00	2.77
Legal assistance for child support issues	3.07	1.67	2.60
Legal assistance for outstanding	3.24	2.50	2.00
warrants/fines	0.24	2.00	2.69
wananto/111100	3.38	3.33	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*

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

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?	3.20	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.80	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

Community Agencies	T	
Implementation Scale	Site Mean	VHA
1 = None , no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score**
3 = Moderate, significant steps taken but full implementation not		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	2.67	2.57
your agency meet formally to exchange information, do needs		
assessment, plan formal agreements, and promote access to		
services.	L	<u> </u>
Co-location of Services - Services from the VA and your agency	2.17	1.84
provided in one location.	<u> </u>	<u> </u>
Cross-Training - Staff training about the objectives, procedures and	1.67	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	3.00	2.28
and informal agreements between the VA and your agency covering	1	
such areas as collaboration, referrals, sharing client information, or	1	
coordinating services.		
Interagency Client Tracking Systems/ Management Information	2.33	1.60
Systems - Shared computer tracking systems that link the VA and	1	
your agency to promote information sharing, referrals, and client	1	
access.	L	L
Pooled/Joint Funding - Combining or layering funds from the VA	2.00	1.67
and your agency to create new resources or services.	L	<u> </u>
Uniform Applications, Eligibility Criteria, and Intake	1.83	1.80
Assessments – Standardized form that the client fills out only once		
to apply for services at the VA and your agency.	L	
Interagency Service Delivery Team/ Provider Coalition - Service	2.00	2.19
team comprised of staff from the VA and your agency to assist clients		
with multiple needs.	<u> </u>	
Consolidation of Programs/ Agencies - Combining programs from	2.00	1.99
the VA and your agency under one administrative structure to		
integrate service delivery.		<u> </u>
Flexible Funding – Flexible funding used to fill gaps or acquire	1.33	1.63
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.	L	L
Use of Special Waivers - Waiving requirements for funding, eligibility	1.50	1.68
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	1	
allow clients access to services.	L	
System Integration Coordinator Position - A specific staff position	1.67	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development.		<u> </u>
*Scored of non-VA community agency representatives who compl	atad Dartiain	ant Company

*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*

Food	San Francisco Foodbank provides food and lists of places that provide meals.	
	We participate in an ongoing clothing drive with 12 separate federal agencies through a Federal Regional Council Faith-Based Committee workgroup.	
Glasses	Informal agreements have been arranged with LensCrafters' "Gift of Sight" program. We endourage participation in Project Homeless Connect, our Stand Down, and any other project/activity where Veterans can obtain glasses.	

*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	Our local Federal Regional Council (FRC) helps us with clothing drives
Agency #2	LensCrafters' "Gift of Sight" program provides glasses to our homeless Veterans.
Agency #3	San Francisco Foodbank provides food and lists of places that provide meals.

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

Long-term, permanent housing	Continue to utilize HUD-VASH vouchers and advocate for more vouchers.
Emergency (immediate) shelter	City of San Francisco closed 100-200 shelter beds recently. As part of the local HUD Continuum of Care, we will advocate through the community process to restore the number of shelter beds to the previous level.

*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.