

CHALENG 2010 Survey Results Summary

VISN: 17

Site: VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)

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: 90

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: 7

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	25
Transitional Housing Beds	436
Permanent Housing Beds	130

*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: 93.
Number of provider (VA and non-VA) participants: 37.)

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.)	3.96	3.29	3.74
Food	4.17	3.74	3.86
Clothing	3.55	3.58	3.62
Emergency (immediate) shelter	3.68	3.09	3.55
Transitional living facility or halfway house	2.96	2.85	3.45
Long-term, permanent housing	2.58	2.51	2.90
Detoxification from substances	3.75	2.91	3.69
Treatment for substance abuse	3.92	3.27	3.84
Services for emotional or psychiatric problems	3.81	3.31	3.71
Treatment for dual diagnosis	3.55	3.13	3.51
Family counseling	2.85	3.06	3.11
Medical services	4.09	3.82	4.04
Women's health care	3.19	3.21	3.17
Help with medication	4.02	3.65	3.87
Drop-in center or day program	3.18	2.82	3.15
AIDS/HIV testing/counseling	3.82	3.34	3.63
TB testing and Treatment	4.06	3.55	3.90
Legal assistance to help restore a driver's license	2.45	2.69	2.87
Hepatitis C testing	3.79	3.24	3.70
Dental care	2.67	2.53	2.91
Eye care	3.34	2.76	3.38
Glasses	3.24	2.76	3.35
VA disability/pension	2.99	3.64	3.14
Welfare payments	2.36	3.23	2.80
SSI/SSD process	2.90	3.18	2.95
Guardianship (financial)	2.93	2.84	2.84
Help managing money	3.41	2.56	3.13
Job training	2.59	2.88	2.96
Help with finding a job or getting employment	2.82	2.89	3.02
Help getting needed documents or identification	3.65	3.28	3.50
Help with transportation	3.60	2.76	3.31
Education	3.30	2.74	3.19
Child care	2.61	2.28	2.64
Family reconciliation assistance	2.70	2.27	2.73
Discharge upgrade	2.77	2.71	2.96
Spiritual	3.44	3.45	3.55
Re-entry services for incarcerated veterans	2.69	2.54	2.94
Elder health care	2.99	3.00	3.11
Credit counseling	2.72	2.73	2.85
Legal assistance for child support issues	2.59	2.33	2.70
Legal assistance for outstanding warrants/fines	2.50	2.14	2.75
Help developing social network	3.17	2.62	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?	3.48	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.41	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.	2.36	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.64	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.88	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.	2.12	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.	1.64	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.23	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.	1.73	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.	2.09	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.85	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.	1.30	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.	1.61	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.	1.64	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	New VASH vouchers added for Temple (25), Waco (35), and Austin (50).
VA disability/pension	Referrals are ongoing to VA Regional Office for assistance. VARO has been instrumental in expediting claims for homeless Veterans.
Transitional living facility or halfway house	An organization applied for VA Grant and Per Diem funding but was not selected. An HCHV (Health Care for Homeless Veterans) Contract Statement of Work for residential contract treatment was announced three times but no bids were received.

***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

Legal assistance for outstanding warrants/fines	A Veterans Court has been established in Travis County (Austin). Also, meetings are in progress to establish a Veteran's Court in Bell County. A free legal clinic has been set up with the Austin Bar Association and served 308 Veterans in one three-month period.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	Waco and Temple: Announce solicitation for Health Care for Homeless Veterans contract for emergency shelter (immediate).
Transitional living facility or halfway house	Temple: Advocate for more homeless pilot project beds from Domiciliary if staffing is sufficient to provide ongoing case management. HCHV to contract for transitional housing.
Help with finding a job or getting employment	Austin: It is anticipated that the Homeless Veterans Supportive Employment Program (HVSEP) staff will be a tremendous asset . Current staffing does not allow for additional in-depth support in employment assistance which is very much needed. Waco: Request additional staff to assist with help finding a job or getting employment. Increase networking with community agencies for job assistance to increase opportunities and education to homeless Veterans.

***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: 17

Site: VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)

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: 61

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: unknown.

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	321
Permanent Housing Beds	467

*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: 553. Number of provider (VA and non-VA) participants: 225.)

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.)	4.10	3.42	3.74
Food	4.07	3.63	3.86
Clothing	3.73	3.42	3.62
Emergency (immediate) shelter	3.78	3.11	3.55
Transitional living facility or halfway house	3.53	2.95	3.45
Long-term, permanent housing	2.90	2.89	2.90
Detoxification from substances	3.86	3.31	3.69
Treatment for substance abuse	4.12	3.41	3.84
Services for emotional or psychiatric problems	3.83	3.55	3.71
Treatment for dual diagnosis	3.71	3.44	3.51
Family counseling	3.14	2.97	3.11
Medical services	4.21	3.94	4.04
Women's health care	3.09	3.40	3.17
Help with medication	4.13	3.62	3.87
Drop-in center or day program	3.06	2.95	3.15
AIDS/HIV testing/counseling	3.73	3.65	3.63
TB testing and Treatment	4.16	3.81	3.90
Legal assistance to help restore a driver's license	3.07	2.73	2.87
Hepatitis C testing	3.79	3.60	3.70
Dental care	3.24	2.72	2.91
Eye care	3.54	2.95	3.38
Glasses	3.53	2.89	3.35
VA disability/pension	3.06	3.40	3.14
Welfare payments	2.54	2.83	2.80
SSI/SSD process	2.72	3.03	2.95
Guardianship (financial)	2.63	2.78	2.84
Help managing money	3.29	2.86	3.13
Job training	2.84	2.97	2.96
Help with finding a job or getting employment	2.82	2.99	3.02
Help getting needed documents or identification	3.62	3.08	3.50
Help with transportation	3.30	2.94	3.31
Education	3.14	2.98	3.19
Child care	2.56	2.36	2.64
Family reconciliation assistance	2.70	2.44	2.73
Discharge upgrade	2.86	2.94	2.96
Spiritual	3.79	3.38	3.55
Re-entry services for incarcerated veterans	2.80	2.84	2.94
Elder health care	3.15	3.07	3.11
Credit counseling	3.18	2.84	2.85
Legal assistance for child support issues	2.64	2.58	2.70
Legal assistance for outstanding warrants/fines	2.93	2.69	2.75
Help developing social network	3.22	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?	3.36	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.26	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.	2.22	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.84	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.79	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.	2.05	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.	1.61	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.62	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.	1.59	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.	2.02	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.94	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.	1.60	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.	1.65	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.	1.73	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	We did acquire an additional 105 vouchers for Fort Worth and another 105 for Dallas. We also continue to partner with community agencies which are funded by HUD for Veteran-specific Permanent Supportive Housing (PSH) beds (Housing Crisis Center's Veteran Housing Partnership added 20 PSH beds). Additional community resources have also helped to increase PSH beds available through the HUD Homeless Prevention and Rapid Re-housing Program (HPRP) and funds from the state's Veteran's Rental Assistance (VRA) program. We also continue to expand our Peer Housing Locator Assistance Group (PHLAG) which utilizes a peer recovery support model to help Veterans find permanent housing.
Emergency (immediate) shelter	We now have a short-term housing placement with 30 contract beds.
Help with finding a job or getting employment	We expanded partnerships with local employment assistance agencies. We have also increased vocational rehabilitation classes in our VA Compensated Work Therapy Program, and increased work opportunities through our Transitional Work Experience (TWE) Program.

*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	Our Peer Housing Locator Assistance Group (PHLAG) has proven very successful for Veterans who face significant barriers in finding and getting into permanent housing. PHLAG participants receive support from other peers who have been through its services and "give-back" to others what lessons and resources they have acquired. A VA social worker and the peer support technician liaison this peer-based project and help Veterans keep on track with their personal goals. The program has served 168 veterans with 51 veterans successfully finding housing in the community already this year. The Program is highly valued by our Veterans. Many "graduates" continue to participate and volunteer
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Plan to continue to maximize use of current VASH vouchers and request additional vouchers for Dallas and Ft. Worth. Continue to support community efforts of expanding public supported housing with HUD funding and state funding for Veterans rental assistance programs. We will also continue to work with VA Asset Land Management in identifying property for development of housing.
Help with finding a job or getting employment	We will continue supporting community efforts to expand local resources through funding initiatives thru Federal, State, and private funding opportunities. Will continue partnering with community agencies to support Veterans' employment assistance: Texas Veterans' Commission, American GI Forum, Texas Workforce Commission, Urban League, Citizen's Development Center, Texas Department of Assistive and Rehabilitative Services. Will also continue to partner with Veterans Benefits Administration Vocational Rehabilitation, and VA Supportive Employment, Comprehensive Work Therapy Programs, and Homeless Domiciliary's job readiness preparation. We will host a community-wide job fair for homeless Veterans to bring employers who are prepared to hire our Veterans to increase opportunities for our Veterans. We will work to expand vocational rehabilitation services by hiring additional specialists.
Emergency (immediate) shelter	We will continue to utilize partnerships with local shelters. We will advocate for additional contract funding in FY 2011 for emergency shelter beds.

*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: 17

Site: VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)

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: 4

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	0
Permanent Housing Beds	25

*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: 23.
Number of provider (VA and non-VA) participants: 24.)

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	3.05	3.74
Food	4.36	3.64	3.86
Clothing	3.95	3.23	3.62
Emergency (immediate) shelter	4.13	2.68	3.55
Transitional living facility or halfway house	3.35	2.50	3.45
Long-term, permanent housing	3.00	2.36	2.90
Detoxification from substances	3.77	3.00	3.69
Treatment for substance abuse	3.95	3.09	3.84
Services for emotional or psychiatric problems	3.90	3.09	3.71
Treatment for dual diagnosis	3.71	3.05	3.51
Family counseling	3.15	2.95	3.11
Medical services	4.05	3.48	4.04
Women's health care	3.50	3.05	3.17
Help with medication	4.14	3.41	3.87
Drop-in center or day program	3.05	2.57	3.15
AIDS/HIV testing/counseling	3.43	3.45	3.63
TB testing and Treatment	3.86	3.27	3.90
Legal assistance to help restore a driver's license	2.43	2.19	2.87
Hepatitis C testing	3.81	3.09	3.70
Dental care	2.50	2.09	2.91
Eye care	2.95	2.68	3.38
Glasses	3.00	2.67	3.35
VA disability/pension	2.85	3.40	3.14
Welfare payments	2.61	2.95	2.80
SSI/SSD process	3.25	2.95	2.95
Guardianship (financial)	3.06	2.62	2.84
Help managing money	3.62	2.67	3.13
Job training	2.55	2.95	2.96
Help with finding a job or getting employment	2.57	3.14	3.02
Help getting needed documents or identification	3.62	2.62	3.50
Help with transportation	3.05	2.41	3.31
Education	3.00	3.00	3.19
Child care	3.05	2.60	2.64
Family reconciliation assistance	2.95	2.50	2.73
Discharge upgrade	3.00	2.74	2.96
Spiritual	3.76	2.70	3.55
Re-entry services for incarcerated veterans	3.26	2.85	2.94
Elder health care	3.15	2.70	3.11
Credit counseling	2.95	2.70	2.85
Legal assistance for child support issues	2.95	2.55	2.70
Legal assistance for outstanding warrants/fines	2.68	2.30	2.75
Help developing social network	3.10	2.70	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?	2.88	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.25	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.	2.40	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.36	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.43	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.	1.79	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.	1.07	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.29	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.	1.57	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.	1.93	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.79	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.	1.50	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.	1.43	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	We received HUD-VASH vouchers for both Harlingen and Corpus Christi (25 in each area). The vouchers have begun to be issued even before dedicated VASH staffing has been added in order to meet existing demand and need.
Emergency (immediate) shelter	We have partially addressed the need for emergency housing met with HPRP (HUD Homeless Prevention and Rapid Re-housing Program) funds that assist homeless and those at risk of homelessness. Many shelter programs now require payment for additional nights beyond a certain length of stay. This requirement causes barriers for those already struggling. An additional goal would be to find funding for extended stays.
Transitional living facility or halfway house	There is still a need to develop transitional housing. Individuals who have expressed an interest in starting a homeless program were provided with information on available VA funding. We will continue to encourage them to apply and offer assistance as needed.

*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 HUD-VASH vouchers have been approved in Corpus Christi. The Harlingen Housing Authority was also awarded 25 HUD-VASH vouchers. For FY 2011, two HUD- VASH social workers will be hired and begin placing eligible Veterans. An additional 25 vouchers will be needed to extend the HUD-VASH program to the McAllen area and beyond.
Transitional living facility or halfway house	Presently, there are two contracted transitional living programs in Corpus Christi. There are no other programs in the rest of the Valley Coastal Bend area dedicated to Veterans. In the Harlingen area, people who are homeless, including Veterans, are allowed to stay at local shelters for a period of 30 days. Efforts will be made to develop contracts with the shelters to provide dedicated transitional housing for Veterans. Currently, there is one agency (Loaves and Fishes) in Harlingen which has expressed interest in obtaining VA Grant and Per Diem funding or a Health Care for Homeless Veterans contract.
Dental care	As of October 1, 2010 when VA Valley Costal Bend was created, there is not an existing dental provider to see eligible Veterans under the Homeless Veteran Dental Program.. Either a dental provider will need to be identified with this responsibility or the dental benefit can be provided via fee basis voucher. There is a provider within the VA at Harlingen who has expressed interest and this will be pursued and solidified for FY 2011.

***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: 17

Site: VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)

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: 22

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	92
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: 64.
Number of provider (VA and non-VA) participants: 61.)

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.)	3.75	3.32	3.74
Food	3.74	3.49	3.86
Clothing	3.49	3.32	3.62
Emergency (immediate) shelter	3.59	3.40	3.55
Transitional living facility or halfway house	3.93	3.32	3.45
Long-term, permanent housing	2.85	3.15	2.90
Detoxification from substances	3.63	3.28	3.69
Treatment for substance abuse	3.89	3.42	3.84
Services for emotional or psychiatric problems	3.76	3.65	3.71
Treatment for dual diagnosis	3.42	3.54	3.51
Family counseling	3.27	2.95	3.11
Medical services	4.09	3.87	4.04
Women's health care	3.00	3.39	3.17
Help with medication	3.93	3.42	3.87
Drop-in center or day program	2.70	2.82	3.15
AIDS/HIV testing/counseling	3.83	3.63	3.63
TB testing and Treatment	3.96	3.73	3.90
Legal assistance to help restore a driver's license	2.84	2.56	2.87
Hepatitis C testing	3.93	3.68	3.70
Dental care	2.39	2.78	2.91
Eye care	3.07	2.93	3.38
Glasses	3.08	2.85	3.35
VA disability/pension	2.86	3.46	3.14
Welfare payments	2.92	3.02	2.80
SSI/SSD process	2.96	3.00	2.95
Guardianship (financial)	2.96	2.95	2.84
Help managing money	3.06	2.97	3.13
Job training	3.00	3.13	2.96
Help with finding a job or getting employment	3.38	3.10	3.02
Help getting needed documents or identification	3.81	3.03	3.50
Help with transportation	3.32	2.70	3.31
Education	3.30	3.18	3.19
Child care	2.62	2.35	2.64
Family reconciliation assistance	2.60	2.63	2.73
Discharge upgrade	3.10	2.92	2.96
Spiritual	3.74	3.18	3.55
Re-entry services for incarcerated veterans	2.98	3.14	2.94
Elder health care	3.25	3.41	3.11
Credit counseling	2.73	2.68	2.85
Legal assistance for child support issues	2.63	2.58	2.70
Legal assistance for outstanding warrants/fines	2.67	2.76	2.75
Help developing social network	2.69	3.02	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?	3.50	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.38	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.	2.09	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.68	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.82	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.	2.36	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.	2.09	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.82	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.	2.05	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.	2.14	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.36	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.	1.77	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.	1.59	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.	1.91	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	We were awarded 70 vouchers for HUD-VASH in 2009, and an additional 100 vouchers in July 2010.
Re-entry services for incarcerated Veterans	We hired a social worker and psychologist for our local Veteran Justice Outreach (VJO) program.
Transitional living facility or halfway house	American GI Forum added 30 Single Room Occupancy (SRO) units in November 2009.

*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*

Re-entry services for incarcerated Veterans	There is a need for a Veterans municipal court in San Antonio. We have been working with the local county court officers, probation staff, and VA leadership to initiate such a court. The goal is to begin October 2010.
Legal assistance for child support issues	The Office of Attorney General (OAG) for the state of Texas is addressing child support issues for Veterans. The OAG is collaborating with the VA to modify child support agreements, facilitate modifications of child support agreements in order to obviate Veteran incarceration.
Transitional living facility or halfway house	We were awarded 20 contract beds for San Antonio. Plans are to have the beds operational by November 2010.

*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.