

THE SEVENTEENTH ANNUAL PROGRESS REPORT

**COMMUNITY HOMELESSNESS ASSESSMENT,
LOCAL EDUCATION AND NETWORKING
GROUP (CHALENG) FOR VETERANS
FISCAL YEAR (FY) 2010**

**SERVICES FOR HOMELESS VETERANS
ASSESSMENT AND COORDINATION**

July 5, 2011

John H. Kuhn, LCSW, MPH, National Director, Homeless Evaluation, National Center on Homelessness Among Veterans

John Nakashima, Ph.D., MSW, Program Analyst, Community Care, VA Greater Los Angeles Healthcare System, Los Angeles, CA

ACKNOWLEDGEMENTS

The CHALENG for Veterans project continues to be successful because of the work done by each of the CHALENG points of contact (POC) who are listed in Appendix 8. The dedication of Department of Veterans Affairs (VA) staff and their community counterparts often makes the difference between life and death for the homeless Veterans found on our city streets and country back roads. Too often their tireless efforts to improve the lives of our Veterans go unrecognized and unappreciated. To each of these marvelous, caring, gentle, and hard-working people, we say THANK YOU!

We would like to thank Lisa M. Pape, National Director, Veterans Health Administration (VHA) Homeless Programs, and Vince Kane, Director of the National Center on Homelessness Among Veterans, for their assistance in the preparation of this report, and their leadership in addressing the health care needs of homeless Veterans. We would also like to thank Dr. Susan Angell, Executive Director of the Homeless Veterans Initiative Office, Office of Public and Intergovernmental Affairs, for her dedication to the care of our Nation's homeless Veterans. Their support, feedback, and guidance on Project CHALENG are immeasurable.

We would like to also thank Wes Kaspro, Project Director of the Northeast Program Evaluation Center at the VA Connecticut Healthcare System, West Haven, Connecticut, who provided valuable consultation to the CHALENG process. Aiki Atkinson, Research Assistant, scanned and proofed almost 20,000 CHALENG Participant Surveys for this report. Chelsea Watson, Deputy Director of VA's Homeless Providers Grant and Per Diem Program, provided technical assistance in the creation and maintenance of the CHALENG Web site, which posts the most recent CHALENG report. Rhonda Simmons, Administrative Assistant for Project CHALENG, provided immeasurable support to the coordinator and to the entire CHALENG process. Thanks to all of these people who make this process work so well.

John Kuhn
John Nakashima

March 17, 2011

TABLE OF CONTENTS

Executive Summary	1
I. Introduction	4
II. Data Collection for the Annual CHALENG Survey	5
Table 1. CHALENG Community Provider Respondent Function, FY 2010....	7
Table 2. VA Providers (staff), FY 2010.....	7
Table 3. Years of Community Provider Involvement in CHALENG, FY 2010..	8
Table 4. Consumer (homeless and formerly homeless Veterans) Status.....	8
III. Identified Needs of Overall Homeless Population	8
IV. Results of CHALENG Needs Survey – Identified Needs of Homeless Veterans	10
Table 5. Met and Unmet Needs of Homeless Veterans (all individuals who completed 2009, 2010 CHALENG Participant Surveys).....	12
Table 6. Top Ten Highest Unmet Needs Identified by Consumers, FY 2008 - FY 2010.....	13
Table 7. Top Ten Highest Unmet Needs Identified by VA and Community Providers, FY 2008 – FY 2010.....	13
Table 8. Top Ten Highest Unmet Needs Identified by Homeless Status of Consumers.....	17
Table 9. Top Ten Highest Met Needs Identified by Consumers, FY 2008 - FY 2010.....	19
Table 10. Top Ten Highest Met Needs Identified by Homeless Status of Consumers.....	20
Table 11. Top Ten Highest Met Needs Identified by VA and Community Providers, FY 2008 – FY 2010.....	20
V. Estimate of Homelessness among Veterans	22
VI. Assessment of VA and Community Collaborative Efforts	23
Table 12. Community Agency Participants’ Ratings of Partnership Integration, FY 2009 and FY 2010.....	25
Table 13. Community Agency Participants’ Ratings of Partnership Implementation in the CHALENG Participant Survey, FY 2009 and FY 2010.....	25
Table 14. Interagency Collaborative Agreements and Outreach Sites for FY 2010.....	27
Table 15. Subjects of Interagency Collaborative Agreements, FY 2010.....	28

VII. Planning	29
Figure 1. Top FY 2010 Needs Selected for Point of Contacts to Address.....	29
Figure 2. Outcomes for Top Ten Action Plan Topics with Percentages of POC Sites that were Successful.....	30
Table 16. Successful Outcomes for Action Plans Addressing Permanent Housing.....	31
Figure 3. Needs Selected for 2010 Action Plans.....	32
VIII. Summary: Implications for Engagement and Service Delivery	34
References	36

Appendices

- Appendix 1: 2010 CHALENG Needs Score by VA Facility – Consumer (Homeless Veteran) Assessment
- Appendix 2: 2010 CHALENG Needs Score by VA Facility – Combined Community and VA Representatives Assessment
- Appendix 3: 2010 CHALENG Needs Score by Network – All Participants
- Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility – Community Representatives Assessment
- Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans Addressing Homeless Veterans Needs
- Appendix 6: Best Practice Examples from FY 2010
- Appendix 7: Points of Contact by VISN
- Appendix 8: Consumer and Participant Survey Forms

Fiscal Year (FY) 2010 Community Homelessness Assessment, Local Education and Networking Groups for Veterans (CHALENG) Report

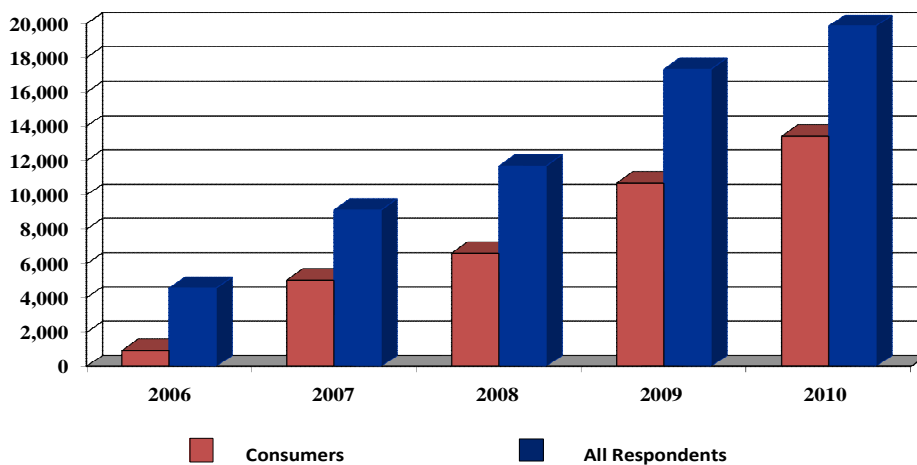
Executive Summary

The first objective of the Federal Strategic Plan to Prevent and End Homelessness is to “Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness (U.S. Interagency Council on Homelessness, 2010, page 26).”

Since 1993, the Department of Veterans Affairs (VA) has collaborated with local communities across the United States on Project CHALENG for Veterans. The vision of CHALENG is to bring together homeless and formerly homeless Veterans (referred to in this report as “consumers”), providers, advocates, local officials, and other concerned citizens (annual participation of “all respondents” in graph below) to identify the needs of homeless Veterans and then work to meet those needs through planning and cooperative action.

As in previous years, data collected during the FY 2010 CHALENG process are from questionnaires completed by respondents that include VA staff, community providers, and homeless Veterans. Four years ago, CHALENG introduced a consumer-specific survey. This effort is designed to empower Veteran consumers as active participants in the design and delivery of homeless services. By making consumers active partners, clinicians are more likely to successfully engage them in care (Beck, 2010). Consumer involvement is consistent with VA’s recovery-oriented approach to delivering mental health services. Project CHALENG represents the only national effort to catalog the needs of homeless Veterans by using consumer input. Since the introduction of the consumer survey for FY 2007, participation in CHALENG has increased significantly.

CHALENG Participation Rates



- *CHALENG homeless Veteran participation was excellent.*
 - 19,847 people participated in the 2010 CHALENG process, a 20-percent increase from 2009. Over two thirds (68 percent) of the 2010 participants (n=13,432) were consumers. Consumer involvement increased 26 percent from 2009.

- *Demand for family services increases.*
 - POC sites reported seeing a total of 4,383 homeless Veteran families. This was an 86-percent increase over the 2,368 homeless Veterans' families seen in FY 2009. This change may reflect the impact of the Department of Housing and Urban Development – VA Supported Housing (HUD-VASH) expansion where VA staff work with Veterans and their families; 14 percent of the Veterans placed in HUD-VASH have children. Homeless Veterans who served in Iraq and Afghanistan are more likely to have family or children that also require assistance.
 - Consumers surveyed for this report rate three of the top four unmet needs as a family related concern: child care, legal assistance for child support, and family reconciliation.

- *VA/Community partnerships continue to grow.*
 - At the local level, VA medical centers designate CHALENG point-of-contacts (POC) who are responsible for coordinating local CHALENG efforts. These CHALENG POCs work with local agencies throughout the year to coordinate services for homeless Veterans. In FY 2010, 92 percent of POC sites that had a nearby HUD Continuum of Care planning group participated in the local Continuum of Care planning efforts.
 - Nationwide, VA homeless programs have over 5,000 interagency collaborative agreements (formal and informal) to serve homeless Veterans: a 27-percent increase from FY 2009.
 - 3,118 outreach sites (such as shelters, soup kitchens, welfare offices, or other locations where homeless persons may be found) were accessed in FY 2010, a 29-percent increase from FY 2009.
 - About a fifth (21 percent) of sites indicated they have an on-campus housing program operated by a community partner.
 - 95 percent of sites that prioritized permanent housing in their FY 2009 action plan reported success, due mainly to the nationwide expansion of the HUD-VASH program.
 - CHALENG POC action plans for FY 2011 address priority needs such as permanent, emergency, and transitional housing; job finding; dental care; transportation; VA disability/pension; job training; food; and drop-in center or day program.

- *Consumers identification of needs vary significantly as their status changes.*
 - Although the overall consumer ranking may indicate that a particular need is a high ranking unmet need, this result can vary widely by the current homelessness status of the Veteran. For example, child care ranks as the highest unmet need overall, however Veterans in shelters or on the streets do not rank child care as a “top ten” unmet need.
 - VA’s highly integrated health care model has made medical and mental health treatment readily accessible to Veterans. Veterans rank these services as highly met needs. However, not all health care needs are ranked as being met. Veteran consumers who are literally homeless (defined in this report as sleeping in the streets, shelters, or areas unfit for human habitation) or those in permanent housing, rank dental care as the third and first highest unmet needs, respectively.
 - Overall, family and legal concerns rank as the four highest ranked unmet needs, ahead of permanent, transitional, and emergency housing.

I. Introduction

In 1993, VA launched Project CHALENG for Veterans. CHALENG is a program designed to enhance the continuum of services for homeless Veterans provided by local VA health care facilities and their surrounding community service agencies. The guiding principle behind Project CHALENG is that VA must work closely with the local community to identify needed services and then deliver the full spectrum of services required to help homeless Veterans reach their potential. Project CHALENG fosters collaborative planning by bringing VA together with community agencies and other Federal, state, and local government programs. This cooperation raises awareness of homeless Veterans' needs and spurs planning to meet those needs.

The legislation that originally guided this initiative was contained in Public Laws 102-405, 103-446, and 105-114. Additionally, the Veterans Health Administration (VHA) Handbook 1160.01, *The Uniform Mental Health Services in VA Medical Centers and Clinics* (U.S. Department of Veterans Affairs, 2008), requires, "Each VA medical center...to hold one CHALENG meeting annually with community partners to collaboratively assess the need for services to homeless Veterans." In order to meet the goals of Project CHALENG, each VA medical center must:

- Assess the needs of homeless Veterans living in the area;
- Make assessments in coordination with representatives from state and local governments, appropriate Federal departments and agencies, and non-governmental community organizations that serve the homeless population;
- Identify the needs of homeless Veterans with a focus on health care, education, training, employment, shelter, counseling, and outreach;
- Assess the extent to which homeless Veterans' needs are being met;
- Develop a list of all homeless services in the local area;
- Encourage the development of coordinated services;
- Take action to meet the needs of homeless Veterans; and
- Inform homeless Veterans of non-VA resources that are available in the community to meet their needs.

CHALENG was designed to be an ongoing assessment process that describes the needs of homeless Veterans and identifies the barriers they face to successful community re-entry. In the current report, data was compiled from 19,847 respondents including 13,432 survey responses that were completed by homeless and formerly homeless Veterans. The CHALENG process is the only ongoing comprehensive national effort to poll VA staff, community providers, and consumers about the needs of homeless Veterans. The results help VA identify specific interventions needed to effectively assist homeless Veterans. In recent years, VA initiatives addressing areas identified in CHALENG as high areas of unmet needs include the following:

- A major expansion of the HUD-VASH program has made approximately 30,000 new permanent housing vouchers and case management services available to homeless Veterans.
- A greater emphasis has been placed on family preservation. HUD-VASH allows VA staff to place Veterans and their families in affordable housing.

- The Homeless Veterans Dental Program (HVDP) has greatly expanded access to care for homeless Veterans in VA supported residential treatment or transitional housing.
- The Healthcare for Re-Entry Veterans Program (HCRV) has helped transition formerly incarcerated Veterans back into the community – playing an important role in preventing homelessness.
- The Veteran Justice Outreach Initiative (VJO) seeks to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VA mental health and substance use services when clinically indicated, and other VA services and benefits as appropriate.
- VA has worked with the Department of Health and Human Services (HHS) and the American Bar Association (ABA) to develop a pilot program that offers legal assistance to Veterans seeking to negotiate a sustainable child support payment plan*.
- The new Supportive Services for Veteran Families (SSVF) initiative has been designed to provide direct services to family members and includes support for child care services. This is the first VA program that can provide these services to non-Veterans and continue them, under certain circumstances, even in the absence of the Veteran.

The annual CHALENG report is an important source of information on homeless Veterans for policymakers. The report is also used by VA Central Office (VACO) to respond to media inquiries about homeless Veterans. As the report is posted publicly on VA's Web site, it can help to educate the general public about homelessness among Veterans.

The CHALENG process has helped build thousands of relationships with community agencies, Veterans groups, criminal justice agencies, and Federal, state, and local government. Local CHALENG meetings, where attendees complete the Participant or Consumer Survey (see Appendix 9), represent important opportunities for VA and public and private agency representatives to meet, network, and develop meaningful partnerships to better serve homeless Veterans.

Finally, as VA continues to execute its Plan to End Homelessness Among Veterans, CHALENG data will help guide policy makers in both developing program interventions and assessing the impact of the plan during its implementation.

II. Data Collection for the Annual CHALENG Survey

Annually, CHALENG conducts a national survey that solicits the opinions of various stakeholders on the needs of homeless Veterans. Most stakeholders have direct contact with homeless services as consumers, community agencies, or VA providers.

* VA collects data on Veterans' legal needs for survey and reporting purposes. Although VA does not directly provide "legal assistance" in the form of official legal representation for survey and reporting purposes, this report refers to some of these Veterans' needs as "legal assistance." Veterans in need of legal representation are referred to services and organizations that may assist them with their legal needs.

Stakeholders also include other interested parties such as local officials and advocates. These surveys use a scale that can be tabulated and ranked so that CHALENG is able to let local communities know how their community perceives a set of 42 pre-identified homeless needs. Local need scores are combined to produce a national need ranking. Local scores listed by VA facilities are listed in Appendices 1 and 2 of this report, and national need scores are summarized in Table 5.

For FY 2010, a new need category was added: Legal assistance to restore a driver's license. This addition was based on CHALENG site reports that this was becoming an important need for Veterans, especially for those attempting to secure employment and/or live in permanent housing in the community. Also, tuberculosis (TB) testing and TB treatment were merged into one category instead of remaining as two categories.

A) Questionnaires Used in Survey

This *Seventeenth Annual Progress Report of Project CHALENG* is based on data collected from two surveys.

1. The CHALENG POC Survey:

This survey, distributed to POCs only, is a self-administered questionnaire requesting information on the needs of homeless Veterans in the local service area, development of new partnerships with local agencies, and progress in creating/securing new housing and treatment for homeless Veterans.

2. The CHALENG Participant Survey:

This survey is distributed by each POC at his or her local CHALENG meeting to stakeholders: Federal, state, county, city, non-profit and for-profit agency representatives that serve the homeless in the POC's local service area; local VA medical center, Vet Center, VA Regional Office staffs; and to consumers. The self-administered survey requests information on the needs of homeless Veterans in the local service area, and rates VA and community provider collaboration. There are two versions of the CHALENG Participant Survey: one version for VA staff and community providers, officials, volunteers, and the other version is a consumer survey. The consumer version includes only those questions pertinent to Veterans who are homeless or at risk for homelessness.

B) CHALENG Survey Respondents

CHALENG POC Survey Respondents

POC survey questionnaires were mailed to all designated CHALENG POCs. Out of 139 POC sites, 139 (100 percent) were returned.

CHALENG Participant Survey Respondents

There were 19,847 respondents to the 2010 Participant Survey, a 20-percent increase from the previous year's total of 16,512 respondents. Of the 19,847 respondents, 13,432 were currently or formerly homeless Veteran consumers, 2,007 were VA staff, 4,270 were community providers/advocates (agency staff, local officials, interested individuals), and 138 were community respondents who indicated no agency affiliation. Twenty-two percent of community providers who represented an agency said their agency was "faith-based."

Consumer involvement increased from 10,701 participants in 2009 to 13,432 participants in 2010, a 26-percent increase. Community provider respondents were asked to designate their organizational titles in the survey (see Table 1). As in prior years, survey respondents represented a range of service functions from executives and policymakers to line-level service providers.

Table 1. CHALENG Community Provider Respondent Function, FY 2010.

	Community Participants (n=4,025)*
Local service agency top managers (executive directors, chief executive officers)	16%
Mid-level managers, supervisors, and advocates	33%
Clinicians and outreach workers (social workers, case managers, nurses)	30%
Elected government officials or their representatives	1%
Board members	2%
Other (financial officers, attorneys, office staff, planning staff, etc.)	18%

*245 respondents did not indicate their function.

VA representation in the Participant Survey was mainly through VA Medical Centers (see Table 2 below).

Table 2. VA Providers (staff), FY 2010.

VA Agency	VA Staff (n=2007)
VA Medical Center staff	91%
VA Regional Office staff	3%
Vet Center staff	5%
VA Other (National Cemetery Administration, Central Office and VISN staff)	1%

Community provider respondents were asked how long they had been involved in CHALENG (see Table 3). Over half (54 percent) of the participants had recently become involved in CHALENG.

Table 3. Years of Community Provider Involvement in CHALENG, FY 2010.

Time Involved in CHALENG*	Community Participants (n=3,218)*
11 years or more	4%
6-10 years	10%
1-5 years	32%
Less than 1 year	54%

*1,052 community respondents did not indicate any time involved in CHALENG and have not been included in the denominator in this table.

Consumers who participated in CHALENG came from a variety of settings (see Table 4 below). Twenty-seven percent of those surveyed were literally homeless; as many of these Veterans were contacted in initial outreach and Stand-Down events. Fifty-one percent were in a transitional housing program, such as VA’s Grant and Per Diem (GPD) Program or the VA’s Domiciliary Care for Homeless Veterans (DCHV) Program. Twenty-two percent were maintaining themselves in permanent housing.

Table 4. Consumer (homeless and formerly homeless Veterans) Status.

Where homeless Veteran CHALENG Participant was living at time of Survey	Homeless Veterans (n=11,967)*
Literally Homeless (on streets, in shelter, care)	27%
In VA DCHV	18%
In VA GPD or other Transitional housing program	33%
In Permanent Housing (including Section 8 Housing)	22%

*Does not include 1,465 consumers that indicated no housing status.

Many homeless Veteran CHALENG participants have been chronically homeless. Over half of the Veterans (56 percent) had previously been homeless for over 12 consecutive months. Nearly half (48 percent) had suffered four separate episodes of homelessness in the past 3 years.

III. Identified Needs of Overall Homeless Population

VA is taking decisive action toward its goal of ending homelessness among our Nation’s Veterans. In 2009, VA, under the leadership of Secretary Eric Shinseki, developed VA’s Plan to End Homelessness Among Veterans that will assist every eligible Veteran at risk of or experiencing homelessness. The plan includes assistance for Veterans experiencing homelessness – many of whom are living with dependents – to acquire safe housing, access to primary care and specialty mental health care, substance use disorder treatment, and support services. The plan also includes homelessness prevention services as well as enhancements for Veterans to return to employment and obtain needed benefits assistance. The goal of ending Veteran homelessness gained further Federal support in 2010 when the United States Interagency Council on Homelessness published *Opening Doors*. This comprehensive Federal plan to prevent and end homelessness articulated four central goals, one of which is to end homelessness among Veterans in 5 years.

Meeting this goal begins by assessing the scope of needs faced by homeless persons. The CHALENG report has long been a tool for VA to identify the needs of homeless Veterans. It is, however, only one of several Federally-supported efforts that have attempted to accurately identify needs so that resources can be targeted more effectively.

One of the earliest national efforts to catalog the services required to lift persons out of homelessness was the Federal Task Force on Homelessness and Severe Mental Illness that published *Outcasts on Main Street* (1992). The report stressed the importance of developing integrated systems of treatment, housing and support services that included outreach, case management, and a range of housing options. The Access to Community Care and Effective Services and Supports (ACCESS) program began in 1993 in response to the Federal Task Force's report. ACCESS demonstrated that system integration, as measured in part by interagency agreements, addressing housing, health care, outreach, and case management had a positive impact on housing incomes, mental health symptoms, drug use, days worked, and minor criminal activity for homeless persons with serious mental illnesses (Rosenheck et al., 1998).

The National Survey of Homeless Assistance Providers and Clients (NSHAPC) was the first comprehensive, national effort to estimate the numbers of homeless persons and to understand their unique characteristics (Burt et al., 1999). It found that addictions to drugs and alcohol, mental health disorders, foster care experiences, and histories of physical and sexual abuse, were far more common among homeless persons than in the general population.

Supportive housing has been found to meet not only the needs of homeless persons by reducing homelessness, criminal activity, and hospitalizations, but also to reduce overall costs (jail, hospitalization, institutionalization) associated with homelessness (Culhane et al, 2002). These findings helped spur the acceptance of supportive housing models, which are commonly employed today both in the community and within VA.

HHS's *Ending Chronic Homelessness* (U.S. Department of Health and Human Services, 2003a) and Substance Abuse and Mental Health Services Administration's (SAMHSA) *Blueprint for Change* (U.S. Department of Health and Human Services, 2003b) provides detailed analyses of the challenges facing the homeless and describes successful interventions. Echoing the findings of The Federal Task Force on Homelessness, both reports describe a range of promising evidence-based practices that include prevention services, treatment for co-occurring disorders, health care, employment, education, training needs, legal services, transportation, and supported housing placement.

The *Blueprint for Change* also emphasizes the importance of "person-centered values" that empower consumers by offering choice, dignity, and hope. These "person-centered values" include the desirability of integrating consumer goals and preferences into program design. Despite this emphasis, few broad efforts have been made to ask homeless persons themselves what they identify as critical to their success. One study that attempted to gauge consumer perception was conducted by Rosenheck and Lam (1997). They surveyed homeless persons to assess how they felt seven domains of

need ranked in importance. This general population of homeless persons ranked the seven domains as follows.

Consumer Perception of Need

1. Long-term housing
2. Mental health
3. Dental
4. Medical
5. Financial support
6. Job assistance
7. Substance abuse

Not surprisingly, long-term housing ranked as the most important need.

IV. Results of CHALENG Needs Survey – Identified Needs of Homeless Veterans

A) Introduction

In 2010, 13,432 Veterans completed the consumer survey. The findings of the consumer survey are shown in Tables 6 and 8 and reflect, in rank order, the ten highest unmet needs (of the 42 needs surveyed) identified by homeless and formerly homeless Veterans.

Compared to data from the Rosenheck and Lam study, CHALENG results have described the needs of homeless Veterans to be at variance with the needs of the general population of homeless persons. These differences can be particularly pronounced when comparing data from sub-populations of Veteran consumers (as described by Table 8). Overall, the Veteran consumers surveyed through CHALENG did not rate medical and mental health issues as high unmet needs. In fact, of 42 surveyed needs, medical ranked as the highest “met” need and services for emotional or psychiatric problems ranked as the seventh highest “met” need (see Table 9). In contrast to a Veteran specific population, Rosenheck found the general homeless population rate access to mental health care as a high “unmet” need and medical care as a moderately “unmet” need.

It is believed this variance is not caused by *want of need* for mental health or medical care. Veterans did not rank these needs as “unmet” as they had access to care. In FY 2010, VA’s specialized homeless services worked with over 116,000 Veterans. Half had a serious psychiatric illness and approximately two-thirds had substance use disorders, with 40 percent of all those served dually diagnosed. Additionally, two-thirds of all homeless Veterans seen by VA staff had a serious medical problem (U.S. Department of Veterans Affairs, 2011). Thus, despite having a high prevalence of medical, mental health, and substance use care needs, overall these Veterans did not report such needs as being the most pressing. Compared to the general homeless population, Veterans have less need for health care services, because these services are readily available from over 150 VA medical facilities located throughout the U.S., in or near all of its major cities.

Financial support is described as a less important need in the Rosenheck study. In contrast, Veteran consumers describe to CHALENG financial concerns as a high priority. Welfare payments, financial guardianship, Supplemental Security Income/Social Security Disability (SSI/SSD), and credit counseling rank first, fifth, seventh, and eighth respectively as top unmet needs (Table 6).

B) Highest Unmet Needs: Focus on the Consumer Perspective

Participant Survey respondents were asked to rate how well 42 pre-identified homeless Veteran service needs were met in their community, using a five-point scale ranging from “Not Met” (1) to “Met” (5). Table 5 shows the results for the entire sample of respondents for 2010 (n=19,847). Tables 6 and 8 show the top ten highest unmet needs for consumers (Veterans) and Table 7 for providers.

Table 5. Met and Unmet Needs of Homeless Veterans (All individuals who completed 2009 and 2010 CHALENG Participant Surveys).

Need of Homeless Veterans		Average Score 2010 (n=19,847)	Average Score 2009 (n=16,512)	2009 Rank	Need is <u>met</u> = score of 5
1	Medical services	4.04	3.98	2	↑ ↓
2	TB testing and Treatment	3.90	4.00	1	
3	Help with medication	3.87	3.84	4	
4	Food	3.86	3.82	6	
5	Treatment for substance abuse	3.84	3.86	3	
6	Personal hygiene (shower, haircut, etc.)	3.74	3.70	7	
7	Services for emotional or psychiatric problems	3.71	3.69	9	
8	Hepatitis C testing	3.70	3.82	5	
9	Detoxification from substances	3.69	3.68	10	
10	AIDS/HIV testing/counseling	3.63	3.68	11	
11	Clothing	3.62	3.54	13	
12	Emergency (immediate) shelter	3.55	3.50	14	
13	Spiritual	3.55	3.56	12	
14	Treatment for dual diagnosis	3.51	3.49	15	
15	Help getting needed documents or identification	3.50	3.49	16	
16	Transitional living facility or halfway house	3.45	3.39	17	
17	Eye care	3.38	3.32	18	
18	Glasses	3.35	3.26	19	
19	Help with transportation	3.31	3.24	20	
20	Education	3.19	3.15	24	
21	Women's health care	3.17	3.24	21	
22	Drop-in center or day program	3.15	3.17	22	
23	VA disability/pension	3.14	3.10	28	
24	Help developing social network	3.14	3.14	25	
25	Help managing money	3.13	3.11	27	
26	Family counseling	3.11	3.11	26	
27	Elder health care	3.11	3.15	23	
28	Help with finding a job or getting employment	3.02	3.01	29	
29	Job training	2.96	2.95	32	
30	Discharge upgrade	2.96	3.00	30	
31	SSI/SSD process	2.95	2.92	33	
32	Re-entry services for incarcerated Veterans	2.94	2.97	31	
33	Dental care	2.91	2.88	34	
34	Long-term, permanent housing	2.90	2.77	39	
35	Legal assistance to help restore a driver's license	2.87	n/a	n/a	
36	Credit counseling	2.85	2.85	36	
37	Guardianship (financial)	2.84	2.87	35	
38	Welfare payments	2.80	2.83	37	
39	Legal assistance for outstanding warrants/fines	2.75	2.74	40	
40	Family reconciliation assistance	2.73	2.78	38	
41	Legal assistance for child support issues	2.70	2.72	41	
42	Child care	2.64	2.67	42	
	*In FY 2009, TB testing and treatment were two separate categories. Reported 2009 score is for TB testing only.				Need is <u>unmet</u> = score of 1

**Consumer and Provider (VA and Community)
Assessment of Homeless Veteran UNMET Needs**

Table 6. Top Ten Highest *Unmet* Needs Identified by Consumers, FY 2008 - 2010.

2008	2009	2010
1. Welfare payments	1. Welfare payments	1. Welfare payments
2. Child care	2. Legal assistance for child support issues	2. Child care
3. Legal assistance for child support issues	3. Long-term, permanent housing	3. Legal assistance for child support issues
4. Guardianship (financial)	4. Child care	4. Family reconciliation assistance
5. Family reconciliation assistance	5. SSI/SSD process	5. Guardianship (financial)
6. Long-term, permanent housing	6. Legal assistance for outstanding warrants/fines	6. Legal assistance for outstanding warrants/fines
7. SSI/SSD process	7. Guardianship (financial)	7. SSI/SSD process
8. Legal assistance for outstanding warrants/fines	8. Family reconciliation assistance	8. Credit Counseling
9. Credit counseling	9. Job training	9. Job Training
10. Re-entry services for incarcerated Veterans	10. VA disability/pension	10. Legal assistance to help restore a driver's license

Table 7. Top Ten Highest *Unmet* Needs Identified by VA and Community Providers, FY 2008 - 2010.

2008	2009	2010
1. Child care	1. Child care	1. Child care
2. Long-term, permanent housing	2. Legal assistance for outstanding warrants/fines	2. Legal assistance for child support issues
3. Legal assistance for outstanding warrants/fines	3. Legal assistance for child support issues	3. Legal assistance for outstanding warrants/fines
4. Legal assistance for child support issues	4. Family reconciliation assistance	4. Family reconciliation assistance
5. Family reconciliation assistance	5. Long-term, permanent housing	5. Legal assistance to help restore a driver's license
6. Dental care	6. Credit counseling	6. Credit counseling
7. Credit counseling	7. Dental care	7. Long-term, permanent housing
8. Re-entry services for incarcerated Veterans	8. Help managing money	8. Dental care
9. Help managing money	9. Re-entry services for incarcerated Veterans	9. Help managing money
10. Guardianship (financial)	10. Guardianship (financial)	10. Guardianship (financial)

For FY 2010, Table 5 indicates that child care, legal assistance for child support issues, family reconciliation assistance, legal assistance for outstanding warrants/fines, welfare payments, guardianship (financial), credit counseling, legal assistance to help restore a driver's license, long-term, permanent housing, and dental care were the ten top highest unmet needs as ranked by all respondents (i.e., consumers, VA staff, community providers).

When only examining the *consumer* perspective (Table 6), homeless Veterans who participated in CHALENG rank all of the top ten most pressing unmet needs as a family, legal, or financial concern, ahead of permanent, transitional, and emergency housing. The following sections explore those three need themes in detail.

(1) Family Needs

In 2010, Veteran consumers rated family reconciliation as the fourth highest unmet need, up from eighth in 2009 (Table 6). Child care, after 2 years of decline, has once again risen to the second highest unmet need.

Initially, these results appear to be difficult to reconcile with the known demographic profile of homeless Veterans. Many homeless Veterans do not need child care because they are older, Vietnam era or post Vietnam era Veterans. However, when the need for child care is present among younger homeless Veterans, such as those Veterans returning from Iraq and Afghanistan, it is particularly compelling and difficult to address. As a result, child care needs have consistently ranked high among unmet needs identified through CHALENG. Also, even though most homeless Veterans are non-custodial parents, they remain deeply concerned about their children's care. In many cases, these Veterans struggle with the knowledge that their absence has contributed to their children living in single-parent households, under the care of extended family, or being placed in foster care. As VA cannot provide a full range of services to children of Veterans, arranging family services is necessarily split between multiple agencies. Coordinating such care may prove difficult.

Through the recent expansion of the HUD-VASH program, thousands of Section Eight Housing Choice vouchers have become available to Veterans and their immediate families. The availability of permanent housing that accommodates families has also allowed VA to address family reconciliation, which continues to be identified as an important unmet need. VA's newly announced SSVF program will also offer services that target Veteran families. These services include child care and the direct provision of case management to non-Veteran family members.

(2) Legal Needs

In 2010, CHALENG continues to identify that legal assistance is a source of significant concern. Legal assistance for child support, outstanding warrants and fines, and for help to restore driver's licenses rank as the third, sixth, and tenth highest unmet needs respectively (Table 6). These needs can be related as some Veterans have lost their driver's licenses as a result of failing to meet child support obligations.

Currently, many homeless Veterans find that their ability to move into permanent housing is compromised by old fines, debts, and other legal judgments related to the non-payment of child support. VA homeless program staff report that it is not unusual for a homeless Veteran to face the prospect of re-incarceration for misdemeanor warrants stemming from child support in arrears. Unresolved child support debts can result in liens against bank accounts, denial of credit, inability to secure a lease, failure in background checks (commonly a part of job applications), forfeiture of driver's licenses, and ultimately re-arrest. Many of these obligations were incurred while the Veteran was homeless, in a phase of active addiction, or otherwise untreated for a serious mental illness.

For incarcerated Veterans, the growing arrearage from unpaid child support can hurt their ability to reintegrate into the community. Their debts generally grow during incarceration even though the Veteran has no income. As many as a quarter of state prison inmates, and half of all incarcerated parents have open child-support cases (Re-Entry Policy Council, 2005). The prevalence of ex-offenders among those receiving VA homeless services suggests the breadth of the problem; approximately half of all those treated in VA specialized homeless programs have been convicted of felony or misdemeanor offenses requiring them to spend time either in prison, jail, or on probation.

This burden is particularly acute among ex-offenders. The typical incarcerated parent owes \$20,000 in child support when released from prison, with payment schedules averaging \$225 to \$300 per month. Minimum wage workers have little hope of making these payments while supporting themselves. As child support payments are deducted automatically from paychecks, workers often quit once their pay is garnished, returning to the underground economy to avoid child support. For ex-offenders, participation in the underground economy often means a return to illegal activity (Turetsky, 2008). Furthermore, once participating in the underground economy, workers may make reduced or no child support payments placing their children and custodial parents at-risk (Levin et al., 2004). Hence, legal assistance around the issue of child support is one key to helping Veterans meet their obligations to society, while still having the means to avoid relapsing to homelessness.

Veterans may sometimes be unaware of their obligations. The transient nature of homelessness and fear of the legal system (avoiding court dates) may make it difficult to communicate legal judgments and even paternity determinations to the affected Veteran. Where necessary, other issues related to family relationships, such as access and visitation or domestic violence may need to be addressed.

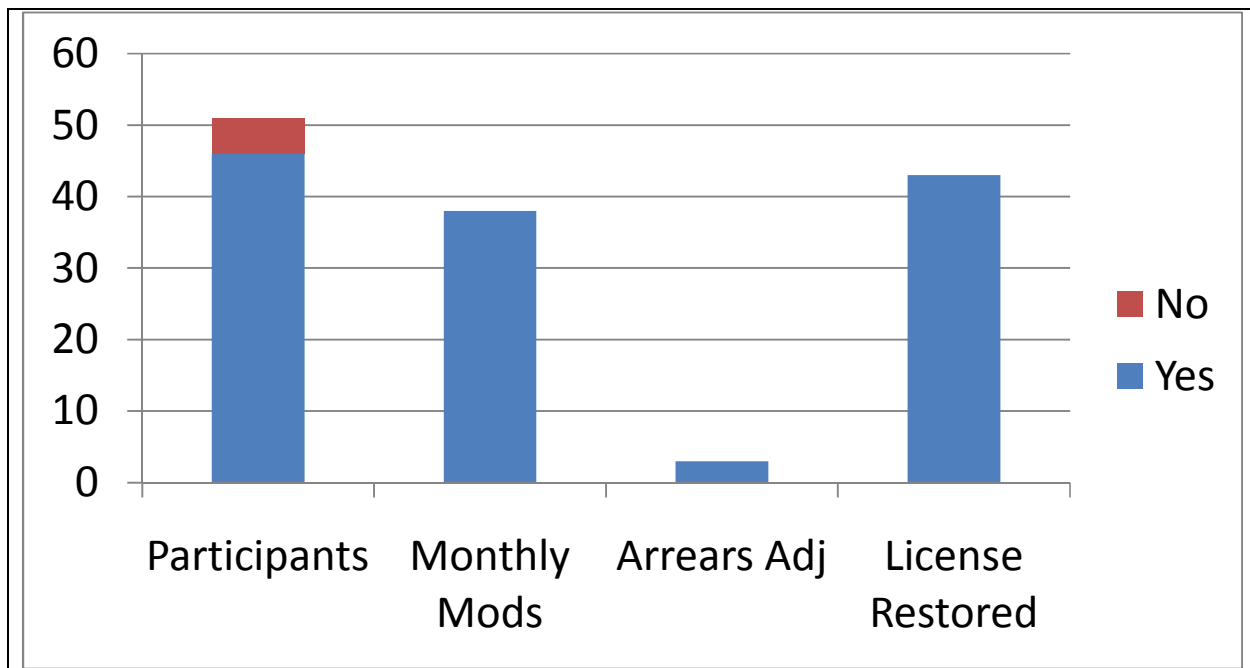
(2a) Special Section on Interagency Pilot Effort to Help Veterans Comply with Child Support Payments as a Means to Facilitate Placement Out of Homelessness

In VA's 2008 CHALENG survey, the 11,711 homeless Veterans and community providers surveyed indicated legal assistance for child support ranked as the second most pressing unmet need. Based on this finding, VA, HHS, and the ABA launched a collaborative nine-city pilot to work with homeless Veterans and their families to address unresolved child support issues. The pilot is currently taking place in Atlanta, Baltimore, Boston, Chicago, Los Angeles, Minneapolis, San Diego, Seattle, and Washington, D.C.

These locations were selected as areas where existing resources, local interest, and current state child support laws offer a reasonable prospect for successful collaboration without the requirement for additional financial support.

Early results suggest that this collaboration can help Veterans negotiate affordable child support payments and get their driver’s licenses restored – often essential for obtaining and maintaining employment. Initial results from San Diego’s pilot efforts show promise (special thanks to Veterans Village of San Diego for their efforts in this pilot). Of 51 San Diego Veteran participants, 38 had their monthly child support payments reduced to a more manageable level, 3 had their arrearage adjusted, and 43 had their driver’s license restored. Preliminary results from other pilot sites suggest that these results will be duplicated elsewhere.

San Diego Results for Child Support Pilot



(3) Financial Needs

Welfare payments, guardianship (financial), SSI/SSD, credit counseling, and job training form a cluster of financial needs assessed by CHALENG that consumers rank first, fifth, seventh, eighth, and ninth among unmet needs, respectively (Table 6). Recent literature supports the need for increased and better management of financial resources.

In 2008, the national average monthly rent of a studio/efficiency apartment was \$663, and a modest one-bedroom unit was \$749 (O’Hara et al., 2009). These rents are beyond the means of a disabled person whose primary source of income is SSI or a VA pension. The continuing gap between entitlement income and rental costs means that subsidized housing and vocational training will continue to play an important function in keeping Veterans out of homelessness. The growing challenges of re-entering the

workforce where unemployment is near nine percent (rates are higher for minorities who are disproportionately represented among homeless Veterans), has contributed to job training being cited as an important unmet need.

More Perspectives: Homeless Veteran Highest Unmet Needs by Housing Situation

In Section IV, we claimed that a homeless Veteran’s perception of an unmet need may depend on the Veteran’s homelessness status. To explore this possibility, we examined the highest unmet needs for three different consumer groups: (1) Veterans who were literally homeless (on the streets, shelters, or environments not meant for human habitation); (2) Veterans in a transitional housing or residential rehabilitation program (VA DCHV or GPD Program); and (3) Veterans in permanent housing (including HUD-VASH). See Table 8 below.

Table 8. Top Ten Highest *Unmet* Needs Identified by Homeless Status of Consumer,* FY 2010

Veterans Literally Homeless <small>(shelter, street, or environment unfit habitation)</small> (n=3,184)	Veterans in Transitional Housing <small>(VA Grant and Per Diem and Domiciliary)</small> (n=6,111)	Veterans in Permanent Housing <small>(including HUD-VASH)</small> (n=2,672)
<ol style="list-style-type: none"> 1. Long-term, permanent housing 2. Welfare payments 3. Dental Care 4. Guardianship (financial) 5. Legal assistance for child support issues 6. Job training 7. Legal assistance for outstanding warrants/fines 8. SSI/SSD process 9. Family reconciliation assistance 10. Job finding 	<ol style="list-style-type: none"> 1. Welfare payments 2. Child care 3. Legal assistance for child support issues 4. Family reconciliation assistance 5. Guardianship (financial) 6. SSI/SSD process 7. Long-term, permanent housing 8. Legal assistance for outstanding warrants/fines 9. Discharge upgrade 10. Women’s health care 	<ol style="list-style-type: none"> 1. Dental care 2. Legal assistance for child support issues 3. Welfare payments 4. Child care 5. Legal assistance for outstanding warrants/fines 6. Family reconciliation assistance 7. Credit counseling 8. Re-entry services for incarcerated Veterans 9. Legal assistance to help restore a driver’s license 10. Job training

*Does not include 1,465 consumers that indicated no housing status.

In our examination of data last year (see 16th Annual CHALENG report, 2010), it appeared that consumers’ perspective of need varied by homelessness status with a progression from more immediate needs for literally homeless Veterans (such as housing and cash assistance) to more complex interpersonal needs for permanently housed Veterans that include legal, family care, and employment.

This year, there seemed to be more continuity in needs. All groups reported four needs that made the top ten of all three groups: welfare payments, legal assistance for child

support issues, and legal assistance for outstanding warrants/fines, and family reconciliation assistance.

Still, there were some notable needs correlated to the homelessness status of Veteran consumers that are more situational and appear to be dependent on available VA resources:

- Dental care is a high unmet need for the literally homeless and those in permanent housing (third and first, respectively), but it does not appear in the top ten for those in transitional housing. VA offers a more comprehensive range of dental benefits to those in VA GPD transitional housing and VA residential care. Where dental care is not readily available, it is a high unmet need.
- Permanent housing, not surprisingly, is a top unmet need for the “literally” homeless Veteran. This is the Veteran consumer who is found in the streets, emergency shelter, or other environments unfit for human habitation (defined here as literally homeless). For homeless Veterans, in transitional housing, permanent housing falls to the seventh highest unmet need, and falls off the top 10 for those in permanent housing.
- Guardianship and SSI/SSD only appear in the top ten list of needs for those who are literally homeless or in transitional housing. For those who are disabled and in need of such assistance, it is likely these issues are resolved prior to moving into permanent housing (otherwise permanent housing would likely not be affordable).
- Uniquely, highly ranked unmet consumer needs for those in permanent housing include credit counseling, legal assistance to restore driver’s licenses, and job training. All of these needs may be more commonly associated with the needs of those working to maintain themselves independently in the community.

C) Highest Met Needs: Treatment Services

Among the ten *highest met* needs as rated by all CHALENG respondents were medical services, TB testing and treatment, help with medication, food, substance abuse treatment, personal hygiene, services for emotional or psychiatric problems, Hepatitis C testing, detoxification from substances, and AIDS/HIV testing and counseling (Table 5). Most of these health-related needs are routinely offered by VA medical centers or their homeless programs.

These met needs represent a notable achievement as both consumers and providers consistently score this group of health care issues among the highest met needs. As the community has struggled to provide these services to non-Veterans (see section III, “Identified Needs of Overall Homeless Population”), it seems reasonable to conclude that access to VA’s integrated system of health and mental health care has been successful at delivering these critical services. Deferring care or sending a Veteran back to the street is considered unacceptable by VHA, which has adopted standards that spell out the requirement that services must be made available. It is important to note that in instances where appropriate health care is not available, homeless Veterans do note the need. As described in Table 7, Veterans who are either literally homeless or in permanent housing and do not have access to dental care, rank it as the third and first most important unmet need, respectively.

Other highly met needs include food and personal hygiene services (e.g., showers, haircuts). These basic needs are addressed at homeless shelters as well as a variety of VA supported residential rehabilitation programs, transitional residences, and contract housing.

D) A Multi-year Overview of Needs

A review of Tables 6 and 7 demonstrates concurrence between the views of consumers and other CHALENG participants over the past 3 years. Guardianship (financial), legal assistance for outstanding warrants/fines, and child care ranked among the top ten unmet needs for all participants from FY 2008 to FY 2010.

In terms of highest met needs, homeless Veterans and other participants placed medical services, help with medication, TB testing, Hepatitis C testing, substance abuse treatment, and food in the top ten list in FY 2008, FY 2009, and FY 2010 (see Tables 9 and 10). As mentioned previously, such medical and basic need services are usually addressed by VA or community providers.

**Consumer and Provider (VA and Community)
Assessment of Homeless Veteran MET Needs**

Table 9. Top Ten Highest *Met* Needs Identified by Consumers, FY 2008 - 2010.

2008	2009	2010
1. TB testing*	1. TB testing*	1. Medical Services
2. Medical Services	2. Medical Services	2. Help with medication
3. Help with medication	3. Substance abuse treatment	3. TB testing and treatment
4. Substance abuse treatment	4. Help with medication	4. Substance abuse treatment
5. Food	5. Hepatitis C testing	5. Food
6. Personal hygiene	6. Detoxification	6. Personal hygiene
7. Detoxification	7. Food	7. Detoxification
8. Hepatitis C testing	8. Personal hygiene	8. Services for emotional or psychiatric problems
9. Services for emotional or psychiatric problems	9. Services for emotional or psychiatric problems	9. Hepatitis C testing
10. Emergency (immediate) shelter	10. AIDS/HIV testing/counseling	10. Emergency (immediate) shelter

*Before 2010, TB testing and treatment were two separate categories.

Table 10. Top Ten Highest *Met* Needs Identified by Homeless Status of Consumers,* FY 2010.

Veterans who are Literally Homeless (n=3,184)	Veterans in Transitional Housing (VA Grant and Per Diem and Domiciliary (n=6,111)	Veterans in Permanent Housing (including HUD-VASH) (n=2,672)
<ol style="list-style-type: none"> 1. Medical services 2. Help with medication 3. TB testing and treatment 4. Substance abuse treatment 5. Food 6. Personal hygiene 7. Detoxification 8. Services for emotional or psychiatric problems 9. Hepatitis C testing 10. AIDS/HIV testing/counseling 	<ol style="list-style-type: none"> 1. Medical services 2. Substance abuse treatment 3. TB testing and treatment 4. Help with medication 5. Food 6. Personal hygiene 7. Detoxification 8. Hepatitis C testing 9. Immediate shelter 10. Transitional living facility 	<ol style="list-style-type: none"> 1. Medical Services 2. Help with medication 3. Long-term permanent housing 4. Substance abuse treatment 5. Personal hygiene 6. Hepatitis C testing 7. Detoxification 8. Food 9. Immediate shelter 10. AIDS/HIV testing/counseling

*Does not include 1,465 consumers which indicated no housing status

Table 11. Top Ten Highest *Met* Needs Identified by VA and Community Providers, FY 2008 - 2010.

2008	2009	2010
<ol style="list-style-type: none"> 1. Medical services 2. TB testing* 3. Food 4. Hepatitis C testing 5. TB treatment* 6. AIDS/HIV testing/counseling 7. Clothing 8. VA disability/pension 9. Substance abuse treatment 10. Help with medication 	<ol style="list-style-type: none"> 1. Medical services 2. TB testing* 3. Food 4. Hepatitis C testing 5. TB treatment* 6. Clothing 7. AIDS/HIV testing/counseling 8. Substance abuse treatment 9. Help with medication 10. VA disability/pension 	<ol style="list-style-type: none"> 1. Medical services 2. Food 3. TB testing and treatment 4. Hepatitis C testing 5. Clothing 6. AIDS/HIV testing/counseling 7. Help with medication 8. Services for emotional or psychiatric problems 9. Substance abuse treatment 10. VA disability/pension

*Before 2010, TB testing and treatment were two separate categories.

E) Homeless Veterans with Families

POCs report an increase in the number of homeless Veterans with families (i.e., dependent children) being served. POCs reported seeing a total of 4,383 homeless Veteran families. This was an 86-percent increase over the previous year's report of seeing 2,368 homeless Veterans' families. Some of this increase may reflect the impact of the HUD-VASH program expansion, which allows VA staff to work with Veterans and their families in Section Eight housing placement.

Homeless Veterans with dependents present a challenge to VA homeless programs. Most VA transitional housing programs accept only Veterans. In past years, VA homeless programs would often have to find other community housing resources to place the entire family or be forced to place significant others and dependent children separately. Access to family housing through the distribution of the thousands of new Section Eight Housing Choice vouchers, available through HUD-VASH, has opened an important new resource allowing VA staff to assist the Veteran together with their family.

VA's newly announced SSVF will also offer services that target Veteran families. These services include child care and the direct provision of case management to non-Veteran family members.

F) Homeless Veterans Returning from Afghanistan and Iraq

VA would like to ensure that Veterans recently discharged from the military can readily access services. CHALENG asked POCs about the coordination and provision of services to homeless Veterans who have served in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND). Ninety-nine percent of the POCs said they coordinate the care of OEF/OIF/OND homeless Veterans with their local VA medical center Transition Patient Advocate. The Transition Patient Advocate is usually a social worker case manager assigned to work with returning Veterans.

Seventy-four percent of sites indicated they could provide same-day housing (emergency or transitional) to homeless OEF/OIF/OND Veterans. Reasons for site inability to provide same-day housing included: long wait lists (53 percent) and no housing available on/near site (61 percent).

G) Homeless Veterans with Extended Care and End-of-Life Care Needs

Overall, the average age of Veterans continues to increase, with almost 40 percent of all Veterans now aged 65 or older (U.S. Department of Veterans Affairs, 2010). With an aging population, there has been increasing interest in how aging affects the needs of homeless Veterans. The CHALENG report asked POC sites for the number of homeless Veterans served who have extended care and end-of-life care needs.

For the first time, sites were asked to report to the number of Veterans they served in the past fiscal year who needed referrals to an extended care facility (e.g., a VA community living center, community nursing home, or state soldier's home) for conditions due to aging. Eighty-one percent of sites reported working with Veterans

who require extended care. This year, sites reported a total of 1,054 individuals who needed extended care. Sixty-four percent of sites reported end-of-life care needs for Veterans. Sites reported a total of 431 individuals who needed end-of-life care, a nine percent increase from the 396 individuals who needed care in FY 2009.

H) Dental Care Needs

Dental care was the tenth highest unmet need this year. New survey results show that among important segments of consumers, dental care remains a pressing issue despite the continuing expansion of the HVDP. HVDP offers medically necessary treatment to homeless Veterans who have been in a VA transitional housing or residential treatment program for at least 60 consecutive days. HVDP has had a significant impact on addressing dental care for this group. In FY 2010, CHALENG sites reported a total of 17,780 Veterans who needed dental care and were eligible for care because they had fulfilled residential treatment requirements. Of these individuals, 12,457 received care (70 percent of total Veterans in need of and eligible for dental care) either through VA Dental Services or a community provider. The Veterans who received care in FY 2010 were only slightly less than the 12,533 who received care in FY 2009.

As noted elsewhere, the HVDP is not available to homeless or formerly homeless Veterans unless they reside in GPD transitional housing or a VA DCHV program. This may help explain why homeless or formerly homeless Veterans not in these programs continue to rank dental care as a top unmet need in the CHALENG survey (see Table 7). Anecdotally, some CHALENG sites have expressed the need for the HVDP to expand its eligibility to include Veterans in HUD-VASH and other Veterans who are not in a qualifying transitional housing program (see individual site reports in Appendix 5).

V. Estimate of Homelessness among Veterans

According to Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report (AHAR) to Congress, on a single night in January 2009, 75,609 Veterans were homeless; 57 percent were staying in an emergency shelter or transitional housing program; and the remaining 43 percent were living on the street, in an abandoned building, or another place not meant for human habitation (i.e., unsheltered). This AHAR estimate on Veteran homelessness will now be produced annually and will be the, single federal estimate on Veteran homelessness.

Until this year, there were two Federal estimates of homelessness among Veterans. The first was the annual CHALENG estimate, which has been a regular report feature since FY 1997. The other is the more recent HUD biennial homeless enumeration, which now captures homelessness among Veterans as a separate category. This annual release of two Federal estimates of homelessness among Veterans, one issued by HUD and the other by VA, has contributed to confusion about the extent of Veteran homelessness. Over the past year, HUD and VA have worked together to create a single methodology to estimate the numbers of homeless Veterans based on the most accurate data available. This cooperation follows several years of CHALENG's increasing use of HUD data to develop VA's homeless estimate.

Over the past several years, VA has reported significant reductions in homelessness among Veterans. During this time, although CHALENG has increasingly relied upon HUD's point-in-time (PIT) counts as the basis for its own estimate, facility-based VA staff responsible for formulating local estimates were able to adjust these HUD PIT counts based on their local knowledge and experience. As a result, in the 16th Annual CHALENG report (released in 2010), VA facility staff responsible for the homeless estimate included the following non-HUD sources: U.S. Census data (7 percent); VA low-income population estimates (4 percent); local homeless census studies (state, county, local university, etc.) (41 percent); VA client data (36 percent); estimates from local homeless community coalition/providers (58 percent); and VA staff impressions (50 percent). Seventy-four percent of POCs used more than one of these sources.

However, these VA facility-based modifications to local HUD estimates were not standardized. To produce estimates that are based on a more consistent methodology, one that is more valid and reliable, staff from VA's National Center on Homelessness Among Veterans and HUD have worked closely together to ensure that the estimates made in the Veterans' AHAR chapter factored in all significant data sources and adjusted for known confounding variables. It is expected that this collaborative approach will produce the best available estimates on homelessness among Veterans.

This change in counting procedures is expected to achieve the following aims: provide more accurate benchmark data, more accurately determine the size and scope of the homeless problem at the local community level, plan services and programs to address local needs, and consistently measure progress in addressing homelessness performance of individual programs and the system as a whole.

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.

VI. Assessment of VA and Community Collaborative Efforts

As stated in the introduction, the CHALENG mandate is to bring together VA and community service providers to foster coordinated services for homeless Veterans. For this year's report, we examined four facets of VA and community partnership. These are: (1) the development of on-campus, Veteran-specific housing; (2) partnership integration and implementation measures; (3) VA involvement in community homeless coalitions; and (4) interagency collaborative agreements.

A) Development of On-Campus, Veteran-Specific Housing

To facilitate access to a broad range of VA medical, rehabilitative, and mental health care services, VA and its community partners have found that developing supportive housing programs on VA campuses has been an effective way to coordinate their efforts. Typically community organizations receiving support from the GPD Program or a Health Care for Homeless Veterans (HCHV) contract for residential housing convert and renovate an existing VA building. About a fifth (21 percent) of sites indicated they have an on-campus, community partner program (29 out of 139 sites). Of sites that had

on-campus housing programs, 31 percent had emergency housing, 90 percent had transitional housing, and 34 percent had permanent housing.

B) Partnership Integration and Implementation Measures

Since FY 2000, CHALENG has used two sets of questions to ascertain the level of VA/community partnering as perceived by community (non-VA) providers: (A) *Integration* measures, and (B) *Implementation* measures. The questions were adapted from the nationwide Access to Community Care and Effective Services and Supports (ACCESS) study of service system integration for homeless clients with severe mental illness (Randolph et al., 1997).

For this year's CHALENG report, the *Integration* measures consisted of two questions asking community providers from the Participant Survey to rate the following:

1. *VA Accessibility*: accessibility of VA services to homeless Veterans.
2. *VA Coordination*: the ability of VA to coordinate clinical services for homeless Veterans with the community provider respondent's agency.

A five-point scale was used for each item (1 = not accessible, not committed etc. to 5 = highly accessible, highly committed, etc.).

Implementation measures consisted of 12 items pertaining to concrete activities associated with VA and community partnering. Community provider respondents were asked to rate the level of implementation of the following strategies between their agency and VA:

1. *Regular Meetings*: Formal, regular meetings of VA and the community participant's agency to exchange information and formulate action plans.
2. *Service Co-location*: Provision of services by VA and the community participant's agency in one location.
3. *Cross-training*: Training of VA and the community participant agency's staff on each others' objectives, procedures, and services.
4. *Interagency Agreements*: Agreements between VA and the community participant's agency regarding collaboration, referrals, client information sharing, and/or coordinating services.
5. *Client Tracking*: Computer tracking system enabling VA and the community participant's agency to share client information.
6. *Joint Funding*: Combined/layering funding between VA and the community participant's agency to create new resources or services.
7. *Standard Forms*: Standardized forms that clients fill out once to apply for services at the local VA and the community participant's agency.
8. *Joint Service Teams*: Service teams comprised of staff from both VA and the community participant's agency to assist clients with multiple needs.
9. *Combined Programs*: Combined programs from VA and the community participant's agency under one administrative structure.
10. *Flexible Funding*: Flexible funding to promote service integration between VA and the community participant's agency: for example, funds to pay for emergency services not usually available to clients.

11. *Special Waivers*: Waiving requirements for funding, eligibility, or service delivery to reduce service barriers, promote access, and/or avoid service duplication.
12. *System Coordinator*: Creation of a specific staff position focusing on improving system integration between VA and the community participant's agency.

All implementation items used the same four-point 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); and 4 = high (strategy fully implemented).

Table 12 shows the results of the integration ratings by community providers (mean scores of aggregated sites). We compared the aggregated integration scores of each VA facility for FY 2009 versus FY 2010. Using paired t-tests, we found a statistically significant increase in VA accessibility scores between FY 2009 and FY 2010.

Table 12. Community Agency Participants' Ratings of Partnership Integration in CHALENG Participant Survey, FY 2009 and FY 2010.

Integration Items	Community Respondents FY 2009 (131 sites)	Community Respondents FY 2010 (131 sites)
VA Accessibility (1=not accessible...5=highly accessible)	3.56	3.63*
VA Service Coordination (1=not able to coordinate...5=highly able)	3.59	3.64

*p<.05

Implementation scores for FY 2009 and FY 2010 were also reviewed. Again, data were aggregated by site and paired t-tests were conducted (see Table 13). There were significant increases in implementation scores between FY 2009 and FY 2010 in all categories except for service co-location.

Table 13. Community Agency Participants' Ratings of Partnership Implementation in the CHALENG Participant Survey, FY 2009 and FY 2010.

Implementation Items ^a	Community Respondents FY 2009 (131 sites)	Community Respondents FY 2010 (131 sites)
Regular Meetings	2.61	2.71*
Service Co-location	1.89	1.93
Cross-training	1.96	2.03*
Interagency Agreements	2.28	2.39*
Client Tracking	1.62	1.70*
Joint Funding	1.67	1.76*
Standard Forms	1.78	1.89*
Joint Service Teams	2.20	2.31**
Combined Programs	1.97	1.88**
Flexible Funding	1.61	2.31*
Special Waivers	1.68	1.68*
System Coordinator	1.87	1.94*

^a 1=none, 2=low, 3=moderate, 4=high

*p<.01 **p<.01

In summary, between FY 2009 and FY 2010, there were statistically significant increases in community participant's perception of accessibility to VA services and in all but one of the twelve items designed to measure implementation of collaborative activities between VA and communities. These findings are in sharp contrast from last year's report, which reported that between FY 2008 and FY 2009, there were significant decreases in the two integration items and in 7 of the 12 implementation activities.

This may well reflect VA's emphasis on a grass roots approach toward ending homelessness, as VA's Plan to End Homelessness Among Veterans has emphasized working with community providers to augment services provided by VA. As part of its Plan, VA outlined its approach based on six strategic pillars: outreach/ education, treatment, prevention, housing/ supportive services, income/employment/benefits, and community partnerships. Through this focus on community partnerships, VA has developed close relationships with a broad range of Federal, state, local, and tribal governments as well as faith-based, non-profit, and private groups. To facilitate local cooperation, every VA medical center now participates in local Continuum of Care (CoC) meetings and also invites local providers to CHALENG meetings. (HUD created CoCs to facilitate community-wide planning and coordination among homeless service providers.)

The rapid expansion of several programs – including the HUD-VASH program, the GPD program, the Health HCHV contract residential care program, the National Call Center for Homeless Veterans (a 24-hour hotline to assist homeless Veterans), and the VJO initiative – have provided an infusion of VA staff and resources for local communities, stimulating the development of new relationships with local providers. Details about these programs can be found on VA's homeless Web site at <http://www.va.gov/HOMELESS/index.asp>.

New initiatives seek to build on this growth in community activity. In FY 2011, quarterly planning summits began between VA and local providers at all VA homeless programs nationwide. Every VA medical center assigned staff to participate in the 2011 PIT counts organized by local CoCs. Finally, the new SSVF grant program will fund scores of new agencies nationwide to provide important new prevention and rapid re-housing services to Veterans and their families.

C) VA Involvement in Local Homeless Coalitions

VA involvement in local homeless coalitions was identified as a useful way for VA staff to network and develop partnerships with local homeless service providers. Ninety-six percent of the CHALENG Surveys indicated participation in a local homeless coalition. In addition to involvement in community planning activities, such coalitions have become the primary actors in estimating the prevalence of homelessness. As noted previously, HUD sponsors local planning groups called CoC to help address the needs of the homeless. VA homeless programs are expected to collaborate and plan with their local CoC. In FY 2010, 92 percent of POC sites that had a nearby HUD CoC planning group (123 out of 134) participated in local COC planning efforts.

D) Interagency Collaborative Agreements

Existing Interagency Collaborative Agreements and Outreach Efforts. VA staff continues to establish and maintain interagency collaborative agreements and to identify and serve new outreach sites. Table 14 displays figures for existing agreements (formal and informal arrangements) and outreach sites, broken down by VISN. [Note: formal agreements refer to VA collaborative agreements negotiated through VA Contracts, written memorandums of agreement or understanding, and/or enhanced sharing agreements. Informal agreements are non-written, mutually-assisting relationships between agencies.]

As Table 14 indicates, CHALENG POCs reported on the total number of formal and informal agreements with over 5,000 agencies and over 3,000 outreach sites.

Table 14. Interagency Collaborative Agreements and Outreach Sites for FY 2010.

VISN	Formal Agreements	Informal Agreements	Agreements (total)	Number of Homeless Outreach Sites
1	49	219	268	132
2	20	235	255	111
3	12	55	67	41
4	52	302	354	206
5	56	91	147	67
6	53	164	217	110
7	51	221	272	149
8	39	165	204	158
9	34	181	215	66
10	30	112	142	65
11	57	463	520	381
12	24	216	240	114
15	23	188	211	57
16	73	248	321	143
17	23	38	61	48
18	22	116	138	80
19	36	129	165	54
20	69	130	199	193
21	117	303	420	327
22	71	142	213	152
23	41	368	409	464
Totals, All VISNs (FY 2010)	952	4,086	5,038	3,118
Totals, All VISNs (FY 2009)	750	3,228	3,978	2,418

The total number agreements increased 27 percent between FY 2009 and FY 2010 (from 3,978 to 5,038) and the number of outreach sites increased 29 percent during that same period (from 2,418 to 3,118).

Nature of Interagency Collaborative Agreements. The most frequent topics of existing interagency collaborative agreements were basic needs: food, clothing, emergency shelter, and personal hygiene. Also high on the lists were agreements for employment services. The high percentages of sites had an interagency collaborative agreement to provide transitional housing (94 percent) and permanent long-term housing (91 percent)

for homeless Veterans. At the opposite end of the spectrum, a small percentage of sites had agreements regarding issues like child care (42 percent), family reconciliation assistance (48 percent), and child care and elder health care (53 percent). Such agreements will be crucial as VA begins to serve more homeless Veterans with families and aging homeless Veterans (see Table 15).

Table 15. Subjects of Interagency Collaborative Agreements, * FY 2010.

2010 CHALENG	Any	Formal	Informal
Food	96%	17%	86%
Clothing	96%	16%	85%
Emergency (immediate) shelter	96%	38%	68%
Help with finding a job or getting employment	95%	33%	68%
Transitional living facility or halfway house	94%	77%	31%
Personal hygiene (shower, haircut, etc.)	92%	16%	80%
Long-term, permanent housing	91%	70%	33%
Job training	91%	26%	72%
VA disability/pension	86%	31%	60%
Treatment for substance abuse	85%	41%	54%
Help with transportation	84%	30%	59%
SSI/SSD process	83%	9%	78%
Re-entry services for incarcerated Veterans	81%	37%	52%
Help getting needed documents or identification	80%	16%	70%
Services for emotional or psychiatric problems	79%	33%	52%
Dental care	79%	37%	46%
Discharge upgrade	79%	16%	65%
Detoxification from substances	78%	30%	57%
Education	77%	15%	64%
Help managing money	76%	17%	62%
Glasses	74%	19%	60%
Treatment for dual diagnosis	73%	30%	47%
Drop-in center or day program	73%	14%	61%
Family counseling	70%	17%	54%
Medical services	70%	21%	51%
Spiritual	70%	12%	60%
Legal assistance for outstanding warrants/fines	70%	12%	60%
Help developing social network	69%	10%	62%
Welfare payments	67%	7%	61%
Legal assistance to help restore a driver's license	66%	10%	58%
Eye care	65%	15%	53%
Credit counseling	65%	7%	62%
Legal assistance for child support issues	65%	9%	57%
Help with medication	64%	15%	52%
AIDS/HIV testing/counseling	63%	10%	56%

Table 15. (continued) Subjects of Interagency Collaborative Agreements,* FY 2010.

2010 CHALENG	Any	Formal	Informal
Guardianship (financial)	61%	11%	52%
TB testing and Treatment	58%	12%	48%
Women's health care	57%	20%	40%
Hepatitis C testing	56%	12%	45%
Elder health care	53%	15%	41%
Family reconciliation assistance	48%	7%	43%
Child care	42%	7%	40%

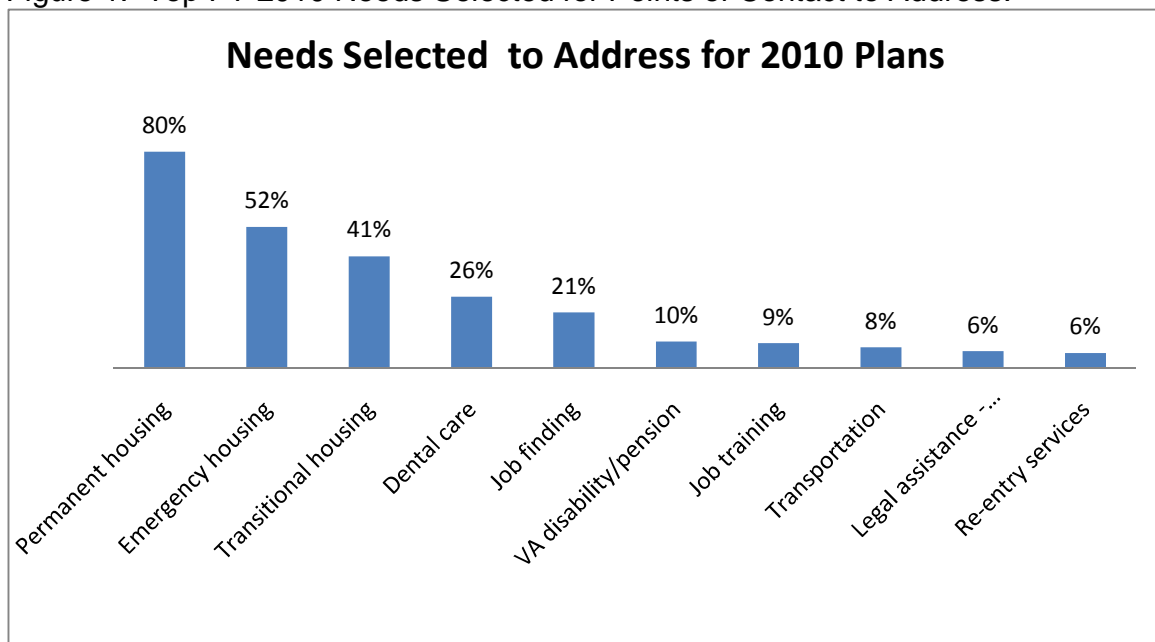
*Multiple needs may be addressed in the interagency collaborative agreements.

VII. Planning

A) POC Success in Executing FY 2010 Action Plans

In FY 2009, POCs were asked to select the three highest priority needs in their areas and to indicate how they would address these needs in FY 2010. The most frequently selected needs included: permanent, emergency, and transitional housing; dental care; job finding; VA disability/pension; job training; transportation; legal assistance for outstanding warrants and fines; and re-entry services for incarcerated Veterans (Figure 1).

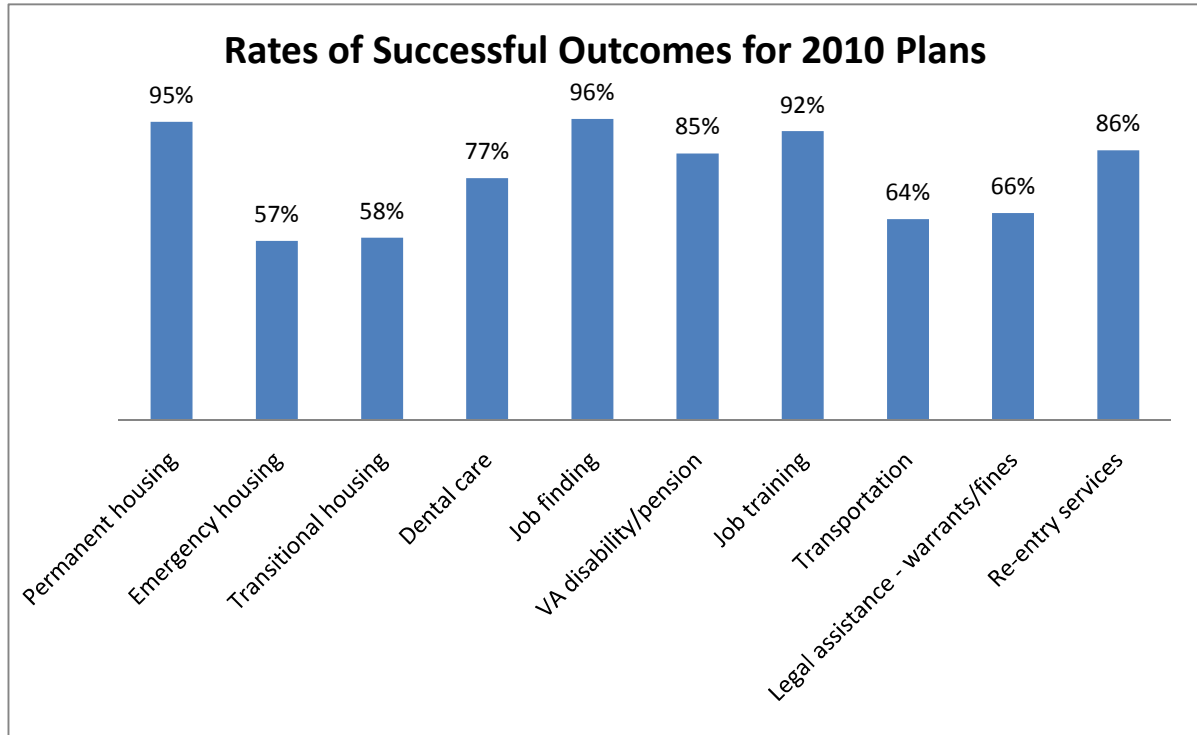
Figure 1. Top FY 2010 Needs Selected for Points of Contact to Address.



The CHALENG report asks POCs to indicate their success in implementing their plans to meet the top three needs that were identified (see Appendix 5 for all POC progress reports). For the purposes of this report, success was defined as achieving tangible outcomes such as starting a HUD-VASH program, securing additional transitional housing beds, or negotiating a reduced or free bus fare for homeless Veterans.

Figure 2 shows the percentage of sites that were successful in obtaining an outcome for the ten most frequently selected needs to address in FY 2010

Figure 2. Outcomes for Top Ten Action Plan Topics with Percentages of Sites that were Successful.



Listed below are some examples of how POCs achieved success in addressing their priorities for FY 2010.

Long-term, permanent housing: HUD-VASH program created/expanded (107 sites); community permanent housing resources accessed (6 sites).

Transitional housing: VA GPD or HCHV funded transitional housing programs opened/expanded (28 sites); non-VA funded transitional housing accessed (six sites).

Emergency housing: Shelter opened/expanded (three sites); new/existing agreements and contracts with local shelters (36 sites); VA utilized on-site hoptel (two sites).

Dental care: VA or contracted agency provided services under HDVP (28 sites); local community dental resources used (7 sites).

Job finding: VA Compensated Work Therapy/Supported Employment in operation (16 sites); local Department of Labor Homeless Veterans Reintegration Program (DOL-HVRP) utilized (8 sites); VA partnered with public/private job-finding programs (21 sites).

Transportation: Disabled American Veterans provided transportation to homeless Veterans (four sites); bus passes and tokens donated or purchased (four sites); van/car acquired (two sites).

VA Disability/Pension: Received assistance from staff from VA Regional Office (four sites), Veterans Benefits Administration (five sites), local Veterans Service Organizations (two sites), and local non-Veteran specific service agencies (three sites). (Some of these staff visited the local VA medical center or VA GPD program to offer onsite services for homeless Veterans.)

Job training: VA Compensated Work Therapy created/expanded (8 sites); job training provided through local community agencies (11 sites).

Legal assistance for warrants and fines: VA utilized state felony forgiveness program (one site); VA collaborated with local courts providing case management services to Veterans working on resolving warrant/fine issues (one site); VA provided justice outreach/re-entry assistance (two sites); community legal assistance resources used (two sites).

Re-entry services for incarcerated Veterans: New HCRV staff or VJO staff hired and establishing relationships with local courts, jails, and/or prisons (6 sites).

Most commonly, POC sites that did not achieve success with their FY 2010 plans mentioned lack of funding (grant proposals denied, loss/reduction of existing program funding) as a reason.

B) Success in Addressing Permanent Housing: The Impact of HUD-VASH

As in FY 2009, the success rate of action plans involving permanent housing in FY 2010 stands out. Consistently rated as a high priority need, permanent housing had previous action plan success rates averaging 54 percent until 2 years ago (see Table 16).

Table 16. Successful Outcomes for Action Plans Addressing Permanent Housing.

Fiscal Year	Permanent Housing: Percentage of Successful Outcomes
2010	95%
2009	96%
2008	84%
2007	53%

Thanks to the rapid expansion of the HUD-VASH program, FY 2008 and FY 2009 saw significant gains in addressing permanent housing needs for Veterans. FY 2010 saw the continuation of this trend with 95 percent of sites who targeted permanent housing in their action plans seeing success. This included 107 sites that specifically credited HUD-VASH for addressing their local needs.

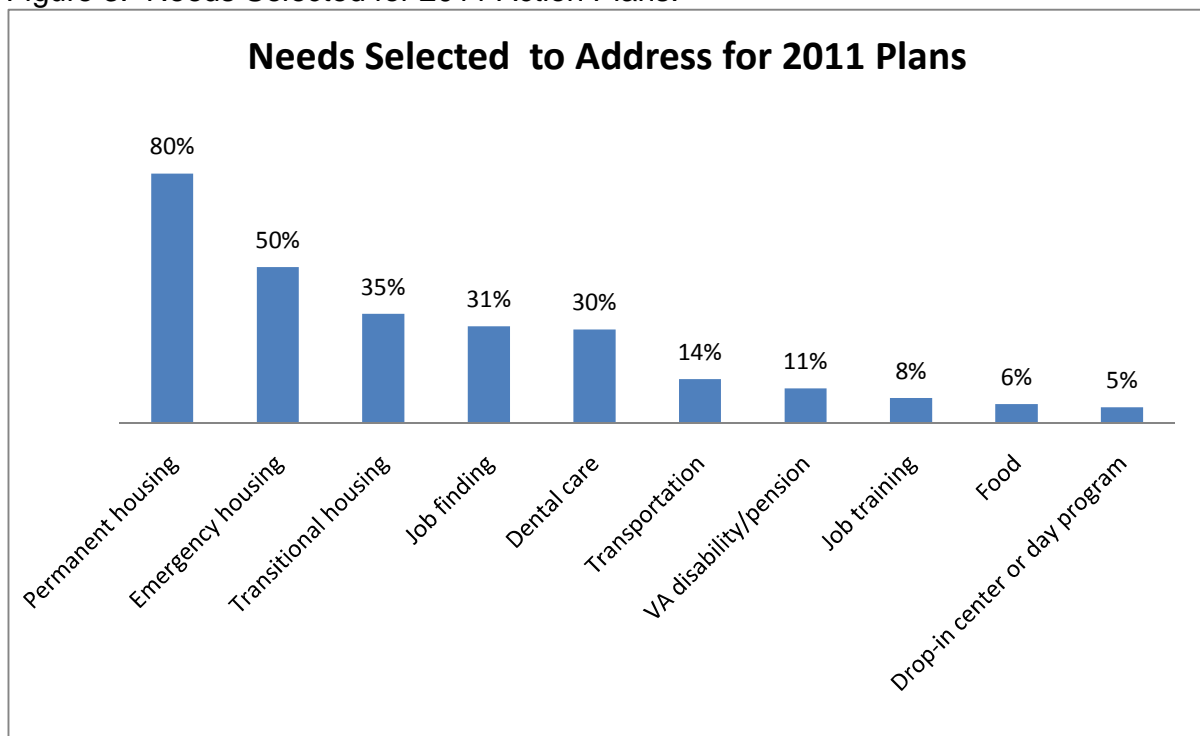
Best Practices

CHALENG POC sites were encouraged to share best practice examples that addressed any of the top ten needs identified by homeless Veteran respondents in the FY 2009 report. The top 10 needs included: welfare payments, legal assistance for child support issues, long-term permanent housing, child care, SSI/SSD process, legal assistance for outstanding warrants/fines, guardianship (financial), family reconciliation assistance, job training, and VA disability/pension. Some 69 sites shared their best practice examples (see Appendix 6). By far, the most popular focus of the best practice was on creating permanent housing (53 percent).

C) POC Action Plans for FY 2011

The 2010 POC survey requested that POCs submit their action plans for addressing the top three local unmet needs of Veterans in FY 2011. The 10 most mentioned needs POC plans addressed included: permanent, emergency, and transitional housing; job finding; dental care; transportation; VA disability/pension, job training, food, and drop-in center or day program.(Figure 3).

Figure 3. Needs Selected for 2011 Action Plans.



A variety of reports have focused on how to successfully resolve homelessness by defining necessary program elements. An overview of some of these efforts was described in Section III. The CHALENG Report has expanded on these analyses by identifying specific needs highlighted by the community and consumers. Project CHALENG highlights these needs so that programs can design interventions that

resolve the barriers homeless Veterans actually face. Such work is vital in supporting the efforts of homeless Veterans in re-establishing themselves successfully in the community.

POCs' planning efforts to address the needs they have targeted are summarized in Figure 3. Their focus includes – as in the past -- housing, dental care, transportation and employment.

As most of these priorities have been supported by national initiatives, CHALENG findings suggest that local POC action plans need to continue to place greater focus on the other identified family, financial, and legal concerns identified by homeless Veterans scoring the highest on unmet needs scale.

D) New Need Categories for the 2011 CHALENG Participant Survey

CHALENG POCs were asked what new need categories might be useful to add to CHALENG Surveys. Based on their responses, five new need categories will be added in the FY 2011 CHALENG Participant Survey: (1) housing for registered sex offenders, (2) legal assistance to prevent eviction/foreclosure, (3) financial assistance to prevent eviction/foreclosure, (4) move-in assistance (security deposits for rent and utility), and (5) goods (furniture, house wares) for new apartment. All five need categories are in response to the impact of new homeless initiatives. Need item 1 reflects the challenges faced by the HCRV and VJO programs. Items 2 and Items 3 are keeping with the mission of the HUD Homeless Prevention and Rapid Re-housing Program (HPRP). Items 4 and 5 are emerging needs with the recent expansion of the HUD-VASH program that has placed thousands of Veterans nationwide into their own apartments.

E) Update on CHALENG Activities

Individualized CHALENG reports by POC site are now available on the Internet or VA Intranet. Each report includes FY 2010 action plans, needs survey results, and integration/implementation rankings. The Web site address is: <http://www1.va.gov/HOMELESS/chaleng.asp>.

Also on the site is the Seventeenth Annual Progress Report in its entirety. The current report and site profiles are useful for sites that are undergoing Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation or have community partners that are applying for VA GPD funding. CARF requires programs to provide feedback from external stakeholders such as community partners and clients. As part of their VA GPD and SSVF applications, community agencies must document the local needs of homeless Veterans in their area. The 17th Annual CHALENG Report continues to compile and provide accurate and timely information from stakeholders and their understanding of homeless Veterans' needs. Much information from stakeholders and their perception of homeless Veterans needs is available in the annual CHALENG report.

VIII. Summary: Implications for Engagement and Service Delivery

Homeless Veterans' needs differ from the non-Veteran Homeless

Overall, this year's findings reveal important differences—that the self-identified needs of homeless Veterans differ from the general homeless population. This could occur because medical and mental health care services are more easily accessed by Veterans (through VA) and are generally less accessible to the general homeless populations. Our findings suggest that homeless Veterans' needs focus on non-health care related issues such as family issues, legal concerns, and financial needs.

The need to develop specific, targeted strategies to engage homeless Veterans may be necessary as their needs appear to be different than the general homeless population. When compared to the general homeless population, Veterans appear to be more socially isolated, with weaker family and social support systems. According to the *Veterans Supplemental Chapter to HUD's Annual Homeless Assessment Report*, Veterans entering a homeless shelter were less likely than non-Veterans to have come from housing – either their own unit or that of a friend or family member. Approximately 32 percent of Veterans came from housing compared to 42 percent of non-Veterans. Of those who did come from housing, Veterans were more likely than non-Veterans to come from their own unit (40 percent compared to 26 percent) and less likely to have been doubled up with friends or family: 58 percent compared to 73 percent for non-Veterans (AHAR Veteran Supplement, 2011). These results seem to reflect weaker social networks and lower levels of community integration for homeless Veterans compared to the general homeless population.

It is also apparent from CHALENG consumer survey results that the perception of need varies significantly by where the consumer is being served along the continuum of care. We see a progression from immediate needs for the literally homeless, to Veterans with other needs associated with residing in transitional housing or receiving care in a residential treatment program, to those whose changing needs reflect their desire to maintain their independence in permanent housing.

The Need for Consumer Participation in Ending Homelessness

Identifying and responding to the individual needs of homeless Veterans increases the likelihood of successful engagement in services. Since the needs of homeless Veterans are at variance from the general homeless population, programs targeting Veterans should employ models of service delivery that are responsive to these unique needs. Furthermore, the models of service delivery employed by providers should adapt to the expressed desires of Veterans – desires that change as their homelessness status changes. A progressive use of interventions designed to be responsive to the Veteran consumers stated concerns, enhances the likelihood of keeping Veterans engaged in services. This continued engagement through the period of housing instability will improve the probability of ending the Veteran's homelessness or reduce the possibility that an at-risk Veteran will become homeless.

In the mental health Recovery Model of treatment, consumer (Veteran) preference determines the type of intervention and treatment process, thereby empowering the

consumer to actively engage in the treatment. In a Recovery Model, services are delivered and prioritized based on the consumer's interest. In more traditional models of service delivery, consumers are instructed what to do or are otherwise offered options that professional staff know to be "the best" available. However, by making consumers active partners, clinicians are more likely to successfully engage them in care than traditional models that may be unresponsive to perceived needs (Beck, 2010). Thus, by giving Veteran consumers greater control over their treatment, the Recovery Model enhances the ability of clinicians to successfully serve the homeless, particularly some of the most hard-to-treat and "unmotivated." For those consumers who are at-risk, their engagement in services may aid organizations in developing interventions that will improve prevention targeting and resource utilization.

References

- Beck, BJ and Gordon C (2010). *An approach to collaborative care and consultation: interviewing, cultural competence, and enhancing rapport and adherence*. The Medical Clinics of North America, 94(6):1075-88.
- Burt, M., Aron, L., Douglas, T., Valente, J., Lee, E. and Iwen, B. (1999). *Homelessness: Programs and the People They Serve. National Survey of Homeless Assistance Providers and Clients*. Urban Institute.
- Burt, M. (2001). *Homeless Families, Singles, and Others: Findings from the 1996 National Survey of Homeless Assistance Providers and Clients*. Urban Institute.
- Culhane, D., Metraux S., and Hadley T. (2002). *Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*. Housing Policy Debate, 13(1): 107-163.
- Federal Task Force on Homelessness and Severe Mental Illness. (1992). *Outcasts on Main Street: A report of the Federal Task Force on Homelessness and Severe Mental Illness*.
- Levin, R., McKean. L., Raphael, J. (2004). *Pathways to and from Homelessness: Women and Children in Chicago Shelters*. Center for Impact Research.
- O'Hara, A., Cooper, E ., Zovistoski, A., and Buttrick, J. (2009). *Priced Out in 2008*. The Technical Assistance Collaborative. Consortium for Citizens with Disabilities, Housing Task Force.
- Randolph, F., Blasinsky, M., Leginski, W., Parker, L., and Goldman H. (1997). *Creating Integrated Service Systems for Homeless Persons with Mental Illness: The ACCESS Program*. Psychiatric Services, 48(3):369-373.
- Reentry Policy Council. New York: Council of State Governments (2005). *Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community*. Council of State Governments. January 2005.
- Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Johnson, M., Goldman, H., Randolph, F., Blasinsky, M., Fontana, A. Calsyn, R., and Teague, G. (1998). *Service System Integration, Access to Services, and Housing Outcomes in a Program for Homeless Person With Severe Mental Illness*. American Journal of Public Health, 88(11): 1610-1615.
- Rosenheck, R. and Lam, J. (1997). *Homeless Mentally Ill Clients' and Providers' Perceptions of Service Needs and Clients' Use of Services*. Psychiatric Services, 48(3):381-386.

- Turetsky, V. (2008). *Staying in Jobs and out of the Underground: Child Support Policies that Encourage Legitimate Work*. Policy brief by the Center for Law and Social Policy (CLASP).
- U.S. Department of Health and Human Services (2003a). *Ending Chronic Homelessness*. Report from The Secretary's Work Group on Ending Chronic Homelessness. March 2003.
- U.S. Department of Health and Human Services (2003b). *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders*. Substance Abuse and Mental Health Services Administration.
- U.S. Department of Housing and Urban Development and U.S. Department of Veterans Affairs (2011). *Veteran Homelessness: A Supplemental Report to the The Annual Homeless Assessment Report to Congress*. February 2011.
- U.S. Department of Veterans Affairs (2010). *Veterans Demographics*. Internet Site. http://www1.va.gov/VETDATA/Pocket-Card/4X6_winter10_sharepoint.pdf
- U.S. Department of Veterans Affairs (2011). *Annual Report on Specialized Homeless Programs*. National Center on Homelessness Among Veterans.
- U.S. Department of Veterans Affairs (2008). *VHA Handbook 1162.01, The Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
- U.S. Interagency Council on Homelessness (2010). *Opening Doors*.

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	147	4.26	4.30	4.13	4.11	4.13	3.35	4.42	4.47
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	150	4.07	3.65	3.53	3.74	3.53	2.54	4.11	4.13
1	VAM&ROC Togus, ME - 402	97	3.89	3.80	3.30	3.01	2.45	1.89	3.72	3.63
1	VAM&ROC White River Junction, VT - 405									
1	VAMC Manchester, NH - 608	25	4.08	4.28	4.20	4.59	4.71	3.17	3.90	3.90
1	VAMC Northampton, MA - 631 (Leeds)	62	4.07	4.15	4.03	4.32	3.88	2.79	4.31	4.33
1	VAMC Providence, RI - 650, Bristol, RI	22	4.33	4.57	4.16	4.05	4.43	2.45	4.32	4.55
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	33	3.67	3.80	3.76	3.93	3.48	3.18	3.37	3.63
2	VAMC Albany, NY - 500	96	4.31	4.42	4.22	4.33	4.41	3.75	4.34	4.43
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	24	4.23	4.26	3.74	4.22	4.43	3.57	4.43	4.61
2	VAMC Syracuse, NY - 670	14	3.43	3.71	3.21	3.71	3.86	2.36	3.93	4.07
2	VAMC Bath, NY	49	4.39	4.45	3.79	4.02	3.14	2.40	4.44	4.60
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	45	4.05	4.21	4.00	3.79	3.24	2.26	4.05	4.41
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	113	4.36	4.17	3.75	4.17	3.83	2.54	3.86	4.15
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	90	3.74	3.59	3.29	3.24	3.08	2.62	3.64	3.79
3	VAMC Northport, NY - 632	22	4.00	3.95	3.62	4.14	4.05	2.75	3.74	4.33
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	61	3.93	4.03	3.82	3.83	3.90	3.18	4.07	4.03
4	VAM&ROC Wilmington, DE - 460	4	4.25	3.75	4.25	3.50	2.25	2.25	4.00	4.00
4	VAMC Altoona, PA - 503	19	3.50	3.72	3.61	1.74	1.26	1.42	3.06	3.06
4	VAMC Butler, PA - 529	6	4.00	4.33	4.33	4.17	4.00	3.67	4.33	4.50
4	VAMC Clarksburg, WV - 540	16	4.00	4.56	4.19	4.19	3.63	2.94	3.93	3.93
4	VAMC Coatesville - 542	106	4.40	4.46	4.08	4.17	3.88	2.74	4.53	4.55

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
4	VAMC Erie, PA - 562	19	4.35	4.00	4.06	3.81	3.36	3.44	4.38	4.38
4	VAMC Lebanon, PA - 595	32	4.38	4.56	4.53	4.38	4.20	2.59	4.57	4.63
4	VAMC Philadelphia, PA - 642	14	3.91	4.54	4.15	4.00	4.36	3.38	4.00	4.17
4	VAMC Wilkes-Barre, PA - 693	50	4.46	4.26	4.11	3.98	4.23	3.02	4.31	4.22
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	183	4.55	4.70	4.58	4.62	4.57	3.65	4.24	4.47
5	VAMC Martinsburg, WV - 613	60	4.25	4.33	3.97	3.83	3.85	2.68	3.98	4.17
5	VAMC Washington, DC - 688	143	3.48	3.34	3.20	3.37	3.16	2.48	3.55	3.68
6	VAMC Asheville, NC - 637	53	4.09	4.33	3.90	4.17	3.68	3.69	3.96	3.96
6	VAMC Beckley, WV - 517									
6	VAMC Durham, NC - 558	61	3.83	3.95	3.53	3.58	3.36	2.55	3.72	3.90
6	VAMC Fayetteville, NC - 565	13	3.46	3.85	3.17	3.08	3.70	2.00	3.23	3.69
6	VAMC Hampton, VA - 590	187	3.84	3.76	3.46	3.05	2.80	2.57	3.68	3.78
6	VAMC Richmond, VA - 652	18	4.22	4.24	4.06	4.06	4.28	2.24	4.00	4.25
6	VAMC Salem, VA - 658	55	4.49	4.46	4.09	4.25	3.96	3.10	4.50	4.49
6	VAMC Salisbury, NC - 659	100	4.16	3.89	3.67	3.88	3.86	3.00	4.32	4.12
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	388	3.40	3.56	3.18	3.24	3.12	2.61	3.29	3.40
7	VAMC - Augusta, GA - 509	41	4.18	4.28	3.75	3.65	3.18	2.92	4.36	4.41
7	VAMC Atlanta, GA - 508 (Decatur, GA)	260	4.13	3.90	3.82	4.09	3.97	3.90	4.26	4.32
7	VAMC Birmingham, AL - 521	59	3.77	3.98	3.36	3.84	4.00	3.61	4.41	4.67
7	VAMC Charleston, SC - 534	187	4.18	4.24	4.04	4.21	4.28	3.45	4.29	4.48
7	VAMC Columbia, SC - 544	68	3.87	4.32	3.89	4.03	4.23	2.66	3.91	4.02
7	VAMC Dublin, GA - 557	61	3.86	3.98	3.53	3.29	2.74	2.57	3.65	3.96
7	VAMC Tuscaloosa, AL - 679	66	3.63	3.89	3.56	3.76	3.20	2.91	3.98	4.05
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	120	3.97	3.92	3.70	3.79	3.58	3.17	3.91	3.88
8	VAH Tampa, FL - 673	18	3.93	3.88	3.69	3.44	3.44	2.41	3.53	3.60
8	VAMC Bay Pines - 516	366	3.80	3.96	3.57	3.62	3.60	3.06	3.88	3.96
8	VAMC Miami, FL - 546	45	3.95	3.91	3.29	4.12	4.34	2.85	3.80	4.02
8	VAMC West Palm Beach, FL - 548	76	4.46	4.52	4.26	4.30	4.34	3.24	4.33	4.43

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
8	VAMC San Juan, PR - 672	27	4.60	4.30	4.23	4.54	4.48	4.00	4.74	4.54
8	VAMC Orlando, FL-675	179	4.32	4.50	4.06	4.02	4.23	3.04	3.80	4.08
9	VAMC Huntington, WV - 581	19	4.32	4.42	3.68	4.32	3.35	3.78	3.47	3.40
9	VAMC Lexington, KY - 596	91	3.73	3.92	3.99	3.84	3.72	2.84	3.96	4.05
9	VAMC Louisville, KY - 603	159	3.95	4.14	3.83	4.00	3.91	3.29	3.84	3.99
9	VAMC Memphis, TN - 614	54	4.06	3.94	3.59	3.71	3.63	3.10	3.81	4.00
9	VAMC Mountain Home, TN - 621	53	4.00	4.32	3.70	4.17	4.20	2.83	3.39	4.06
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	86	4.20	4.29	3.90	4.22	4.44	2.95	4.19	4.36
10	VAMC Chillicothe, OH - 538	135	4.10	4.13	3.82	3.76	3.88	3.36	4.30	4.44
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	224	4.22	4.22	3.89	3.97	3.93	3.08	4.09	4.37
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	199	4.05	4.42	3.43	4.27	3.66	2.59	4.28	4.47
10	VAMC Dayton, OH - 552	20	3.78	4.26	3.74	4.21	3.11	2.42	4.33	4.32
10	VAOPC Columbus, OH - 757 (Grove City, OH)	42	4.03	4.12	3.80	3.95	3.71	3.55	3.78	3.95
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	63	4.19	4.20	4.10	4.16	4.07	3.42	3.89	3.93
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	58	4.07	4.12	3.83	3.81	3.72	3.61	4.07	4.10
11	VAMC Battle Creek, MI - 515	234	3.63	3.88	3.79	3.79	3.76	3.46	3.82	3.78
11	VAMC Danville, IL - 550	101	3.78	3.89	3.84	3.76	3.53	2.90	4.06	4.05
11	VAMC Detroit, MI - 553	87	3.89	3.67	3.41	3.92	3.43	2.45	3.90	3.95
11	VAMC Indianapolis - 583	262	3.63	3.82	3.56	3.51	3.53	2.72	3.76	3.91
11	VAMC Saginaw, MI - 655	27	4.23	4.26	3.93	4.00	3.36	4.00	4.05	4.33
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	273	3.89	3.85	3.56	3.64	3.41	3.00	3.85	3.88
12	VAH Madison, WI - 607	45	4.21	4.38	4.13	4.26	4.22	3.28	3.79	4.10
12	VAMC Iron Mountain, MI - 585									
12	VAMC Milwaukee, WI - 695	226	3.80	3.84	3.40	3.45	3.29	2.61	3.80	3.98
12	VAMC North Chicago, IL - 556	55	4.36	4.52	4.11	4.12	3.63	2.81	4.47	4.33
12	VAMC Tomah, WI - 676	53	4.44	4.66	4.24	4.34	4.16	3.31	4.37	4.46

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	105	4.00	4.22	3.80	3.93	3.35	2.55	3.95	4.12
15	VAH Columbia, MO - 543	44	4.34	4.00	3.82	4.21	4.26	4.40	4.60	4.68
15	VAM&ROC Wichita, KS - 452	91	3.55	3.37	3.33	3.66	3.01	2.79	3.83	3.77
15	VAMC Kansas City, MO - 589	294	3.43	3.62	3.36	3.48	3.24	2.84	3.60	3.77
15	VAMC Marion, IL - 609	3	5.00	5.00	5.00	5.00	2.67	2.00	5.00	5.00
15	VAMC Poplar Bluff, MO - 647	4	4.50	5.00	4.50	5.00	5.00	3.00	4.50	4.75
15	VAMC St. Louis, MO - 657	327	3.51	3.39	3.26	3.08	2.93	2.33	3.81	3.90
15	VAMC Topeka - 677	25	4.25	4.04	4.21	3.83	3.96	2.83	4.17	4.08
16	VA Central Arkansas HCS - 598	30	4.11	4.17	3.41	3.96	3.97	3.27	4.14	4.19
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	45	3.10	3.42	2.80	2.30	2.02	1.98	3.26	3.30
16	VAMC Alexandria, LA - 502	111	3.59	3.66	3.63	3.41	3.27	2.84	3.77	3.64
16	VAMC Fayetteville, AR - 564	14	4.86	4.57	4.21	4.50	4.86	3.14	4.46	4.46
16	VAMC Houston, TX - 580	183	3.59	3.77	3.42	3.49	3.49	3.34	4.04	4.26
16	VAMC Jackson, MS - 586	91	3.91	4.32	3.64	4.21	4.16	3.52	4.26	4.38
16	VAMC New Orleans, LA - 629	176	4.08	4.15	3.45	3.96	4.07	3.29	4.15	4.41
16	VAMC Oklahoma City, OK - 635	49	3.96	3.88	3.47	3.94	4.02	3.46	3.92	4.00
16	VAMC Shreveport, LA - 667	69	4.05	4.02	3.55	3.89	3.65	3.59	4.02	4.08
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	23	4.26	4.52	3.48	4.14	4.65	3.13	4.43	4.65
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	93	3.96	4.17	3.55	3.68	2.96	2.58	3.75	3.92
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	553	4.10	4.07	3.73	3.78	3.53	2.90	3.86	4.12
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	23	4.36	4.36	3.95	4.13	3.35	3.00	3.77	3.95
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	64	3.75	3.74	3.49	3.59	3.93	2.85	3.63	3.89
18	El Paso VA HCS, TX - 756	75	3.56	3.52	3.52	3.86	3.39	2.86	3.77	3.63
18	VA New Mexico HCS - 501	1	1.00	4.00	2.00	4.00	4.00	4.00	4.00	4.00
18	VA Northern Arizona HCS - 649	141	4.02	4.02	3.84	3.89	3.78	2.91	4.20	4.25

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
18	VA Southern Arizona HCS - 678	161	4.09	3.93	3.66	3.93	4.01	3.06	4.01	4.13
18	VAMC Amarillo, TX - 504	35	4.09	4.23	3.94	4.14	4.09	3.66	3.85	3.94
18	VA West Texas HCS - 519	66	3.36	3.43	3.08	3.22	2.80	2.35	3.23	3.25
18	VAMC Phoenix, AZ - 644	425	3.71	3.53	3.28	3.75	3.54	2.92	3.81	3.79
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	39	4.45	4.66	4.33	4.24	4.06	2.69	4.14	4.17
19	VA Southern Colorado HCS, (Colorado Springs-567)	9	3.50	4.25	2.75	2.00	2.57	1.63	2.88	3.43
19	VAM&ROC Cheyenne, WY - 442	13	3.82	3.89	3.20	4.00	3.40	3.45	3.44	3.33
19	VA Eastern Colorado HCS (VAMC Denver - 554)	66	3.98	4.05	3.63	4.02	4.13	2.97	4.06	4.19
19	VAMC Grand Junction, CO - 575	45	4.69	4.51	4.69	4.71	3.09	4.47	4.60	4.67
19	VAMC Salt Lake City, UT - 660	127	4.03	4.07	3.57	3.79	3.95	2.93	3.90	4.05
19	VAMC Sheridan, WY - 666	20	3.67	4.15	3.70	4.05	3.26	3.11	4.06	3.94
20	VA Alaska HCS & RO - 463	39	4.31	4.44	4.36	4.31	3.91	3.29	4.16	4.51
20	VA DOM White City, OR - 692	100	4.06	4.19	3.94	4.05	3.71	2.77	4.10	4.17
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	305	3.89	3.93	3.50	3.73	3.48	2.71	4.08	4.02
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	145	3.80	3.79	3.61	3.30	3.10	2.69	3.50	3.48
20	VAMC Boise, ID - 531	33	4.06	4.45	3.79	3.94	3.63	3.76	4.33	4.27
20	VAMC Portland, OR - 648	54	3.52	3.81	3.37	3.15	3.21	2.35	3.62	3.91
20	VAMC Spokane, WA - 668	92	4.14	4.05	4.04	3.83	4.13	3.40	3.62	3.73
20	VAMC Walla Walla, WA - 687	61	4.05	4.34	4.07	3.97	3.80	2.92	4.17	4.50
21	VA Central California HCS, CA - 570	5	3.80	4.20	3.20	4.00	3.80	1.80	3.60	4.40
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	91	4.16	3.91	3.82	3.88	3.65	3.51	3.88	4.04
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	234	3.94	3.99	3.74	3.82	3.79	2.86	3.73	3.95
21	VA Sierra Nevada HCS, NV - 654	47	3.81	3.74	3.51	3.50	3.33	2.90	3.68	3.97
21	VAM&ROC Honolulu, HI - 459	37	3.81	4.00	3.92	4.11	3.88	3.03	4.42	4.39
21	VAMC San Francisco, CA - 662	15	3.62	3.62	2.92	3.08	3.69	2.50	2.42	2.92

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	308	4.12	4.22	3.83	4.23	4.10	3.21	4.03	4.02
22	VA Southern Nevada HCS - 593	192	4.12	4.10	3.78	3.94	3.71	3.19	3.76	3.91
22	VAMC Loma Linda, CA - 605	191	3.69	3.56	3.44	3.62	3.64	3.23	3.86	4.01
22	VAMC Long Beach, CA - 600	165	3.88	4.01	3.70	3.78	4.06	3.34	3.82	3.82
22	VAMC San Diego, CA - 664	339	4.01	4.12	3.79	3.86	3.92	2.97	4.10	4.24
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	77	4.07	4.34	4.19	4.31	3.59	2.93	4.12	4.25
23	VAH&ROC Sioux Falls, SD - 438	21	3.60	3.65	3.63	3.26	3.41	2.10	3.71	3.78
23	VAM&ROC Fargo, ND - 437	45	4.26	4.27	4.35	4.59	4.54	3.24	4.20	4.24
23	VAMC Minneapolis, MN - 618, and Superior, WI	85	4.00	4.05	4.16	3.98	3.72	3.38	4.03	4.12
23	VAMC St. Cloud, MN - 656	45	4.11	4.16	4.00	3.98	3.60	3.27	4.26	4.33
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	57	4.14	4.34	3.86	4.05	4.13	2.85	4.04	4.07
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	104	4.14	4.30	3.94	4.05	3.91	3.52	4.21	4.33
23	VAMC Iowa City, IA - 584	189	3.93	4.04	3.72	3.70	3.27	2.98	3.60	3.65

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Emotional/Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/Counseling
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	147	3.99	4.00	3.35	4.28	3.00	4.26	3.61	3.71
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	150	3.98	3.71	3.18	4.15	3.02	4.19	3.71	3.94
1	VAM&ROC Togus, ME - 402	97	3.28	3.17	2.89	3.74	2.92	3.52	2.51	3.31
1	VAM&ROC White River Junction, VT - 405									
1	VAMC Manchester, NH - 608	25	3.83	3.73	3.32	4.48	3.07	4.42	3.22	3.18
1	VAMC Northampton, MA - 631 (Leeds)	62	3.88	3.67	3.05	3.95	2.55	3.95	3.29	3.66
1	VAMC Providence, RI - 650, Bristol, RI	22	4.45	4.44	3.36	4.81	3.25	4.48	4.00	3.60
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	33	3.67	3.13	2.80	3.76	2.14	3.96	3.43	3.43
2	VAMC Albany, NY - 500	96	4.22	3.97	3.38	4.57	3.11	4.36	3.49	4.27
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	24	4.43	4.40	3.76	4.70	3.08	4.37	3.85	4.47
2	VAMC Syracuse, NY - 670	14	4.14	3.86	3.23	4.29	2.20	4.36	3.43	3.62
2	VAMC Bath, NY	49	3.96	3.93	3.07	4.49	2.55	4.38	3.42	4.39
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	45	4.22	3.66	2.77	4.44	2.85	4.59	3.44	4.06
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	113	3.78	3.65	2.80	4.21	2.67	4.07	3.39	3.73
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	90	3.67	3.43	3.07	3.92	2.84	3.79	3.31	3.86
3	VAMC Northport, NY - 632	22	4.16	3.58	3.44	4.43	3.67	4.21	3.38	3.78
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	61	3.96	3.47	3.06	4.23	3.00	4.09	3.69	3.62
4	VAM&ROC Wilmington, DE - 460	4	4.25	4.00	3.50	4.00	3.00	4.00	2.00	3.25
4	VAMC Altoona, PA - 503	19	3.22	3.06	2.06	3.83	3.17	3.44	1.22	3.00
4	VAMC Butler, PA - 529	6	4.33	3.80	2.80	3.83	3.00	3.67	3.80	4.17
4	VAMC Clarksburg, WV - 540	16	4.07	3.79	2.79	4.33	2.91	4.00	2.69	3.00
4	VAMC Coatesville - 542	106	4.35	4.08	3.13	4.60	3.20	4.31	3.52	4.12

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Emotional/ Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling
4	VAMC Erie, PA - 562	19	4.54	4.29	4.31	4.65	4.00	4.24	4.21	4.17
4	VAMC Lebanon, PA - 595	32	4.06	3.97	3.55	4.26	3.00	4.39	3.37	4.34
4	VAMC Philadelphia, PA - 642	14	3.77	3.62	3.58	4.08	3.33	3.91	4.14	4.30
4	VAMC Wilkes-Barre, PA - 693	50	4.20	3.82	3.57	4.48	3.09	4.43	3.66	4.21
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	183	4.16	4.04	3.43	4.61	2.94	4.51	4.11	4.23
5	VAMC Martinsburg, WV - 613	60	3.73	3.58	3.20	4.22	2.65	4.14	3.08	4.02
5	VAMC Washington, DC - 688	143	3.48	3.25	2.91	3.86	2.95	3.70	3.24	3.56
6	VAMC Asheville, NC - 637	53	3.41	3.47	2.85	3.83	3.56	3.95	3.05	3.42
6	VAMC Beckley, WV - 517									
6	VAMC Durham, NC - 558	61	3.64	3.34	2.93	4.14	3.13	4.14	2.95	3.84
6	VAMC Fayetteville, NC - 565	13	2.54	2.31	2.85	3.08	2.44	3.46	1.92	2.50
6	VAMC Hampton, VA - 590	187	3.74	3.29	2.90	3.90	3.16	3.94	2.78	3.50
6	VAMC Richmond, VA - 652	18	4.41	4.06	3.13	4.65	2.58	4.67	4.21	3.56
6	VAMC Salem, VA - 658	55	4.41	4.33	3.61	4.62	3.53	4.58	4.00	4.57
6	VAMC Salisbury, NC - 659	100	3.78	3.74	3.19	4.40	3.48	4.25	3.44	4.38
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	388	3.37	3.26	3.09	3.55	3.05	3.49	2.67	3.22
7	VAMC - Augusta, GA - 509	41	4.33	4.24	4.21	4.41	3.38	4.55	3.83	4.25
7	VAMC Atlanta, GA - 508 (Decatur, GA)	260	4.00	3.87	3.32	4.48	3.08	4.45	3.27	4.09
7	VAMC Birmingham, AL - 521	59	3.70	3.19	2.86	4.20	2.27	4.09	3.11	3.65
7	VAMC Charleston, SC - 534	187	4.20	3.89	3.32	4.45	2.97	4.40	3.34	3.92
7	VAMC Columbia, SC - 544	68	3.59	3.45	2.81	4.06	2.54	3.97	2.67	3.17
7	VAMC Dublin, GA - 557	61	3.38	3.16	2.61	3.93	2.38	3.96	2.84	3.75
7	VAMC Tuscaloosa, AL - 679	66	3.97	3.68	3.09	4.11	2.90	4.20	3.36	3.51
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	120	3.78	3.59	3.39	4.25	3.04	4.16	3.07	3.67
8	VAH Tampa, FL - 673	18	3.38	3.38	2.80	4.25	2.31	3.64	2.85	3.40
8	VAMC Bay Pines - 516	366	3.94	3.63	3.07	4.37	3.10	4.21	3.12	3.93
8	VAMC Miami, FL - 546	45	3.95	3.76	3.08	4.44	2.54	4.32	3.34	3.51
8	VAMC West Palm Beach, FL - 548	76	4.25	3.78	3.14	4.51	3.00	4.45	3.50	4.22

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Emotional/ Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling
8	VAMC San Juan, PR - 672	27	4.60	4.55	4.13	4.81	3.75	4.56	4.21	4.17
8	VAMC Orlando, FL-675	179	3.92	3.73	3.15	4.29	2.86	4.36	3.08	3.77
9	VAMC Huntington, WV - 581	19	3.38	3.44	3.29	4.11	2.50	4.41	4.60	3.29
9	VAMC Lexington, KY - 596	91	3.71	3.34	3.31	3.89	3.19	3.82	3.08	3.60
9	VAMC Louisville, KY - 603	159	3.69	3.55	3.24	4.05	3.14	4.10	3.27	3.54
9	VAMC Memphis, TN - 614	54	3.63	3.29	2.98	4.26	2.91	4.02	3.20	3.65
9	VAMC Mountain Home, TN - 621	53	3.55	3.43	2.90	4.06	1.71	3.92	3.42	3.28
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	86	3.68	3.42	3.00	4.24	2.95	4.14	3.60	3.73
10	VAMC Chillicothe, OH - 538	135	4.34	3.98	3.30	4.31	3.35	4.34	3.87	3.89
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	224	3.99	3.72	3.01	4.21	2.73	4.01	3.05	4.10
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	199	4.04	3.70	3.12	4.24	2.42	4.44	3.25	4.18
10	VAMC Dayton, OH - 552	20	3.94	3.41	3.21	3.84	2.56	3.61	3.87	4.06
10	VAOPC Columbus, OH - 757 (Grove City, OH)	42	3.77	3.56	3.26	4.20	2.76	4.10	2.75	3.48
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	63	4.22	3.84	3.19	4.41	3.03	4.25	3.33	3.43
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	58	3.96	3.71	3.60	4.26	2.76	4.18	3.43	3.86
11	VAMC Battle Creek, MI - 515	234	3.84	3.83	3.47	3.99	3.40	3.96	3.64	3.66
11	VAMC Danville, IL - 550	101	3.88	3.47	3.28	4.05	3.11	4.00	2.94	3.55
11	VAMC Detroit, MI - 553	87	3.46	3.19	2.68	3.89	2.83	3.77	3.06	3.63
11	VAMC Indianapolis - 583	262	3.80	3.53	3.09	4.14	2.79	4.00	3.27	3.53
11	VAMC Saginaw, MI - 655	27	4.62	4.79	3.77	4.59	3.60	4.76	3.65	4.30
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	273	3.85	3.56	3.12	4.17	3.15	4.02	3.47	3.75
12	VAH Madison, WI - 607	45	4.05	3.83	3.31	4.20	3.43	4.33	3.45	3.63
12	VAMC Iron Mountain, MI - 585									
12	VAMC Milwaukee, WI - 695	226	3.67	3.41	2.84	3.88	2.94	3.83	3.24	3.46
12	VAMC North Chicago, IL - 556	55	3.92	3.57	2.79	4.41	2.81	4.24	3.25	3.96
12	VAMC Tomah, WI - 676	53	4.13	3.98	3.46	4.55	3.18	4.53	3.90	3.75

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Emotional/ Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	105	3.91	3.67	2.77	4.18	2.51	4.15	2.79	3.74
15	VAH Columbia, MO - 543	44	4.29	4.08	3.42	4.49	4.00	4.26	3.84	3.87
15	VAM&ROC Wichita, KS - 452	91	3.67	3.52	3.66	3.47	2.92	3.35	3.51	3.71
15	VAMC Kansas City, MO - 589	294	3.64	3.57	3.24	3.95	3.06	3.69	3.17	3.45
15	VAMC Marion, IL - 609	3	5.00	4.00	2.33	5.00	2.33	5.00	2.33	3.67
15	VAMC Poplar Bluff, MO - 647	4	4.50	3.75	3.25	5.00	.	4.75	5.00	3.00
15	VAMC St. Louis, MO - 657	327	3.49	3.44	3.16	3.97	3.10	3.94	3.34	3.73
15	VAMC Topeka - 677	25	4.21	4.09	2.96	4.50	2.53	4.13	3.40	3.58
16	VA Central Arkansas HCS - 598	30	3.52	3.62	2.80	4.03	3.43	4.16	3.93	3.76
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	45	3.38	3.34	3.03	4.21	2.89	3.92	3.39	3.23
16	VAMC Alexandria, LA - 502	111	3.45	3.16	3.07	3.96	3.20	3.99	3.07	3.44
16	VAMC Fayetteville, AR - 564	14	4.29	4.33	2.67	4.71	3.22	4.50	3.64	4.15
16	VAMC Houston, TX - 580	183	4.16	3.82	3.19	4.31	2.97	4.30	3.52	3.90
16	VAMC Jackson, MS - 586	91	4.16	3.98	3.39	4.47	3.00	4.33	3.11	3.94
16	VAMC New Orleans, LA - 629	176	4.25	3.91	3.54	4.44	3.14	4.36	2.98	3.81
16	VAMC Oklahoma City, OK - 635	49	3.67	3.45	2.98	3.98	2.86	4.16	2.96	3.63
16	VAMC Shreveport, LA - 667	69	3.62	3.34	2.94	4.09	2.68	4.22	2.71	3.49
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	23	4.22	4.09	3.05	4.52	2.71	4.09	3.32	3.95
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	93	3.81	3.55	2.85	4.09	3.19	4.02	3.18	3.82
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	553	3.83	3.71	3.14	4.21	3.09	4.13	3.06	3.73
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	23	3.90	3.71	3.15	4.05	3.50	4.14	3.05	3.43
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	64	3.76	3.42	3.27	4.09	3.00	3.93	2.70	3.83
18	El Paso VA HCS, TX - 756	75	4.06	3.91	3.37	3.97	3.29	3.98	3.37	3.74
18	VA New Mexico HCS - 501	1	4.00	3.00	3.00	5.00	3.00	4.00	3.00	3.00
18	VA Northern Arizona HCS - 649	141	3.95	3.70	3.36	4.12	3.02	4.01	3.43	3.71

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Emotional/ Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling
18	VA Southern Arizona HCS - 678	161	3.96	3.86	3.27	4.22	3.07	4.17	3.51	3.74
18	VAMC Amarillo, TX - 504	35	4.14	3.88	3.03	4.54	3.08	4.41	3.38	3.84
18	VA West Texas HCS - 519	66	3.56	3.33	2.88	3.87	2.94	3.81	2.88	3.17
18	VAMC Phoenix, AZ - 644	425	3.64	3.58	3.48	3.84	3.46	3.81	3.51	3.83
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	39	3.97	3.80	3.33	3.85	2.88	3.66	3.04	3.84
19	VA Southern Colorado HCS, (Colorado Springs-567)	9	2.88	3.13	2.63	2.50	3.00	4.00	2.63	2.75
19	VAM&ROC Cheyenne, WY - 442	13	3.67	3.00	2.25	3.90	1.80	3.25	2.50	2.63
19	VA Eastern Colorado HCS (VAMC Denver - 554)	66	3.95	3.73	3.24	4.44	2.67	4.25	3.34	3.80
19	VAMC Grand Junction, CO - 575	45	4.71	4.47	4.16	4.80	3.71	4.42	4.22	4.40
19	VAMC Salt Lake City, UT - 660	127	3.90	3.91	3.16	4.33	2.79	4.31	3.46	3.41
19	VAMC Sheridan, WY - 666	20	3.89	3.37	2.94	4.25	3.21	4.21	3.28	3.78
20	VA Alaska HCS & RO - 463	39	4.29	4.06	3.76	4.31	3.56	4.27	3.50	3.90
20	VA DOM White City, OR - 692	100	3.63	3.39	2.92	3.97	2.49	3.84	3.34	3.46
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	305	3.69	3.61	3.18	4.15	3.42	4.14	3.47	3.69
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	145	3.56	3.44	3.28	3.67	3.19	3.63	3.20	3.30
20	VAMC Boise, ID - 531	33	4.48	4.10	3.36	4.64	3.52	4.48	3.79	4.27
20	VAMC Portland, OR - 648	54	3.70	3.44	3.07	3.73	3.17	3.81	3.10	3.56
20	VAMC Spokane, WA - 668	92	4.02	3.60	3.40	4.33	3.35	4.12	3.91	3.43
20	VAMC Walla Walla, WA - 687	61	4.22	3.83	3.22	4.51	3.24	4.48	3.58	4.15
21	VA Central California HCS, CA - 570	5	4.20	4.00	3.60	4.40	3.60	4.00	1.60	3.40
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	91	3.89	3.71	3.38	4.20	3.59	4.04	3.67	4.00
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	234	3.98	3.74	3.03	4.33	3.05	4.24	3.62	3.87
21	VA Sierra Nevada HCS, NV - 654	47	3.73	3.50	3.14	4.37	3.13	3.88	3.49	3.77
21	VAM&ROC Honolulu, HI - 459	37	3.67	3.45	3.11	4.06	3.17	4.24	2.94	3.20
21	VAMC San Francisco, CA - 662	15	3.77	3.27	3.31	3.77	2.73	3.77	2.00	3.92

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Emotional/Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/Counseling
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	308	3.86	3.61	3.09	4.27	2.92	4.12	3.28	3.67
22	VA Southern Nevada HCS - 593	192	3.77	3.61	3.15	4.14	3.05	3.91	3.17	3.36
22	VAMC Loma Linda, CA - 605	191	3.94	3.67	3.41	4.26	3.16	4.11	3.12	3.55
22	VAMC Long Beach, CA - 600	165	3.79	3.60	3.30	4.30	3.18	4.06	3.54	3.63
22	VAMC San Diego, CA - 664	339	3.98	3.77	3.42	4.16	3.05	4.00	3.41	3.89
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	77	4.00	3.53	3.09	4.50	3.15	4.20	3.05	4.00
23	VAH&ROC Sioux Falls, SD - 438	21	3.76	3.75	3.72	2.90	4.07	3.79	3.21	3.95
23	VAM&ROC Fargo, ND - 437	45	4.22	3.97	3.07	4.56	3.30	4.08	3.46	3.70
23	VAMC Minneapolis, MN - 618, and Superior, WI	85	4.09	3.82	3.32	4.52	2.65	4.32	3.60	4.01
23	VAMC St. Cloud, MN - 656	45	4.07	4.10	2.95	4.04	2.43	4.18	3.14	4.30
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	57	3.95	3.72	3.28	4.37	3.10	4.31	3.63	3.61
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	104	4.19	3.91	3.53	4.59	3.59	4.54	3.67	4.06
23	VAMC Iowa City, IA - 584	189	3.61	3.42	3.20	3.71	3.26	3.77	3.49	3.58

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/Pension	Welfare Payments
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	147	4.27	3.19	4.02	2.64	3.90	3.89	2.97	2.63
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	150	4.16	2.85	4.02	2.41	3.65	3.51	2.91	2.76
1	VAM&ROC Togus, ME - 402	97	3.66	2.51	3.49	2.16	2.70	2.82	2.68	2.57
1	VAM&ROC White River Junction, VT - 405									
1	VAMC Manchester, NH - 608	25	3.95	3.20	3.37	3.50	4.36	4.17	2.90	2.75
1	VAMC Northampton, MA - 631 (Leeds)	62	4.05	3.13	3.91	3.14	4.05	3.98	3.13	2.84
1	VAMC Providence, RI - 650, Bristol, RI	22	4.33	3.39	4.32	4.00	4.29	4.24	3.58	2.64
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	33	3.58	3.00	3.57	3.03	3.53	3.89	3.59	2.61
2	VAMC Albany, NY - 500	96	4.51	3.65	4.33	4.00	4.07	4.14	3.71	3.63
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	24	4.59	4.00	4.38	4.04	4.41	4.50	4.29	3.80
2	VAMC Syracuse, NY - 670	14	4.21	2.92	4.00	3.00	3.71	3.93	2.86	2.08
2	VAMC Bath, NY	49	4.48	3.00	4.43	4.41	4.52	4.50	3.02	2.15
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	45	4.43	2.60	4.12	4.59	4.68	4.73	3.03	2.31
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	113	3.96	3.55	3.98	3.94	4.25	3.95	2.94	3.04
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	90	4.06	2.61	3.77	2.83	3.73	3.77	2.91	2.81
3	VAMC Northport, NY - 632	22	4.26	3.06	3.94	3.55	4.41	4.36	2.65	3.24
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	61	3.89	3.14	3.85	3.51	3.72	3.59	3.13	2.77
4	VAM&ROC Wilmington, DE - 460	4	4.50	2.50	4.50	2.00	2.50	2.50	3.00	2.50
4	VAMC Altoona, PA - 503	19	3.00	2.11	3.00	1.39	3.22	3.28	2.88	2.94
4	VAMC Butler, PA - 529	6	4.17	3.17	4.17	3.50	3.67	3.67	2.80	3.40
4	VAMC Clarksburg, WV - 540	16	4.21	2.86	4.00	2.13	3.13	3.25	3.13	2.79
4	VAMC Coatesville - 542	106	4.40	2.79	4.02	3.82	4.25	4.19	3.26	2.87

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/Pension	Welfare Payments
4	VAMC Erie, PA - 562	19	4.00	3.33	3.93	3.00	3.76	3.88	3.73	3.31
4	VAMC Lebanon, PA - 595	32	4.32	3.61	4.19	3.20	3.90	3.67	2.74	2.29
4	VAMC Philadelphia, PA - 642	14	4.09	2.50	4.44	3.69	4.00	3.31	3.00	4.58
4	VAMC Wilkes-Barre, PA - 693	50	4.11	2.77	3.90	4.09	4.15	3.89	3.04	3.37
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	183	4.48	3.68	4.46	4.10	4.53	4.44	3.29	3.11
5	VAMC Martinsburg, WV - 613	60	4.29	3.08	3.84	3.24	3.73	3.80	3.19	2.81
5	VAMC Washington, DC - 688	143	3.83	2.58	3.60	2.43	3.22	3.25	2.82	2.32
6	VAMC Asheville, NC - 637	53	3.50	2.90	3.72	2.79	3.51	3.31	2.82	2.86
6	VAMC Beckley, WV - 517									
6	VAMC Durham, NC - 558	61	3.95	2.64	3.72	2.97	3.24	3.19	2.98	2.77
6	VAMC Fayetteville, NC - 565	13	2.75	1.85	2.08	2.69	2.46	2.23	2.54	2.15
6	VAMC Hampton, VA - 590	187	3.70	2.57	3.53	2.39	3.19	2.89	2.81	2.16
6	VAMC Richmond, VA - 652	18	4.22	3.29	3.94	3.22	4.22	4.27	2.94	2.31
6	VAMC Salem, VA - 658	55	4.57	2.90	4.53	1.79	3.60	3.49	2.89	2.03
6	VAMC Salisbury, NC - 659	100	4.43	2.23	3.95	2.74	3.34	3.26	2.07	2.56
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	388	3.38	2.64	3.24	2.65	3.03	2.99	2.59	2.34
7	VAMC - Augusta, GA - 509	41	4.37	3.46	4.19	3.38	3.92	4.15	3.43	2.86
7	VAMC Atlanta, GA - 508 (Decatur, GA)	260	4.34	3.15	3.98	2.78	3.80	3.86	3.31	2.60
7	VAMC Birmingham, AL - 521	59	4.16	3.09	3.93	2.63	4.27	4.34	2.48	2.10
7	VAMC Charleston, SC - 534	187	4.50	2.99	4.11	3.60	4.04	3.94	2.76	2.50
7	VAMC Columbia, SC - 544	68	3.77	2.51	3.27	2.53	3.17	3.09	2.52	2.02
7	VAMC Dublin, GA - 557	61	4.33	2.83	3.82	3.28	3.78	3.95	2.06	1.60
7	VAMC Tuscaloosa, AL - 679	66	3.86	3.16	3.54	2.97	3.84	3.97	2.95	2.58
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	120	3.82	2.65	3.71	2.70	3.69	3.63	3.18	2.66
8	VAH Tampa, FL - 673	18	3.87	3.00	3.36	2.33	3.94	4.00	3.81	2.87
8	VAMC Bay Pines - 516	366	4.14	2.66	4.00	2.89	3.57	3.52	3.27	2.43
8	VAMC Miami, FL - 546	45	3.81	2.74	3.24	3.93	4.13	4.18	3.54	2.74
8	VAMC West Palm Beach, FL - 548	76	4.29	2.95	4.20	3.44	4.01	4.01	3.11	2.84

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/Pension	Welfare Payments
8	VAMC San Juan, PR - 672	27	4.52	2.90	4.20	3.00	4.20	4.04	3.00	2.59
8	VAMC Orlando, FL-675	179	4.22	2.83	3.81	3.28	3.66	3.69	3.03	2.48
9	VAMC Huntington, WV - 581	19	4.13	2.33	3.00	1.76	2.71	2.88	2.75	2.71
9	VAMC Lexington, KY - 596	91	3.93	2.70	3.46	2.69	3.16	3.24	2.99	2.84
9	VAMC Louisville, KY - 603	159	4.20	3.30	3.68	3.31	3.63	3.56	3.08	2.70
9	VAMC Memphis, TN - 614	54	4.04	2.57	3.65	3.31	3.85	3.80	3.32	2.66
9	VAMC Mountain Home, TN - 621	53	4.08	2.77	3.78	2.49	3.46	3.62	2.78	2.31
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	86	3.99	3.13	3.72	3.13	3.30	3.13	3.16	2.56
10	VAMC Chillicothe, OH - 538	135	4.00	3.26	4.10	3.28	4.08	3.94	3.37	2.92
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	224	4.25	2.65	4.03	3.40	3.98	3.84	2.85	2.51
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	199	4.41	3.06	4.08	3.22	3.79	3.74	2.60	2.17
10	VAMC Dayton, OH - 552	20	4.25	2.88	3.56	2.79	3.33	3.61	2.72	2.75
10	VAOPC Columbus, OH - 757 (Grove City, OH)	42	4.17	2.62	3.92	3.05	3.71	3.56	3.14	2.73
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	63	4.15	3.06	3.54	3.52	4.15	4.13	3.07	2.75
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	58	3.88	2.87	4.02	2.79	3.83	3.84	3.06	2.75
11	VAMC Battle Creek, MI - 515	234	3.88	3.52	3.88	2.99	3.54	3.58	3.36	3.05
11	VAMC Danville, IL - 550	101	3.95	2.75	3.62	2.86	3.58	3.49	2.91	2.90
11	VAMC Detroit, MI - 553	87	4.18	2.87	3.57	3.16	3.64	3.49	2.86	2.54
11	VAMC Indianapolis - 583	262	3.80	2.66	3.64	2.80	3.68	3.72	2.92	2.52
11	VAMC Saginaw, MI - 655	27	4.50	3.10	4.57	2.73	3.62	3.36	3.08	3.45
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	273	4.03	2.96	3.69	3.10	3.64	3.52	3.20	2.87
12	VAH Madison, WI - 607	45	4.22	3.11	3.78	3.16	3.40	3.25	2.70	2.77
12	VAMC Iron Mountain, MI - 585									
12	VAMC Milwaukee, WI - 695	226	3.83	2.86	3.44	3.03	3.47	3.50	2.93	2.49
12	VAMC North Chicago, IL - 556	55	4.16	2.94	4.00	3.58	3.91	3.94	2.42	2.00
12	VAMC Tomah, WI - 676	53	4.49	3.66	4.21	3.82	4.46	4.17	3.26	2.80

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/Pension	Welfare Payments
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	105	4.26	2.37	3.82	3.72	4.01	3.96	3.04	2.18
15	VAH Columbia, MO - 543	44	4.41	3.07	4.33	3.02	3.97	3.98	3.27	3.06
15	VAM&ROC Wichita, KS - 452	91	3.92	2.80	3.38	2.23	2.70	2.72	2.80	2.88
15	VAMC Kansas City, MO - 589	294	3.61	3.14	3.43	2.66	3.28	3.29	2.81	2.71
15	VAMC Marion, IL - 609	3	5.00	3.00	3.00	3.67	3.67	2.33	2.33	2.33
15	VAMC Poplar Bluff, MO - 647	4	5.00	3.67	3.00	4.00	3.67	3.67	3.67	2.50
15	VAMC St. Louis, MO - 657	327	3.82	2.75	3.77	2.50	3.30	3.24	2.75	2.56
15	VAMC Topeka - 677	25	4.32	2.29	3.59	3.46	4.22	4.26	2.57	2.09
16	VA Central Arkansas HCS - 598	30	3.85	3.05	3.50	2.86	4.00	4.03	2.77	2.59
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	45	3.33	2.55	3.41	2.14	2.51	2.32	2.51	2.15
16	VAMC Alexandria, LA - 502	111	3.64	2.89	3.43	2.48	3.03	3.01	2.61	2.34
16	VAMC Fayetteville, AR - 564	14	4.31	2.31	4.08	3.86	4.21	3.93	2.15	1.92
16	VAMC Houston, TX - 580	183	4.30	3.22	4.13	3.19	3.75	3.78	3.27	2.29
16	VAMC Jackson, MS - 586	91	4.18	2.99	3.99	3.35	3.40	3.49	3.56	2.74
16	VAMC New Orleans, LA - 629	176	4.23	2.69	4.03	3.64	3.93	3.83	2.89	2.27
16	VAMC Oklahoma City, OK - 635	49	4.02	2.56	3.86	3.15	2.29	2.27	3.14	2.22
16	VAMC Shreveport, LA - 667	69	3.86	2.70	3.69	3.08	3.55	3.59	2.80	2.10
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	23	3.77	3.00	3.86	3.70	4.05	3.87	3.29	2.29
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	93	4.06	2.45	3.79	2.67	3.34	3.24	2.99	2.36
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	553	4.16	3.07	3.79	3.24	3.54	3.53	3.06	2.54
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	23	3.86	2.43	3.81	2.50	2.95	3.00	2.85	2.61
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	64	3.96	2.84	3.93	2.39	3.07	3.08	2.86	2.92
18	El Paso VA HCS, TX - 756	75	3.95	3.07	4.02	2.75	3.17	3.04	3.08	2.61
18	VA New Mexico HCS - 501	1	2.00	2.00	3.00	3.00	2.00	2.00	5.00	3.00
18	VA Northern Arizona HCS - 649	141	4.11	3.36	3.86	2.55	3.18	3.10	3.13	2.48

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/Pension	Welfare Payments
18	VA Southern Arizona HCS - 678	161	4.07	3.23	3.94	2.78	3.44	3.44	2.68	2.65
18	VAMC Amarillo, TX - 504	35	4.03	3.28	4.19	3.33	4.17	4.14	3.54	2.55
18	VA West Texas HCS - 519	66	3.49	2.80	3.57	2.34	3.03	3.00	2.60	2.23
18	VAMC Phoenix, AZ - 644	425	4.08	3.09	3.79	2.43	2.69	2.68	2.94	2.97
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	39	4.04	2.54	3.50	3.43	3.33	3.22	2.81	2.48
19	VA Southern Colorado HCS, (Colorado Springs-567)	9	3.38	1.88	2.38	1.50	2.63	2.50	2.00	2.25
19	VAM&ROC Cheyenne, WY - 442	13	3.75	2.00	3.00	2.20	2.40	1.89	2.38	1.63
19	VA Eastern Colorado HCS (VAMC Denver - 554)	66	4.12	3.00	3.98	2.45	3.48	3.41	3.20	2.40
19	VAMC Grand Junction, CO - 575	45	4.38	3.18	4.53	1.56	2.58	2.67	4.40	4.29
19	VAMC Salt Lake City, UT - 660	127	4.09	2.81	3.61	3.40	3.34	3.31	3.10	2.52
19	VAMC Sheridan, WY - 666	20	4.06	2.79	4.06	2.90	3.65	3.42	3.32	2.58
20	VA Alaska HCS & RO - 463	39	4.51	3.74	4.27	3.97	4.03	3.95	3.35	3.29
20	VA DOM White City, OR - 692	100	4.07	3.02	3.99	3.36	4.01	3.96	2.95	2.47
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	305	3.96	3.13	3.91	2.59	3.29	3.26	3.07	3.15
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	145	3.52	2.95	3.59	2.83	3.10	3.19	3.49	2.88
20	VAMC Boise, ID - 531	33	4.31	3.15	4.27	3.42	3.30	3.09	2.94	3.00
20	VAMC Portland, OR - 648	54	3.80	3.14	3.76	2.06	3.32	3.29	3.15	2.78
20	VAMC Spokane, WA - 668	92	3.68	3.33	3.73	3.28	3.84	3.97	3.44	3.29
20	VAMC Walla Walla, WA - 687	61	4.36	3.34	4.12	3.15	3.97	3.83	3.00	3.40
21	VA Central California HCS, CA - 570	5	4.40	2.40	4.20	1.20	1.40	1.60	3.00	3.00
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	91	4.12	3.44	3.96	2.78	3.85	3.81	3.40	3.28
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	234	4.16	3.06	3.99	3.14	3.48	3.47	3.08	2.71
21	VA Sierra Nevada HCS, NV - 654	47	3.89	2.67	3.81	2.18	2.89	2.80	3.10	2.49
21	VAM&ROC Honolulu, HI - 459	37	4.34	2.76	3.61	3.32	3.61	3.50	2.79	3.45
21	VAMC San Francisco, CA - 662	15	4.00	2.83	4.45	2.36	2.69	2.57	3.25	3.33

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/Pension	Welfare Payments
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	308	4.27	3.21	3.77	3.25	3.65	3.53	3.03	2.79
22	VA Southern Nevada HCS - 593	192	4.19	3.01	3.61	3.55	3.74	3.79	3.27	2.78
22	VAMC Loma Linda, CA - 605	191	4.10	2.94	3.66	2.52	2.94	2.78	3.01	2.75
22	VAMC Long Beach, CA - 600	165	4.20	3.13	3.84	2.86	3.41	3.31	3.08	2.99
22	VAMC San Diego, CA - 664	339	4.41	3.44	3.87	3.05	3.41	3.35	2.98	2.69
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	77	4.26	2.58	4.26	3.07	3.73	3.73	2.74	2.51
23	VAH&ROC Sioux Falls, SD - 438	21	4.15	3.76	3.95	2.62	3.29	3.10	2.75	2.78
23	VAM&ROC Fargo, ND - 437	45	3.85	2.81	3.63	3.73	3.71	3.53	3.07	2.72
23	VAMC Minneapolis, MN - 618, and Superior, WI	85	4.31	3.36	4.01	3.68	4.19	4.10	3.36	2.78
23	VAMC St. Cloud, MN - 656	45	4.51	2.68	4.23	3.02	3.79	3.88	3.02	2.33
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	57	3.85	3.02	3.70	3.37	3.81	3.71	3.04	2.88
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	104	4.14	3.19	4.16	2.69	3.08	2.68	3.47	2.73
23	VAMC Iowa City, IA - 584	189	3.59	3.02	3.42	2.57	3.01	2.93	3.08	3.09

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	147	3.02	2.83	3.33	3.07	3.20	3.69	3.76
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	150	3.02	3.05	3.33	2.69	2.67	3.70	3.22
1	VAM&ROC Togus, ME - 402	97	2.84	3.27	3.31	2.50	2.39	3.11	2.72
1	VAM&ROC White River Junction, VT - 405								
1	VAMC Manchester, NH - 608	25	3.21	3.27	3.52	3.10	3.43	4.09	4.04
1	VAMC Northampton, MA - 631 (Leeds)	62	2.89	3.24	3.62	2.58	2.89	3.76	3.66
1	VAMC Providence, RI - 650, Bristol, RI	22	3.41	4.00	3.65	3.45	3.10	4.28	4.33
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	33	3.12	2.70	3.00	2.61	2.81	3.66	3.80
2	VAMC Albany, NY - 500	96	3.52	3.45	3.96	3.67	4.05	4.03	4.21
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	24	4.11	3.79	3.89	3.95	4.30	4.70	4.19
2	VAMC Syracuse, NY - 670	14	2.67	2.82	3.29	3.38	3.43	4.07	3.79
2	VAMC Bath, NY	49	2.82	2.74	3.30	3.05	2.79	3.77	3.53
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	45	2.15	2.94	3.50	2.50	2.63	3.75	3.33
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	113	3.02	2.83	3.50	2.93	3.20	3.98	3.76
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	90	2.74	2.70	2.89	2.73	2.83	3.42	3.19
3	VAMC Northport, NY - 632	22	3.38	3.41	3.44	3.00	3.28	3.67	3.55
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	61	3.33	2.96	3.61	3.17	3.45	3.66	3.60
4	VAM&ROC Wilmington, DE - 460	4	3.50	3.00	3.25	2.75	2.75	3.25	3.75
4	VAMC Altoona, PA - 503	19	2.78	2.83	2.56	2.61	2.44	2.67	2.06
4	VAMC Butler, PA - 529	6	3.60	3.20	2.80	2.80	3.60	3.60	2.83
4	VAMC Clarksburg, WV - 540	16	2.79	2.62	3.20	3.29	3.20	3.57	3.81
4	VAMC Coatesville - 542	106	2.73	2.59	3.30	3.24	3.27	3.83	3.91

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
4	VAMC Erie, PA - 562	19	3.33	3.67	3.54	3.62	3.29	4.00	4.24
4	VAMC Lebanon, PA - 595	32	3.00	3.04	4.23	3.16	3.35	4.52	3.97
4	VAMC Philadelphia, PA - 642	14	3.20	3.00	3.33	3.33	3.33	3.82	4.15
4	VAMC Wilkes-Barre, PA - 693	50	3.23	3.13	3.61	3.06	3.30	4.02	3.66
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	183	3.31	3.04	3.86	3.81	3.72	4.53	4.32
5	VAMC Martinsburg, WV - 613	60	3.15	2.95	3.74	3.22	3.21	3.88	3.46
5	VAMC Washington, DC - 688	143	2.68	2.40	2.79	2.74	2.71	3.23	3.19
6	VAMC Asheville, NC - 637	53	2.97	2.58	3.26	2.95	2.98	3.79	3.29
6	VAMC Beckley, WV - 517								
6	VAMC Durham, NC - 558	61	2.79	2.90	3.26	2.61	2.93	3.54	3.15
6	VAMC Fayetteville, NC - 565	13	1.92	1.92	2.15	1.92	2.00	2.69	3.08
6	VAMC Hampton, VA - 590	187	2.53	2.38	3.19	2.49	2.73	3.41	3.01
6	VAMC Richmond, VA - 652	18	2.63	2.20	3.76	2.82	3.61	3.56	3.94
6	VAMC Salem, VA - 658	55	2.97	2.50	3.43	3.10	3.05	3.78	3.71
6	VAMC Salisbury, NC - 659	100	2.37	2.56	3.29	2.19	2.06	3.05	3.63
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	388	2.54	2.48	2.61	2.52	2.51	2.96	2.75
7	VAMC - Augusta, GA - 509	41	3.42	3.39	3.76	3.31	3.35	3.74	3.82
7	VAMC Atlanta, GA - 508 (Decatur, GA)	260	2.76	2.85	3.68	2.87	2.83	3.94	3.83
7	VAMC Birmingham, AL - 521	59	2.77	2.47	3.04	2.77	2.64	3.77	3.33
7	VAMC Charleston, SC - 534	187	2.70	2.86	3.51	2.97	2.95	3.71	3.79
7	VAMC Columbia, SC - 544	68	2.43	2.44	3.12	2.86	3.23	3.57	3.73
7	VAMC Dublin, GA - 557	61	1.75	1.89	3.73	2.71	2.95	3.47	3.21
7	VAMC Tuscaloosa, AL - 679	66	2.71	2.80	3.38	2.84	2.69	3.30	3.48
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	120	2.85	2.88	3.40	3.05	2.99	3.41	3.30
8	VAH Tampa, FL - 673	18	2.80	2.87	2.86	2.94	2.81	3.44	2.50
8	VAMC Bay Pines - 516	366	2.82	2.85	3.20	2.90	2.82	3.68	3.61
8	VAMC Miami, FL - 546	45	3.14	2.68	3.60	2.92	3.15	3.59	3.66
8	VAMC West Palm Beach, FL - 548	76	3.13	3.02	3.60	3.37	3.50	3.72	4.27

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
8	VAMC San Juan, PR - 672	27	3.00	3.00	3.50	3.13	3.04	4.24	3.96
8	VAMC Orlando, FL-675	179	2.83	2.33	3.26	2.74	3.01	3.81	3.62
9	VAMC Huntington, WV - 581	19	3.36	2.58	3.19	2.80	3.18	4.41	4.39
9	VAMC Lexington, KY - 596	91	2.95	2.91	3.11	3.08	3.33	3.43	3.30
9	VAMC Louisville, KY - 603	159	2.94	2.79	3.10	2.85	3.02	3.67	3.29
9	VAMC Memphis, TN - 614	54	2.91	2.77	3.18	2.96	2.98	3.57	3.43
9	VAMC Mountain Home, TN - 621	53	2.79	2.73	3.25	2.60	2.92	3.70	3.43
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	86	2.73	2.54	3.39	3.23	3.41	4.15	3.85
10	VAMC Chillicothe, OH - 538	135	2.96	3.17	3.50	3.42	3.45	4.17	4.08
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	224	2.58	2.53	2.92	2.45	2.80	3.69	3.61
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	199	2.41	2.40	2.92	2.62	3.05	3.69	3.43
10	VAMC Dayton, OH - 552	20	2.69	3.39	3.59	3.29	3.53	4.06	3.84
10	VAOPC Columbus, OH - 757 (Grove City, OH)	42	2.53	2.90	3.59	3.00	3.11	3.84	3.39
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	63	3.54	2.82	3.13	2.42	2.62	3.88	3.67
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	58	3.04	3.14	3.39	3.04	3.39	3.54	3.34
11	VAMC Battle Creek, MI - 515	234	3.35	3.36	3.49	3.30	3.34	3.88	3.51
11	VAMC Danville, IL - 550	101	3.29	2.95	3.24	3.09	3.14	3.75	3.70
11	VAMC Detroit, MI - 553	87	2.85	2.79	3.14	2.96	3.10	3.49	3.16
11	VAMC Indianapolis - 583	262	2.74	2.67	3.01	2.88	2.73	3.58	3.36
11	VAMC Saginaw, MI - 655	27	3.71	3.62	4.05	3.61	3.42	4.12	3.89
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	273	3.02	2.98	3.34	3.36	3.36	3.96	3.71
12	VAH Madison, WI - 607	45	3.28	3.11	3.48	3.29	3.37	3.90	3.84
12	VAMC Iron Mountain, MI - 585								
12	VAMC Milwaukee, WI - 695	226	2.57	2.63	2.99	2.67	2.64	3.24	2.97
12	VAMC North Chicago, IL - 556	55	2.08	2.74	3.36	2.70	3.06	3.74	3.69
12	VAMC Tomah, WI - 676	53	3.05	2.97	4.11	3.46	4.00	4.14	4.30

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	105	2.55	2.25	3.24	2.58	2.62	3.35	2.84
15	VAH Columbia, MO - 543	44	2.97	3.29	3.69	3.71	3.53	3.92	3.47
15	VAM&ROC Wichita, KS - 452	91	3.14	3.36	3.43	2.93	3.01	3.12	2.88
15	VAMC Kansas City, MO - 589	294	2.92	2.87	3.00	2.78	2.76	3.28	2.86
15	VAMC Marion, IL - 609	3	2.33	2.33	3.00	2.33	2.33	3.67	5.00
15	VAMC Poplar Bluff, MO - 647	4	2.00	3.00	2.00	4.00	2.67	5.00	3.33
15	VAMC St. Louis, MO - 657	327	2.84	2.82	3.20	2.71	2.67	3.50	2.94
15	VAMC Topeka - 677	25	2.61	2.25	3.05	2.82	3.36	3.95	3.45
16	VA Central Arkansas HCS - 598	30	3.14	3.00	3.64	3.44	3.22	3.72	4.00
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	45	2.43	2.25	2.75	2.50	2.55	3.69	2.83
16	VAMC Alexandria, LA - 502	111	2.47	2.65	3.24	2.48	2.63	3.31	3.08
16	VAMC Fayetteville, AR - 564	14	2.23	2.38	3.62	3.00	3.42	4.08	4.23
16	VAMC Houston, TX - 580	183	2.89	2.64	3.37	3.02	3.08	3.73	3.68
16	VAMC Jackson, MS - 586	91	2.82	2.98	3.33	2.99	3.26	3.90	3.93
16	VAMC New Orleans, LA - 629	176	2.93	2.75	3.01	2.88	2.98	3.65	3.85
16	VAMC Oklahoma City, OK - 635	49	2.71	2.67	3.10	2.82	3.06	3.53	3.35
16	VAMC Shreveport, LA - 667	69	2.64	2.72	3.54	3.03	3.13	3.33	3.48
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	23	2.52	2.06	3.35	2.58	3.17	3.45	3.04
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	93	2.90	2.93	3.41	2.59	2.82	3.65	3.60
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	553	2.72	2.63	3.29	2.84	2.82	3.62	3.30
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	23	3.25	3.06	3.62	2.55	2.57	3.62	3.05
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	64	2.96	2.96	3.06	3.00	3.38	3.81	3.32
18	El Paso VA HCS, TX - 756	75	2.81	2.77	3.40	2.64	2.92	3.42	3.12
18	VA New Mexico HCS - 501	1	3.00	3.00	4.00	3.00	3.00	3.00	3.00
18	VA Northern Arizona HCS - 649	141	2.94	3.00	3.29	2.95	3.00	3.68	3.39

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
18	VA Southern Arizona HCS - 678	161	2.73	2.83	3.03	2.78	2.77	3.64	3.59
18	VAMC Amarillo, TX - 504	35	2.73	2.82	3.73	3.15	3.29	3.88	3.82
18	VA West Texas HCS - 519	66	2.67	2.46	2.77	2.56	2.78	3.21	2.66
18	VAMC Phoenix, AZ - 644	425	2.92	3.20	3.38	2.98	2.92	3.50	3.26
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	39	3.13	3.46	3.78	3.16	3.49	3.88	3.40
19	VA Southern Colorado HCS, (Colorado Springs-567)	9	2.13	1.88	2.38	2.50	2.63	2.25	2.38
19	VAM&ROC Cheyenne, WY - 442	13	3.25	2.57	3.00	2.10	2.50	3.00	2.22
19	VA Eastern Colorado HCS (VAMC Denver - 554)	66	2.65	2.49	3.47	2.70	3.00	3.77	3.90
19	VAMC Grand Junction, CO - 575	45	4.49	4.16	4.04	3.78	3.67	4.22	4.07
19	VAMC Salt Lake City, UT - 660	127	2.92	2.97	3.26	2.88	2.95	3.46	3.40
19	VAMC Sheridan, WY - 666	20	2.79	2.79	2.63	2.89	2.84	3.68	3.20
20	VA Alaska HCS & RO - 463	39	3.44	3.42	4.08	3.50	3.59	4.05	3.82
20	VA DOM White City, OR - 692	100	2.84	2.58	3.16	3.04	3.17	3.47	3.51
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	305	2.92	3.08	3.47	2.73	2.77	3.85	3.56
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	145	3.15	3.05	3.18	3.10	3.10	3.51	3.38
20	VAMC Boise, ID - 531	33	3.39	3.45	3.91	3.45	3.82	4.15	4.09
20	VAMC Portland, OR - 648	54	3.08	2.78	3.15	2.91	2.87	3.38	3.06
20	VAMC Spokane, WA - 668	92	3.35	3.14	3.35	3.28	3.53	4.07	3.84
20	VAMC Walla Walla, WA - 687	61	3.21	3.33	3.78	3.47	3.70	4.02	3.80
21	VA Central California HCS, CA - 570	5	2.50	2.25	1.80	2.00	1.25	4.00	3.60
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	91	3.66	3.37	3.60	3.29	3.19	4.05	3.37
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	234	3.07	2.74	3.26	2.97	3.04	3.68	3.61
21	VA Sierra Nevada HCS, NV - 654	47	2.82	2.25	2.83	2.76	2.92	3.61	3.35
21	VAM&ROC Honolulu, HI - 459	37	2.91	2.58	3.56	3.15	3.38	3.88	3.53
21	VAMC San Francisco, CA - 662	15	2.58	2.77	3.38	3.15	3.08	3.75	2.62

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	308	3.15	2.80	3.66	2.96	3.11	3.80	3.73
22	VA Southern Nevada HCS - 593	192	2.91	2.94	3.32	2.85	3.01	3.81	3.84
22	VAMC Loma Linda, CA - 605	191	3.13	2.79	3.12	3.02	3.05	3.53	3.30
22	VAMC Long Beach, CA - 600	165	3.06	2.94	3.45	3.24	3.37	3.84	3.63
22	VAMC San Diego, CA - 664	339	2.81	2.70	3.14	3.18	3.16	3.97	4.10
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	77	3.03	2.81	3.22	3.18	3.00	3.30	3.71
23	VAH&ROC Sioux Falls, SD - 438	21	2.78	3.29	3.63	3.20	3.00	4.05	3.05
23	VAM&ROC Fargo, ND - 437	45	2.97	2.63	3.57	3.34	3.60	4.14	3.25
23	VAMC Minneapolis, MN - 618, and Superior, WI	85	2.96	2.87	3.41	2.94	3.09	3.99	3.91
23	VAMC St. Cloud, MN - 656	45	2.68	2.84	2.91	3.32	3.43	4.10	3.91
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	57	3.16	3.08	3.54	3.46	3.43	3.88	3.63
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	104	3.14	2.99	3.46	3.07	3.08	3.86	3.39
23	VAMC Iowa City, IA - 584	189	3.05	3.11	3.14	3.19	3.20	3.82	3.67

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Education	Child care	Family Reconciliation	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	147	3.28	2.79	2.94	3.06	3.56	3.15	3.24	3.23
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	150	3.17	2.99	2.94	3.02	3.67	3.14	3.23	2.86
1	VAM&ROC Togus, ME - 402	97	3.41	3.28	2.81	2.94	3.43	2.62	3.00	2.64
1	VAM&ROC White River Junction, VT - 405									
1	VAMC Manchester, NH - 608	25	3.84	2.93	2.62	3.14	3.55	3.27	3.20	2.89
1	VAMC Northampton, MA - 631 (Leeds)	62	3.33	2.86	2.87	3.00	3.85	3.28	3.11	2.94
1	VAMC Providence, RI - 650, Bristol, RI	22	3.47	3.30	3.73	3.45	3.53	2.91	3.30	2.93
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	33	3.26	2.95	2.83	2.72	3.62	2.96	3.29	3.04
2	VAMC Albany, NY - 500	96	3.74	2.84	3.09	3.31	3.99	3.48	3.50	3.44
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	24	4.48	3.79	3.55	4.25	4.05	4.42	4.55	3.90
2	VAMC Syracuse, NY - 670	14	3.62	2.40	2.54	2.17	3.64	2.67	2.58	2.58
2	VAMC Bath, NY	49	3.45	2.46	2.65	3.38	4.04	2.91	3.45	2.73
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	45	2.90	2.79	3.00	3.29	3.97	3.29	3.57	2.66
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	113	2.93	2.32	2.69	2.60	3.60	2.60	2.65	3.50
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	90	2.99	2.83	2.61	2.82	3.04	2.72	2.97	2.45
3	VAMC Northport, NY - 632	22	3.00	3.27	3.47	3.50	4.00	3.38	4.07	2.89
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	61	3.46	2.33	2.60	2.98	3.74	2.72	3.18	3.02
4	VAM&ROC Wilmington, DE - 460	4	3.75	2.75	3.00	3.00	3.50	2.67	3.50	2.50
4	VAMC Altoona, PA - 503	19	2.89	2.76	2.17	2.67	3.39	1.06	2.53	1.94
4	VAMC Butler, PA - 529	6	3.83	2.40	2.20	2.80	2.60	2.83	3.00	2.20
4	VAMC Clarksburg, WV - 540	16	3.27	1.75	1.82	2.75	3.86	2.55	3.09	2.83
4	VAMC Coatesville - 542	106	3.26	2.32	2.62	3.01	4.14	2.81	2.97	2.81

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Education	Child care	Family Reconciliation	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
4	VAMC Erie, PA - 562	19	3.47	3.23	3.33	3.50	3.43	3.40	3.40	3.46
4	VAMC Lebanon, PA - 595	32	3.25	2.76	3.35	3.23	4.32	3.45	3.00	3.24
4	VAMC Philadelphia, PA - 642	14	3.29	2.80	3.09	3.00	3.40	2.75	2.63	2.82
4	VAMC Wilkes-Barre, PA - 693	50	3.45	2.76	3.03	3.17	4.00	2.88	3.16	3.05
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	183	3.95	2.70	3.24	3.26	4.31	3.25	3.18	3.65
5	VAMC Martinsburg, WV - 613	60	3.39	2.64	3.00	3.41	3.80	3.17	3.17	3.09
5	VAMC Washington, DC - 688	143	2.77	2.48	2.44	2.58	3.22	2.79	2.71	2.61
6	VAMC Asheville, NC - 637	53	3.28	2.74	2.81	2.88	4.07	3.00	3.24	3.41
6	VAMC Beckley, WV - 517									
6	VAMC Durham, NC - 558	61	3.11	2.78	2.43	2.89	3.49	2.71	2.93	3.00
6	VAMC Fayetteville, NC - 565	13	2.62	2.00	2.23	2.38	2.54	1.77	2.15	2.08
6	VAMC Hampton, VA - 590	187	2.66	2.21	2.57	2.57	3.71	2.53	2.85	2.85
6	VAMC Richmond, VA - 652	18	3.67	2.44	2.33	2.81	3.94	2.64	2.57	3.28
6	VAMC Salem, VA - 658	55	3.46	3.46	3.26	3.41	4.30	3.04	3.48	3.19
6	VAMC Salisbury, NC - 659	100	2.69	2.71	2.24	2.72	3.48	2.53	2.47	2.15
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	388	2.84	2.62	2.61	2.77	3.24	2.55	2.74	2.56
7	VAMC - Augusta, GA - 509	41	3.71	2.80	2.97	3.15	4.24	3.28	3.57	3.14
7	VAMC Atlanta, GA - 508 (Decatur, GA)	260	3.34	2.68	2.82	3.02	3.89	2.90	3.24	3.32
7	VAMC Birmingham, AL - 521	59	3.11	2.67	2.55	2.79	3.89	2.97	2.92	2.73
7	VAMC Charleston, SC - 534	187	3.58	2.69	2.67	3.08	3.89	2.87	2.88	2.91
7	VAMC Columbia, SC - 544	68	2.95	2.13	1.92	2.52	3.81	2.92	2.36	2.63
7	VAMC Dublin, GA - 557	61	2.92	2.00	2.61	2.45	3.65	2.93	2.70	2.84
7	VAMC Tuscaloosa, AL - 679	66	3.00	2.86	2.76	2.84	3.71	2.69	3.36	2.84
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	120	3.38	2.53	2.60	2.93	3.46	2.81	3.05	2.92
8	VAH Tampa, FL - 673	18	2.80	2.77	2.31	2.54	3.00	2.62	2.67	2.85
8	VAMC Bay Pines - 516	366	3.22	2.66	2.76	3.10	3.61	2.86	3.18	2.87
8	VAMC Miami, FL - 546	45	3.24	2.45	2.54	3.06	3.33	2.79	2.63	2.94
8	VAMC West Palm Beach, FL - 548	76	3.30	2.64	2.67	2.88	3.87	3.36	3.19	3.27

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Education	Child care	Family Reconciliation	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
8	VAMC San Juan, PR - 672	27	3.36	2.71	3.39	3.50	3.40	3.20	3.07	2.95
8	VAMC Orlando, FL-675	179	3.42	2.24	2.49	2.81	3.77	2.99	3.01	2.73
9	VAMC Huntington, WV - 581	19	3.29	3.00	3.00	2.64	3.81	3.08	3.00	3.31
9	VAMC Lexington, KY - 596	91	3.09	2.74	2.89	3.04	3.52	3.04	3.11	2.81
9	VAMC Louisville, KY - 603	159	3.23	2.74	2.81	2.88	3.63	2.91	2.94	2.90
9	VAMC Memphis, TN - 614	54	3.49	2.76	2.85	3.13	3.79	2.93	3.28	2.83
9	VAMC Mountain Home, TN - 621	53	2.96	2.30	2.30	2.98	4.02	3.07	3.04	2.58
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	86	3.32	2.66	2.51	2.75	3.78	3.01	2.94	2.57
10	VAMC Chillicothe, OH - 538	135	3.65	3.26	3.27	3.47	4.17	3.18	3.31	3.42
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	224	3.02	2.40	2.70	2.60	3.78	2.74	2.76	2.45
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	199	2.89	2.22	2.65	2.65	3.91	2.69	2.66	2.26
10	VAMC Dayton, OH - 552	20	3.28	3.00	2.78	2.88	4.17	2.88	3.25	2.82
10	VAOPC Columbus, OH - 757 (Grove City, OH)	42	3.14	2.61	2.94	2.94	3.56	2.83	3.03	3.60
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	63	3.00	2.30	2.45	2.48	3.17	2.57	2.68	2.53
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	58	3.42	2.86	3.00	3.02	4.05	3.06	3.29	3.02
11	VAMC Battle Creek, MI - 515	234	3.47	3.48	3.30	3.48	3.97	3.41	3.49	3.37
11	VAMC Danville, IL - 550	101	3.60	3.14	3.05	3.18	3.85	3.12	3.11	2.90
11	VAMC Detroit, MI - 553	87	3.29	2.67	2.60	2.73	3.54	2.77	3.05	2.85
11	VAMC Indianapolis - 583	262	3.18	2.51	2.70	2.85	3.56	2.78	2.87	2.73
11	VAMC Saginaw, MI - 655	27	3.78	3.59	2.94	3.45	4.38	3.44	3.89	3.30
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	273	3.44	2.85	2.83	3.01	3.74	3.16	3.16	2.89
12	VAH Madison, WI - 607	45	3.65	2.97	2.72	2.74	3.76	3.45	3.30	3.13
12	VAMC Iron Mountain, MI - 585									
12	VAMC Milwaukee, WI - 695	226	2.98	2.58	2.59	2.76	3.33	2.79	3.09	2.71
12	VAMC North Chicago, IL - 556	55	2.96	2.50	2.36	2.67	3.74	2.67	2.88	2.62
12	VAMC Tomah, WI - 676	53	3.63	3.13	2.78	3.18	3.48	3.19	3.28	3.33

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Education	Child care	Family Reconciliation	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	105	2.99	2.23	2.42	2.81	3.96	2.59	2.83	2.49
15	VAH Columbia, MO - 543	44	3.68	2.88	3.12	3.28	4.00	3.00	3.54	3.00
15	VAM&ROC Wichita, KS - 452	91	3.16	3.38	3.32	3.08	3.84	3.01	3.14	3.21
15	VAMC Kansas City, MO - 589	294	3.07	2.86	2.97	2.90	3.39	2.92	3.06	2.71
15	VAMC Marion, IL - 609	3	3.67	2.33	2.33	3.67	5.00	2.33	2.33	2.33
15	VAMC Poplar Bluff, MO - 647	4	4.00	3.00	3.00	2.00	4.67	3.00	3.00	3.00
15	VAMC St. Louis, MO - 657	327	3.12	3.05	2.94	2.97	3.75	3.10	3.14	2.82
15	VAMC Topeka - 677	25	3.32	1.78	2.26	2.95	3.52	2.44	2.50	2.63
16	VA Central Arkansas HCS - 598	30	3.68	2.77	2.93	2.94	3.64	3.11	3.56	3.06
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	45	3.07	2.67	2.55	2.68	4.07	2.90	3.11	2.71
16	VAMC Alexandria, LA - 502	111	3.00	2.63	2.58	2.87	3.68	3.03	2.74	2.46
16	VAMC Fayetteville, AR - 564	14	3.62	2.25	2.36	2.55	3.08	2.17	3.17	2.00
16	VAMC Houston, TX - 580	183	3.30	2.66	2.86	3.08	3.71	2.99	3.16	3.18
16	VAMC Jackson, MS - 586	91	3.47	2.90	3.07	3.15	3.98	3.33	3.21	3.13
16	VAMC New Orleans, LA - 629	176	3.35	2.33	2.68	2.91	3.92	2.67	2.79	2.55
16	VAMC Oklahoma City, OK - 635	49	3.06	2.31	2.55	2.69	3.39	3.08	2.98	2.86
16	VAMC Shreveport, LA - 667	69	3.06	2.34	2.49	2.85	3.81	2.48	2.89	2.56
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	23	3.17	2.06	2.00	3.00	4.00	3.06	2.94	2.57
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	93	3.30	2.61	2.70	2.77	3.44	2.69	2.99	2.72
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	553	3.14	2.56	2.70	2.86	3.79	2.80	3.15	3.18
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	23	3.00	3.05	2.95	3.00	3.76	3.26	3.15	2.95
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	64	3.30	2.62	2.60	3.10	3.74	2.98	3.25	2.73
18	El Paso VA HCS, TX - 756	75	3.10	2.79	2.77	3.18	3.60	3.25	2.92	2.98
18	VA New Mexico HCS - 501	1	3.00	3.00	3.00	3.00	4.00	4.00	3.00	1.00
18	VA Northern Arizona HCS - 649	141	3.58	3.05	2.99	3.15	3.80	3.06	3.24	3.12

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Education	Child care	Family Reconciliation	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
18	VA Southern Arizona HCS - 678	161	3.00	2.89	2.87	3.15	3.52	3.10	3.18	2.76
18	VAMC Amarillo, TX - 504	35	3.19	2.57	2.55	3.34	3.73	3.17	3.67	3.06
18	VA West Texas HCS - 519	66	3.24	2.67	2.54	2.95	3.47	2.80	2.86	2.59
18	VAMC Phoenix, AZ - 644	425	3.39	3.48	3.37	3.28	3.74	3.40	3.49	3.23
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	39	3.73	3.05	3.29	3.38	3.97	3.22	3.48	3.24
19	VA Southern Colorado HCS, (Colorado Springs-567)	9	2.25	2.63	2.63	2.63	3.63	3.13	2.63	2.43
19	VAM&ROC Cheyenne, WY - 442	13	3.10	2.00	2.00	2.89	3.11	2.71	2.57	2.43
19	VA Eastern Colorado HCS (VAMC Denver - 554)	66	3.27	2.41	2.51	2.51	3.42	2.67	2.84	3.04
19	VAMC Grand Junction, CO - 575	45	4.09	3.49	3.73	3.76	4.58	3.58	3.87	3.69
19	VAMC Salt Lake City, UT - 660	127	3.25	2.57	2.77	3.04	3.36	3.11	3.29	3.03
19	VAMC Sheridan, WY - 666	20	3.00	2.89	2.58	2.95	3.50	3.06	3.35	2.84
20	VA Alaska HCS & RO - 463	39	3.65	3.48	3.64	3.36	4.11	3.80	3.90	3.73
20	VA DOM White City, OR - 692	100	3.23	2.60	2.43	2.70	3.76	2.67	2.89	2.52
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	305	3.33	3.12	2.92	3.21	3.67	3.25	3.43	2.86
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	145	3.41	3.27	3.00	3.28	3.58	3.27	3.26	3.15
20	VAMC Boise, ID - 531	33	3.39	3.30	3.19	3.67	3.91	3.53	3.45	3.30
20	VAMC Portland, OR - 648	54	3.07	2.86	2.87	2.97	3.24	2.80	2.92	2.95
20	VAMC Spokane, WA - 668	92	3.53	3.11	3.15	3.35	3.56	3.20	3.49	3.20
20	VAMC Walla Walla, WA - 687	61	3.77	2.91	2.86	3.26	3.98	3.49	3.26	2.97
21	VA Central California HCS, CA - 570	5	3.20	1.60	1.80	2.75	3.50	2.80	3.75	1.75
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	91	3.42	3.16	3.19	3.31	3.78	3.33	3.33	3.13
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	234	3.36	2.80	2.85	3.02	3.71	3.33	3.17	2.96
21	VA Sierra Nevada HCS, NV - 654	47	2.92	2.54	2.63	3.00	3.12	2.73	2.90	2.59
21	VAM&ROC Honolulu, HI - 459	37	2.80	2.64	2.89	2.87	3.21	3.04	2.89	3.24
21	VAMC San Francisco, CA - 662	15	2.69	2.75	2.36	2.83	3.54	2.08	2.92	2.77

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Education	Child care	Family Reconciliation	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	308	3.43	2.85	2.95	2.96	3.56	3.11	3.19	2.78
22	VA Southern Nevada HCS - 593	192	3.17	2.65	2.73	2.90	3.26	3.03	3.17	3.01
22	VAMC Loma Linda, CA - 605	191	3.08	2.61	2.85	3.00	3.48	3.17	3.23	2.75
22	VAMC Long Beach, CA - 600	165	3.37	3.01	3.01	2.98	3.46	3.18	3.22	2.83
22	VAMC San Diego, CA - 664	339	3.62	2.66	2.97	2.79	3.64	3.21	3.09	3.04
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	77	3.29	2.62	2.58	2.91	3.87	2.81	3.06	2.76
23	VAH&ROC Sioux Falls, SD - 438	21	3.18	3.56	3.31	3.39	3.78	3.82	3.72	3.44
23	VAM&ROC Fargo, ND - 437	45	3.35	2.40	2.57	2.55	3.38	3.09	2.78	2.77
23	VAMC Minneapolis, MN - 618, and Superior, WI	85	3.45	2.87	2.89	3.31	3.68	3.05	3.33	3.36
23	VAMC St. Cloud, MN - 656	45	3.38	2.33	2.52	2.91	3.74	2.82	2.83	2.82
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	57	3.38	3.04	2.94	2.87	3.94	3.00	3.28	2.94
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	104	3.41	2.89	2.99	3.21	3.96	3.18	3.53	3.19
23	VAMC Iowa City, IA - 584	189	3.53	3.29	3.23	3.21	3.73	3.33	3.43	3.10

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	147	2.96	3.10	3.35
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	150	2.78	2.92	3.22
1	VAM&ROC Togus, ME - 402	97	2.61	2.91	2.80
1	VAM&ROC White River Junction, VT - 405				
1	VAMC Manchester, NH - 608	25	2.73	3.12	3.24
1	VAMC Northampton, MA - 631 (Leeds)	62	2.76	3.11	3.49
1	VAMC Providence, RI - 650, Bristol, RI	22	2.83	2.85	3.68
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	33	2.55	3.38	3.29
2	VAMC Albany, NY - 500	96	3.43	3.24	3.99
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	24	3.90	3.58	4.14
2	VAMC Syracuse, NY - 670	14	2.09	2.25	2.69
2	VAMC Bath, NY	49	3.32	3.00	3.71
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	45	2.48	2.36	3.22
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	113	2.74	3.10	3.65
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	90	2.66	2.71	3.14
3	VAMC Northport, NY - 632	22	3.06	3.13	3.89
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	61	2.80	3.11	3.42
4	VAM&ROC Wilmington, DE - 460	4	2.75	2.50	2.75
4	VAMC Altoona, PA - 503	19	2.44	1.83	2.72
4	VAMC Butler, PA - 529	6	2.20	2.40	2.50
4	VAMC Clarksburg, WV - 540	16	2.18	2.27	3.15
4	VAMC Coatesville - 542	106	2.63	2.86	3.29

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
4	VAMC Erie, PA - 562	19	3.20	3.17	3.64
4	VAMC Lebanon, PA - 595	32	3.36	3.75	3.93
4	VAMC Philadelphia, PA - 642	14	2.75	2.63	2.73
4	VAMC Wilkes-Barre, PA - 693	50	2.73	2.43	3.53
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	183	3.39	3.44	4.14
5	VAMC Martinsburg, WV - 613	60	3.09	3.11	3.39
5	VAMC Washington, DC - 688	143	2.53	2.50	2.76
6	VAMC Asheville, NC - 637	53	2.97	2.54	3.21
6	VAMC Beckley, WV - 517				
6	VAMC Durham, NC - 558	61	2.71	2.60	3.24
6	VAMC Fayetteville, NC - 565	13	1.77	1.92	2.08
6	VAMC Hampton, VA - 590	187	2.34	2.49	2.88
6	VAMC Richmond, VA - 652	18	2.14	2.73	3.06
6	VAMC Salem, VA - 658	55	2.81	3.04	3.66
6	VAMC Salisbury, NC - 659	100	2.34	2.35	2.89
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	388	2.44	2.34	2.69
7	VAMC - Augusta, GA - 509	41	3.14	3.31	4.21
7	VAMC Atlanta, GA - 508 (Decatur, GA)	260	2.95	3.02	3.70
7	VAMC Birmingham, AL - 521	59	2.63	2.63	3.19
7	VAMC Charleston, SC - 534	187	2.73	2.87	3.49
7	VAMC Columbia, SC - 544	68	2.06	2.40	2.97
7	VAMC Dublin, GA - 557	61	2.41	2.48	2.86
7	VAMC Tuscaloosa, AL - 679	66	2.62	2.67	3.17
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	120	2.55	2.66	3.00
8	VAH Tampa, FL - 673	18	2.85	2.46	3.38
8	VAMC Bay Pines - 516	366	2.56	2.66	3.09
8	VAMC Miami, FL - 546	45	2.91	3.06	3.59
8	VAMC West Palm Beach, FL - 548	76	2.73	2.67	3.66

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
8	VAMC San Juan, PR - 672	27	2.68	2.94	3.71
8	VAMC Orlando, FL-675	179	2.59	2.73	3.27
9	VAMC Huntington, WV - 581	19	2.79	2.77	2.92
9	VAMC Lexington, KY - 596	91	2.56	2.60	2.92
9	VAMC Louisville, KY - 603	159	2.78	2.86	3.36
9	VAMC Memphis, TN - 614	54	2.68	2.65	3.37
9	VAMC Mountain Home, TN - 621	53	2.60	2.71	3.21
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	86	2.70	2.81	3.29
10	VAMC Chillicothe, OH - 538	135	2.99	3.05	3.61
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	224	2.44	2.68	3.44
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	199	2.39	2.50	3.08
10	VAMC Dayton, OH - 552	20	2.88	3.00	3.33
10	VAOPC Columbus, OH - 757 (Grove City, OH)	42	2.60	2.72	3.15
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	63	2.17	2.42	3.22
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	58	2.90	3.06	3.64
11	VAMC Battle Creek, MI - 515	234	3.29	3.09	3.29
11	VAMC Danville, IL - 550	101	2.77	2.83	3.37
11	VAMC Detroit, MI - 553	87	2.65	2.70	3.11
11	VAMC Indianapolis - 583	262	2.51	2.54	3.10
11	VAMC Saginaw, MI - 655	27	2.95	2.77	4.00
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	273	2.96	2.80	3.43
12	VAH Madison, WI - 607	45	3.00	3.03	3.20
12	VAMC Iron Mountain, MI - 585				
12	VAMC Milwaukee, WI - 695	226	2.79	2.87	3.01
12	VAMC North Chicago, IL - 556	55	2.82	2.67	3.35
12	VAMC Tomah, WI - 676	53	2.94	3.05	3.44

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	105	2.23	2.44	2.92
15	VAH Columbia, MO - 543	44	2.46	2.78	3.81
15	VAM&ROC Wichita, KS - 452	91	3.14	3.10	3.18
15	VAMC Kansas City, MO - 589	294	2.85	2.93	3.03
15	VAMC Marion, IL - 609	3	2.33	2.33	3.00
15	VAMC Poplar Bluff, MO - 647	4	3.00	4.00	4.50
15	VAMC St. Louis, MO - 657	327	2.77	2.69	3.01
15	VAMC Topeka - 677	25	2.32	2.35	3.53
16	VA Central Arkansas HCS - 598	30	2.81	3.21	3.04
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	45	2.60	2.45	2.88
16	VAMC Alexandria, LA - 502	111	2.78	2.58	3.09
16	VAMC Fayetteville, AR - 564	14	2.25	2.42	3.50
16	VAMC Houston, TX - 580	183	2.86	3.11	3.36
16	VAMC Jackson, MS - 586	91	2.95	2.98	3.30
16	VAMC New Orleans, LA - 629	176	2.39	2.63	3.15
16	VAMC Oklahoma City, OK - 635	49	2.72	2.65	2.94
16	VAMC Shreveport, LA - 667	69	2.42	2.51	3.17
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	23	2.80	3.24	3.25
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	93	2.59	2.50	3.17
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	553	2.64	2.93	3.22
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	23	2.95	2.68	3.10
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	64	2.63	2.67	2.69
18	El Paso VA HCS, TX - 756	75	3.18	3.19	3.36
18	VA New Mexico HCS - 501	1	3.00	3.00	3.00
18	VA Northern Arizona HCS - 649	141	2.94	3.01	3.56

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
18	VA Southern Arizona HCS - 678	161	2.79	3.11	3.22
18	VAMC Amarillo, TX - 504	35	2.84	2.83	3.28
18	VA West Texas HCS - 519	66	2.62	2.69	2.69
18	VAMC Phoenix, AZ - 644	425	3.28	2.91	3.24
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	39	3.05	3.25	3.34
19	VA Southern Colorado HCS, (Colorado Springs-567)	9	2.00	2.13	2.25
19	VAM&ROC Cheyenne, WY - 442	13	3.29	3.00	2.88
19	VA Eastern Colorado HCS (VAMC Denver - 554)	66	2.34	2.60	3.51
19	VAMC Grand Junction, CO - 575	45	3.02	3.07	4.13
19	VAMC Salt Lake City, UT - 660	127	2.63	2.58	2.97
19	VAMC Sheridan, WY - 666	20	2.89	2.68	3.00
20	VA Alaska HCS & RO - 463	39	3.68	3.55	4.00
20	VA DOM White City, OR - 692	100	2.51	2.70	3.13
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	305	2.96	2.94	3.30
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	145	3.13	3.07	3.14
20	VAMC Boise, ID - 531	33	3.22	3.19	3.70
20	VAMC Portland, OR - 648	54	2.76	3.03	3.24
20	VAMC Spokane, WA - 668	92	3.11	2.98	3.37
20	VAMC Walla Walla, WA - 687	61	2.93	3.10	3.62
21	VA Central California HCS, CA - 570	5	2.75	1.50	2.50
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	91	3.00	3.29	3.60
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	234	2.99	2.97	3.49
21	VA Sierra Nevada HCS, NV - 654	47	2.86	2.59	2.68
21	VAM&ROC Honolulu, HI - 459	37	2.71	2.79	3.00
21	VAMC San Francisco, CA - 662	15	2.09	2.18	2.92

5 point scale: 1= unmet need ... 5 = met need

Appendix 1: 2010 CHALENG Needs Score by VA Facility - Homeless Veterans' Assessment

VISN	VA Facility - 2010 Name	Veteran Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	308	2.77	3.08	3.38
22	VA Southern Nevada HCS - 593	192	2.80	2.90	3.11
22	VAMC Loma Linda, CA - 605	191	2.70	2.89	3.25
22	VAMC Long Beach, CA - 600	165	2.85	3.12	3.26
22	VAMC San Diego, CA - 664	339	2.85	3.25	3.36
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	77	2.70	2.72	3.30
23	VAH&ROC Sioux Falls, SD - 438	21	3.69	3.29	3.11
23	VAM&ROC Fargo, ND - 437	45	2.64	3.12	3.37
23	VAMC Minneapolis, MN - 618, and Superior, WI	85	3.33	3.00	3.64
23	VAMC St. Cloud, MN - 656	45	2.44	2.60	3.11
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	57	2.79	2.64	3.67
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	104	2.75	2.79	3.30
23	VAMC Iowa City, IA - 584	189	3.12	3.06	3.27

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	30	3.96	3.81	3.88	3.81	3.81	3.26	3.71	3.68
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	52	3.45	3.63	3.51	3.24	3.47	2.84	3.46	3.51
1	VAM&ROC Togus, ME - 402	39	3.76	3.92	3.81	2.97	2.62	2.54	3.27	3.38
1	VAM&ROC White River Junction, VT - 405	5	2.75	3.80	3.60	2.80	3.00	2.40	2.80	2.80
1	VAMC Manchester, NH - 608	26	3.40	3.96	3.96	3.54	3.56	3.28	3.24	3.36
1	VAMC Northampton, MA - 631 (Leeds)	19	3.37	3.84	3.68	3.84	3.21	3.16	3.47	3.44
1	VAMC Providence, RI - 650, Bristol, RI	21	3.56	3.60	3.63	2.10	3.25	2.55	3.89	3.90
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	93	2.82	3.22	3.18	2.72	2.85	2.84	3.32	3.41
2	VAMC Albany, NY - 500	104	3.10	3.51	3.11	2.75	2.66	2.35	2.99	3.20
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	35	3.23	3.54	3.35	3.12	3.19	2.69	2.96	3.58
2	VAMC Syracuse, NY - 670	38	2.58	3.08	3.08	2.67	2.25	2.17	2.39	2.83
2	VAMC Bath, NY	25	2.74	3.35	3.59	2.39	2.35	2.48	3.91	3.91
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	33	3.47	3.71	3.63	3.03	3.00	2.68	3.63	3.58
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	18	4.00	4.35	3.88	4.18	3.94	3.61	4.11	4.22
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	32	3.46	3.55	3.54	3.28	3.04	2.66	3.43	3.57
3	VAMC Northport, NY - 632	56	3.49	3.61	3.65	3.71	3.55	3.30	3.12	3.33
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	136	3.15	3.34	3.26	3.19	3.06	2.85	3.03	3.17
4	VAM&ROC Wilmington, DE - 460	44	3.27	3.54	3.46	2.93	2.88	2.57	2.95	3.24
4	VAMC Altoona, PA - 503	61	3.49	3.78	3.85	2.84	2.63	2.63	3.27	3.40
4	VAMC Butler, PA - 529	35	3.57	3.88	3.72	2.72	2.81	2.88	3.31	3.59
4	VAMC Clarksburg, WV - 540	44	3.38	3.81	3.79	3.28	3.14	3.02	3.12	3.26
4	VAMC Coatesville - 542	24	3.78	3.82	3.64	2.82	2.61	2.79	3.43	3.52

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
4	VAMC Erie, PA - 562	38	3.63	3.72	3.94	3.30	3.42	3.28	3.59	3.72
4	VAMC Lebanon, PA - 595	45	3.36	3.65	3.57	2.92	2.93	2.76	3.43	3.68
4	VAMC Philadelphia, PA - 642	69	3.50	3.72	3.67	3.39	3.27	2.87	3.75	3.92
4	VAMC Wilkes-Barre, PA - 693	82	3.53	3.81	3.59	3.50	3.19	2.87	3.39	3.48
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	29	3.29	3.46	3.39	3.25	2.71	2.28	3.37	3.61
5	VAMC Martinsburg, WV - 613	13	3.33	3.58	3.17	2.83	3.50	3.25	3.67	3.58
5	VAMC Washington, DC - 688	105	3.03	3.21	3.32	2.69	2.29	2.06	2.93	3.22
6	VAMC Asheville, NC - 637	25	3.71	3.79	3.79	2.84	3.20	2.36	3.04	3.08
6	VAMC Beckley, WV - 517	5	4.00	4.00	3.60	4.20	3.50	3.40	3.75	3.80
6	VAMC Durham, NC - 558	46	2.78	3.13	3.04	2.73	2.53	2.16	2.67	2.87
6	VAMC Fayetteville, NC - 565	28	2.50	2.85	2.74	2.04	1.96	1.78	2.04	2.54
6	VAMC Hampton, VA - 590	126	3.03	3.36	3.32	2.54	2.50	2.25	3.24	3.49
6	VAMC Richmond, VA - 652	17	3.06	4.13	4.06	2.88	3.18	2.71	3.50	3.69
6	VAMC Salem, VA - 658	100	3.49	3.87	3.68	3.96	3.49	2.99	3.58	3.89
6	VAMC Salisbury, NC - 659	57	3.08	3.37	3.35	2.88	2.76	2.52	3.13	3.40
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	99	3.13	3.32	3.27	3.24	3.29	2.85	3.28	3.42
7	VAMC - Augusta, GA - 509	40	3.11	3.37	3.26	2.32	2.18	2.21	3.32	3.59
7	VAMC Atlanta, GA - 508 (Decatur, GA)	39	3.15	3.12	2.97	2.94	2.94	2.83	2.53	2.97
7	VAMC Birmingham, AL - 521	13	3.78	3.89	3.67	3.44	3.60	3.40	3.33	4.00
7	VAMC Charleston, SC - 534	36	3.62	3.83	3.83	3.06	3.29	3.06	3.93	4.03
7	VAMC Columbia, SC - 544	21	3.90	4.05	4.15	3.32	3.35	2.81	3.55	3.65
7	VAMC Dublin, GA - 557	35	3.34	3.53	3.50	2.81	2.16	2.41	2.94	3.22
7	VAMC Tuscaloosa, AL - 679	22	4.45	4.27	4.23	3.65	3.76	3.60	3.45	4.23
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	102	2.97	3.19	3.16	2.43	2.65	2.51	3.04	3.20
8	VAH Tampa, FL - 673	13	2.82	3.00	3.25	3.00	3.33	2.25	2.42	3.08
8	VAMC Bay Pines - 516	137	3.19	3.51	3.27	2.73	2.89	2.63	2.76	3.27
8	VAMC Miami, FL - 546	47	2.98	3.41	3.11	2.98	3.35	2.47	3.21	3.24
8	VAMC West Palm Beach, FL - 548	42	3.36	3.36	3.48	2.24	2.85	2.71	3.53	3.62

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
8	VAMC San Juan, PR - 672	37	3.44	3.70	3.50	3.46	3.38	3.38	3.64	3.68
8	VAMC Orlando, FL-675	38	3.06	3.39	3.39	2.77	3.38	3.16	3.10	3.52
9	VAMC Huntington, WV - 581	46	3.13	3.61	3.42	3.33	3.07	2.93	2.64	2.84
9	VAMC Lexington, KY - 596	32	2.63	3.66	3.56	3.22	2.94	2.34	3.19	3.31
9	VAMC Louisville, KY - 603	99	3.33	3.76	3.58	3.64	3.34	2.99	3.49	3.72
9	VAMC Memphis, TN - 614	18	3.25	3.41	3.31	2.76	3.12	2.56	2.81	3.18
9	VAMC Mountain Home, TN - 621	8	3.88	4.88	4.13	3.86	4.13	2.75	2.00	3.13
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	26	3.08	3.48	3.04	3.08	3.68	3.25	3.52	3.50
10	VAMC Chillicothe, OH - 538	43	3.49	3.69	3.42	3.16	3.00	2.76	3.14	3.32
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	33	3.35	3.58	3.32	3.29	3.30	2.71	3.03	3.40
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	32	3.52	4.00	3.84	3.81	3.45	3.10	3.34	3.45
10	VAMC Dayton, OH - 552	23	3.33	3.82	3.64	3.73	3.64	3.35	3.78	3.96
10	VAOPC Columbus, OH - 757 (Grove City, OH)	28	3.36	3.86	3.61	3.64	3.68	3.43	3.69	4.08
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	29	3.70	4.12	3.80	3.48	3.32	2.78	3.33	3.44
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	36	3.00	3.63	3.40	2.88	2.86	2.33	2.89	3.23
11	VAMC Battle Creek, MI - 515	37	3.17	3.65	3.39	3.22	3.09	3.13	3.52	3.57
11	VAMC Danville, IL - 550	55	3.29	3.61	3.65	3.24	2.76	2.41	2.90	3.16
11	VAMC Detroit, MI - 553	62	2.77	3.10	2.98	2.78	2.70	2.46	2.78	2.72
11	VAMC Indianapolis - 583	34	3.24	3.62	3.56	3.03	3.12	2.94	3.35	3.29
11	VAMC Saginaw, MI - 655	41	3.45	3.71	3.53	3.63	2.60	2.56	3.15	3.44
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	91	3.71	3.66	3.55	3.54	3.24	2.88	3.29	3.53
12	VAH Madison, WI - 607	15	3.50	4.25	4.18	3.42	3.77	2.69	4.00	4.18
12	VAMC Iron Mountain, MI - 585	45	2.57	3.43	3.05	2.12	1.88	2.10	2.78	2.83
12	VAMC Milwaukee, WI - 695	117	3.12	3.46	3.42	2.95	2.87	2.83	3.30	3.47
12	VAMC North Chicago, IL - 556	21	3.81	4.00	3.86	2.57	3.90	2.67	3.76	4.00
12	VAMC Tomah, WI - 676	47	3.58	4.00	4.07	2.37	3.11	2.77	3.71	3.65

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	31	3.70	3.93	4.07	3.10	3.17	3.27	3.53	3.69
15	VAH Columbia, MO - 543	135	3.22	3.54	3.59	2.57	2.88	2.71	3.46	3.60
15	VAM&ROC Wichita, KS - 452	55	3.39	3.67	3.83	3.29	2.96	2.71	3.37	3.46
15	VAMC Kansas City, MO - 589	24	3.00	3.67	3.75	3.17	3.22	2.94	3.59	3.78
15	VAMC Marion, IL - 609	28	3.52	3.89	3.74	3.29	2.25	2.00	3.04	3.29
15	VAMC Poplar Bluff, MO - 647	24	3.27	3.43	3.48	3.55	3.41	2.41	3.50	3.73
15	VAMC St. Louis, MO - 657	23	3.25	3.33	3.81	2.95	3.20	2.45	3.52	3.62
15	VAMC Topeka - 677	17	3.38	3.56	3.44	3.13	2.63	3.13	3.38	3.60
16	VA Central Arkansas HCS - 598	18	3.67	4.00	3.87	3.93	3.64	3.00	3.40	3.67
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	27	3.85	3.89	3.78	2.93	2.62	2.70	2.59	2.85
16	VAMC Alexandria, LA - 502	86	3.46	3.51	3.55	3.11	3.00	2.78	3.42	3.52
16	VAMC Fayetteville, AR - 564	4	5.00	4.50	4.50	3.00	3.00	4.75	5.00	5.00
16	VAMC Houston, TX - 580	17	3.41	3.76	3.59	3.06	3.06	2.82	3.24	3.63
16	VAMC Jackson, MS - 586	43	3.41	3.71	3.77	3.52	3.68	3.17	4.02	4.02
16	VAMC New Orleans, LA - 629	28	3.59	3.77	3.56	2.81	3.39	3.07	3.18	3.75
16	VAMC Oklahoma City, OK - 635	57	3.04	3.40	3.29	3.02	2.87	2.67	3.00	3.17
16	VAMC Shreveport, LA - 667	73	3.63	3.69	3.61	3.07	3.20	2.97	3.55	3.61
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	28	3.78	3.89	3.86	3.96	3.43	2.82	3.18	3.43
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	37	3.29	3.74	3.58	3.09	2.85	2.51	2.91	3.27
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	225	3.42	3.63	3.42	3.11	2.95	2.89	3.31	3.41
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	24	3.05	3.64	3.23	2.68	2.50	2.36	3.00	3.09
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	61	3.32	3.49	3.32	3.40	3.32	3.15	3.28	3.42
18	El Paso VA HCS, TX - 756	45	3.16	3.44	3.29	3.26	3.14	2.74	2.91	2.98
18	VA New Mexico HCS - 501	41	2.71	3.14	3.06	2.57	2.29	2.26	2.74	2.92
18	VA Northern Arizona HCS - 649	25	3.23	3.50	3.36	2.64	2.95	2.50	2.95	3.23

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
18	VA Southern Arizona HCS - 678	44	3.92	3.87	3.87	3.49	3.69	3.31	3.74	3.95
18	VAMC Amarillo, TX - 504	26	3.32	3.91	3.86	3.48	3.45	3.45	2.73	3.00
18	VA West Texas HCS - 519	11	3.73	4.09	4.09	3.27	2.55	2.27	3.64	4.00
18	VAMC Phoenix, AZ - 644	38	3.71	3.74	3.71	3.47	3.45	3.42	3.64	3.79
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	35	2.91	3.76	3.56	2.29	2.18	1.94	2.78	3.13
19	VA Southern Colorado HCS, (Colorado Springs-567)	25	3.14	3.91	3.55	2.95	2.36	2.00	2.86	2.50
19	VAM&ROC Cheyenne, WY - 442	34	3.38	3.57	3.55	3.43	3.38	2.93	3.27	3.55
19	VA Eastern Colorado HCS (VAMC Denver - 554)	23	3.86	3.64	3.62	3.43	3.17	2.57	3.58	3.82
19	VAMC Grand Junction, CO - 575	22	3.23	4.00	3.81	3.59	3.18	3.05	3.05	3.23
19	VAMC Salt Lake City, UT - 660	106	3.40	3.77	3.68	2.76	3.18	3.11	3.47	3.51
19	VAMC Sheridan, WY - 666	16	3.46	3.79	3.64	4.07	3.79	3.21	3.93	4.14
20	VA Alaska HCS & RO - 463	13	3.33	3.89	3.30	2.90	2.78	2.55	2.00	2.60
20	VA DOM White City, OR - 692	25	3.00	3.72	3.88	3.40	3.24	2.63	3.08	3.36
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	68	2.77	3.20	2.88	2.10	2.16	2.02	2.42	2.73
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	50	2.65	3.11	2.95	2.00	2.30	2.16	2.42	2.86
20	VAMC Boise, ID - 531	48	3.14	3.62	3.36	3.27	2.98	2.67	2.89	2.96
20	VAMC Portland, OR - 648	44	3.27	3.73	3.41	2.10	2.55	2.55	2.86	3.33
20	VAMC Spokane, WA - 668	42	3.39	3.50	3.45	2.72	2.61	2.44	3.03	3.32
20	VAMC Walla Walla, WA - 687	36	3.28	3.67	3.40	2.33	3.47	3.03	2.75	3.72
21	VA Central California HCS, CA - 570	10	3.00	3.11	3.22	2.67	2.78	2.89	3.00	3.11
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	56	2.98	3.11	3.04	2.69	2.81	2.24	2.77	3.09
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	87	2.90	3.45	3.25	2.54	2.49	1.95	2.48	2.79
21	VA Sierra Nevada HCS, NV - 654	45	3.18	3.00	3.34	2.55	2.40	2.13	2.93	3.02
21	VAM&ROC Honolulu, HI - 459	78	3.29	3.57	3.50	2.93	3.00	2.80	3.08	3.35
21	VAMC San Francisco, CA - 662	29	2.96	3.44	3.30	2.80	3.22	2.16	2.65	3.04

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	55	3.48	3.63	3.48	3.15	3.48	2.86	3.32	3.67
22	VA Southern Nevada HCS - 593	72	3.48	3.52	3.34	3.05	3.22	3.09	3.24	3.27
22	VAMC Loma Linda, CA - 605	80	2.91	3.06	2.90	2.74	2.92	2.71	3.24	3.47
22	VAMC Long Beach, CA - 600	41	3.35	3.62	3.35	2.44	2.71	2.61	2.92	3.19
22	VAMC San Diego, CA - 664	91	3.45	3.80	3.62	2.85	3.40	2.85	3.34	3.77
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	20	3.50	3.81	3.69	3.73	3.65	3.06	3.56	3.53
23	VAH&ROC Sioux Falls, SD - 438									
23	VAM&ROC Fargo, ND - 437	50	3.68	4.06	3.96	3.76	3.59	3.24	3.64	3.56
23	VAMC Minneapolis, MN - 618, and Superior, WI	89	3.27	3.48	3.36	2.82	2.92	2.55	3.22	3.43
23	VAMC St. Cloud, MN - 656	37	3.22	3.72	3.56	3.14	2.78	2.25	3.61	3.97
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	37	3.16	3.65	3.44	2.84	2.73	2.49	2.92	2.95
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	52	3.37	3.79	3.56	3.46	3.21	2.98	3.33	3.55
23	VAMC Iowa City, IA - 584	114	3.12	3.44	3.38	3.03	2.85	2.55	3.10	3.19

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Emotional/ Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	30	3.75	3.71	3.24	4.15	3.56	3.69	3.63	3.67
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	52	3.69	3.49	2.91	4.07	3.11	3.51	3.39	3.77
1	VAM&ROC Togus, ME - 402	39	3.43	3.24	2.95	3.97	3.32	3.22	2.86	3.08
1	VAM&ROC White River Junction, VT - 405	5	2.20	2.20	2.60	3.60	3.00	3.20	3.00	3.00
1	VAMC Manchester, NH - 608	26	3.96	3.54	2.88	4.08	3.80	3.40	2.64	3.54
1	VAMC Northampton, MA - 631 (Leeds)	19	3.58	3.16	2.68	3.53	3.33	3.68	2.95	3.26
1	VAMC Providence, RI - 650, Bristol, RI	21	3.90	3.90	2.84	4.24	3.70	4.11	3.05	3.74
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	93	3.35	3.26	3.21	3.68	3.37	3.25	3.00	3.24
2	VAMC Albany, NY - 500	104	3.14	2.86	2.64	3.64	3.03	3.13	2.58	3.23
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	35	3.38	3.20	3.00	3.81	3.12	3.31	3.23	3.54
2	VAMC Syracuse, NY - 670	38	3.22	2.72	2.75	3.53	3.00	3.11	2.33	2.88
2	VAMC Bath, NY	25	3.92	3.65	3.00	4.13	3.65	3.61	3.00	3.74
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	33	3.70	3.52	3.04	3.90	3.41	3.53	3.00	3.40
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	18	4.06	3.83	3.11	4.28	3.87	3.72	3.76	4.00
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	32	3.57	3.36	2.80	3.93	3.05	3.38	3.50	3.65
3	VAMC Northport, NY - 632	56	3.63	3.45	3.02	3.90	3.60	3.56	3.19	3.47
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	136	3.36	3.08	2.99	3.59	3.39	3.33	3.12	3.25
4	VAM&ROC Wilmington, DE - 460	44	3.31	3.07	2.82	3.69	3.32	3.31	2.69	3.32
4	VAMC Altoona, PA - 503	61	3.35	3.24	3.32	3.78	3.36	3.39	2.88	3.02
4	VAMC Butler, PA - 529	35	3.66	3.39	3.19	4.03	3.50	3.63	3.47	3.63
4	VAMC Clarksburg, WV - 540	44	3.57	3.31	3.19	3.81	3.55	3.55	3.21	3.28
4	VAMC Coatesville - 542	24	3.57	3.61	2.96	3.78	3.74	3.52	3.26	3.73

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Emotional/ Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling
4	VAMC Erie, PA - 562	38	3.94	3.57	3.67	4.09	3.63	3.88	3.88	3.69
4	VAMC Lebanon, PA - 595	45	3.59	3.17	3.11	4.19	3.81	3.47	2.94	3.36
4	VAMC Philadelphia, PA - 642	69	3.82	3.73	2.77	4.13	3.52	3.71	3.63	3.76
4	VAMC Wilkes-Barre, PA - 693	82	3.58	3.41	3.14	3.78	3.23	3.34	2.88	3.33
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	29	3.39	3.21	2.75	3.56	3.04	3.30	2.67	3.11
5	VAMC Martinsburg, WV - 613	13	3.50	3.50	2.50	3.83	3.25	3.33	2.92	3.58
5	VAMC Washington, DC - 688	105	3.12	2.97	2.64	3.45	3.13	3.26	2.77	3.26
6	VAMC Asheville, NC - 637	25	2.83	2.57	2.73	3.71	3.27	3.46	3.13	3.52
6	VAMC Beckley, WV - 517	5	4.60	3.75	4.20	4.60	2.75	4.00	3.00	3.50
6	VAMC Durham, NC - 558	46	2.80	2.64	2.52	3.13	2.77	2.86	2.56	2.98
6	VAMC Fayetteville, NC - 565	28	2.82	2.57	2.35	3.25	2.78	2.68	1.71	2.46
6	VAMC Hampton, VA - 590	126	3.56	3.39	2.77	3.55	3.25	3.49	2.66	3.42
6	VAMC Richmond, VA - 652	17	3.63	3.19	3.19	4.50	3.75	3.93	2.88	4.13
6	VAMC Salem, VA - 658	100	3.81	3.66	3.19	4.04	3.87	3.72	3.25	3.75
6	VAMC Salisbury, NC - 659	57	3.31	3.26	2.85	3.80	3.35	3.52	2.63	3.43
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	99	3.48	3.35	3.21	3.39	3.36	3.39	2.94	3.42
7	VAMC - Augusta, GA - 509	40	3.41	3.37	2.95	3.84	3.26	3.54	2.36	3.43
7	VAMC Atlanta, GA - 508 (Decatur, GA)	39	3.03	2.88	2.53	3.44	3.26	3.14	2.75	3.30
7	VAMC Birmingham, AL - 521	13	4.25	4.00	3.22	4.10	4.10	4.00	3.44	3.75
7	VAMC Charleston, SC - 534	36	4.00	3.87	3.47	4.16	3.81	3.90	3.16	4.07
7	VAMC Columbia, SC - 544	21	3.71	3.50	3.35	4.05	3.50	4.00	2.82	3.53
7	VAMC Dublin, GA - 557	35	3.31	3.03	3.10	3.78	3.53	3.41	2.19	3.34
7	VAMC Tuscaloosa, AL - 679	22	4.36	4.27	3.86	4.41	4.19	4.23	3.40	4.36
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	102	3.02	2.93	2.93	3.49	2.97	3.13	2.68	3.33
8	VAH Tampa, FL - 673	13	3.50	3.42	2.55	3.67	3.27	3.09	2.25	3.27
8	VAMC Bay Pines - 516	137	3.38	3.22	2.76	3.79	3.50	3.23	2.72	3.56
8	VAMC Miami, FL - 546	47	3.24	3.18	2.87	3.76	3.02	3.52	2.91	3.77
8	VAMC West Palm Beach, FL - 548	42	3.59	3.64	2.79	3.97	3.45	3.60	3.12	3.59

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Emotional/ Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling
8	VAMC San Juan, PR - 672	37	3.72	3.25	3.64	3.88	3.79	3.62	3.58	3.86
8	VAMC Orlando, FL-675	38	3.25	3.19	2.90	3.65	3.13	3.48	2.74	3.84
9	VAMC Huntington, WV - 581	46	3.07	2.84	2.81	3.77	2.95	3.11	3.30	3.07
9	VAMC Lexington, KY - 596	32	3.28	3.06	2.65	3.63	2.72	3.34	2.22	3.38
9	VAMC Louisville, KY - 603	99	3.74	3.33	3.09	4.00	3.44	3.64	3.14	3.65
9	VAMC Memphis, TN - 614	18	3.18	3.00	3.20	3.80	3.00	3.20	2.67	3.38
9	VAMC Mountain Home, TN - 621	8	3.25	2.63	2.88	3.88	2.50	4.38	2.63	4.00
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	26	3.72	3.28	2.56	3.72	3.48	3.44	3.16	3.40
10	VAMC Chillicothe, OH - 538	43	3.37	3.11	2.89	3.77	3.26	3.45	3.18	3.28
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	33	3.23	3.30	2.58	3.83	3.14	3.25	2.83	3.38
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	32	3.47	3.31	2.58	4.03	3.27	3.55	3.23	3.71
10	VAMC Dayton, OH - 552	23	3.70	3.78	3.10	4.04	3.60	3.70	3.19	3.71
10	VAOPC Columbus, OH - 757 (Grove City, OH)	28	3.92	3.81	3.14	4.18	3.93	3.93	2.96	3.81
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	29	3.70	3.44	3.12	3.81	3.38	3.69	2.65	3.29
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	36	3.26	3.18	2.71	3.50	2.88	3.12	2.88	3.48
11	VAMC Battle Creek, MI - 515	37	3.39	3.26	3.13	3.65	3.22	3.48	3.18	3.57
11	VAMC Danville, IL - 550	55	3.33	3.14	2.96	3.71	3.37	3.45	2.92	3.40
11	VAMC Detroit, MI - 553	62	2.64	2.62	2.63	3.28	2.96	3.07	2.64	3.03
11	VAMC Indianapolis - 583	34	3.61	3.24	3.09	3.79	3.16	3.56	3.15	3.58
11	VAMC Saginaw, MI - 655	41	3.39	3.29	3.13	3.66	3.47	3.70	2.58	3.50
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	91	3.56	3.48	3.01	3.90	3.49	3.54	3.31	3.51
12	VAH Madison, WI - 607	15	4.08	3.83	3.27	4.33	4.09	4.00	2.82	3.75
12	VAMC Iron Mountain, MI - 585	45	2.90	2.68	2.49	3.05	2.72	2.54	2.10	2.76
12	VAMC Milwaukee, WI - 695	117	3.35	3.21	3.01	3.88	3.54	3.46	2.95	3.43
12	VAMC North Chicago, IL - 556	21	3.76	3.86	3.57	4.05	3.75	3.86	3.29	4.00
12	VAMC Tomah, WI - 676	47	3.74	3.51	3.21	4.21	3.66	3.76	2.85	3.56

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Emotional/ Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	31	3.67	3.71	3.48	4.27	4.07	3.90	2.86	3.93
15	VAH Columbia, MO - 543	135	3.52	3.50	2.97	3.90	3.43	3.61	2.87	3.63
15	VAM&ROC Wichita, KS - 452	55	3.52	3.54	3.35	3.74	3.46	3.38	3.17	3.47
15	VAMC Kansas City, MO - 589	24	3.22	3.11	3.00	3.67	3.22	3.44	2.83	3.24
15	VAMC Marion, IL - 609	28	3.71	3.54	2.93	3.93	3.46	3.68	2.52	3.70
15	VAMC Poplar Bluff, MO - 647	24	3.74	3.73	3.18	3.91	3.32	3.83	2.91	3.36
15	VAMC St. Louis, MO - 657	23	3.48	3.38	2.81	3.67	3.24	3.29	3.33	3.71
15	VAMC Topeka - 677	17	3.60	3.56	3.07	4.00	3.31	3.81	3.69	3.63
16	VA Central Arkansas HCS - 598	18	3.73	3.67	3.20	3.67	3.47	3.60	3.93	3.33
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	27	3.20	3.27	3.33	3.85	3.48	3.59	3.50	3.63
16	VAMC Alexandria, LA - 502	86	3.40	3.21	3.21	3.73	3.58	3.68	2.56	3.61
16	VAMC Fayetteville, AR - 564	4	4.75	4.50	4.00	5.00	5.00	5.00	1.00	3.25
16	VAMC Houston, TX - 580	17	3.25	3.24	2.88	3.56	2.88	3.13	2.88	3.41
16	VAMC Jackson, MS - 586	43	3.90	3.71	3.44	4.07	3.83	3.76	2.85	3.73
16	VAMC New Orleans, LA - 629	28	3.54	3.33	3.30	4.00	3.23	3.85	2.96	3.59
16	VAMC Oklahoma City, OK - 635	57	3.25	3.07	3.15	3.65	3.15	3.19	2.72	3.22
16	VAMC Shreveport, LA - 667	73	3.59	3.42	3.42	3.93	3.57	3.67	3.24	3.55
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	28	3.50	3.29	3.00	3.89	3.04	3.79	3.57	3.81
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	37	3.31	3.13	3.06	3.82	3.21	3.65	2.82	3.34
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	225	3.55	3.44	2.97	3.94	3.40	3.62	2.95	3.65
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	24	3.09	3.05	2.95	3.48	3.05	3.41	2.57	3.45
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	61	3.65	3.54	2.95	3.87	3.39	3.42	2.82	3.63
18	El Paso VA HCS, TX - 756	45	3.02	3.02	3.21	3.56	3.10	3.36	2.74	3.17
18	VA New Mexico HCS - 501	41	2.87	2.78	2.65	3.29	2.65	2.81	2.42	3.03
18	VA Northern Arizona HCS - 649	25	3.23	3.14	2.62	3.73	3.33	3.29	2.55	3.19

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Emotional/ Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling
18	VA Southern Arizona HCS - 678	44	3.95	3.82	3.15	4.28	3.63	3.95	3.18	3.78
18	VAMC Amarillo, TX - 504	26	3.73	3.45	3.18	4.09	3.76	3.73	3.05	3.64
18	VA West Texas HCS - 519	11	3.91	3.64	3.82	3.91	3.64	3.55	2.36	3.36
18	VAMC Phoenix, AZ - 644	38	3.91	3.82	3.47	3.94	3.68	3.76	3.35	3.56
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	35	3.12	3.03	2.97	3.81	3.45	3.23	2.50	3.43
19	VA Southern Colorado HCS, (Colorado Springs-567)	25	2.18	2.36	2.82	3.30	3.05	2.95	2.45	3.05
19	VAM&ROC Cheyenne, WY - 442	34	3.60	3.57	3.24	4.03	3.70	3.62	3.07	3.78
19	VA Eastern Colorado HCS (VAMC Denver - 554)	23	3.26	3.14	2.82	4.05	3.23	3.60	3.06	4.00
19	VAMC Grand Junction, CO - 575	22	3.23	3.00	3.24	4.09	3.23	3.32	3.09	3.50
19	VAMC Salt Lake City, UT - 660	106	3.60	3.38	2.93	3.80	3.30	3.40	2.49	3.53
19	VAMC Sheridan, WY - 666	16	4.07	4.00	3.23	4.00	4.00	3.86	3.08	3.77
20	VA Alaska HCS & RO - 463	13	2.60	2.60	2.70	3.89	3.44	3.44	2.20	3.22
20	VA DOM White City, OR - 692	25	3.08	3.09	2.42	3.29	3.09	3.38	2.48	2.86
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	68	2.68	2.58	2.14	3.10	2.77	2.54	2.05	2.89
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	50	3.05	2.90	2.79	2.91	2.74	2.67	2.35	2.71
20	VAMC Boise, ID - 531	48	2.93	2.86	3.18	3.60	3.09	3.09	2.57	3.13
20	VAMC Portland, OR - 648	44	3.44	3.26	2.28	3.58	3.08	3.24	2.56	3.39
20	VAMC Spokane, WA - 668	42	3.16	3.03	2.81	3.51	3.03	3.16	2.76	3.00
20	VAMC Walla Walla, WA - 687	36	3.89	3.31	2.77	3.81	3.17	3.61	2.25	3.29
21	VA Central California HCS, CA - 570	10	3.22	3.00	2.78	3.67	3.22	3.33	2.22	3.22
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	56	2.98	2.86	2.58	3.52	3.10	3.12	2.79	3.08
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	87	2.81	2.72	2.59	3.21	3.08	3.01	2.31	3.05
21	VA Sierra Nevada HCS, NV - 654	45	2.85	2.73	2.50	3.63	3.13	3.18	2.73	3.30
21	VAM&ROC Honolulu, HI - 459	78	3.19	3.06	2.87	3.48	3.10	3.31	2.66	3.23
21	VAMC San Francisco, CA - 662	29	2.96	2.90	2.96	3.87	2.78	3.27	3.30	3.27

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Emotional/ Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	55	3.23	3.15	2.83	3.93	3.50	3.57	3.07	3.61
22	VA Southern Nevada HCS - 593	72	3.33	3.09	3.16	3.70	3.40	3.57	2.65	3.41
22	VAMC Loma Linda, CA - 605	80	3.50	3.37	2.99	3.58	3.29	3.29	2.47	3.18
22	VAMC Long Beach, CA - 600	41	3.03	2.92	2.86	3.79	3.42	3.25	2.89	3.03
22	VAMC San Diego, CA - 664	91	3.32	3.15	3.05	3.76	3.48	3.38	2.64	3.38
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	20	3.82	3.50	2.94	3.94	3.38	3.88	2.07	3.44
23	VAH&ROC Sioux Falls, SD - 438									
23	VAM&ROC Fargo, ND - 437	50	3.64	3.36	2.72	3.84	3.31	3.30	2.67	3.52
23	VAMC Minneapolis, MN - 618, and Superior, WI	89	3.38	3.22	3.03	3.66	3.23	3.27	3.06	3.31
23	VAMC St. Cloud, MN - 656	37	3.97	3.94	2.75	3.86	3.25	3.50	2.58	3.32
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	37	3.14	2.83	2.89	3.89	3.51	3.38	2.97	3.25
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	52	3.37	3.20	3.22	3.92	3.64	3.60	3.10	3.58
23	VAMC Iowa City, IA - 584	114	3.06	2.88	3.01	3.54	3.28	3.15	2.88	3.36

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/ Pension	Welfare Payments
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	30	3.77	3.08	3.77	3.19	3.62	3.65	3.93	3.38
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	52	3.82	3.00	3.63	2.91	3.10	3.12	3.55	3.21
1	VAM&ROC Togus, ME - 402	39	3.25	2.62	3.31	2.36	2.62	2.59	3.47	3.17
1	VAM&ROC White River Junction, VT - 405	5	3.00	2.40	3.25	1.40	2.75	2.75	2.80	2.60
1	VAMC Manchester, NH - 608	26	3.75	2.36	4.00	3.46	3.42	3.52	3.40	3.30
1	VAMC Northampton, MA - 631 (Leeds)	19	3.37	2.58	3.26	2.79	2.95	2.95	3.32	2.95
1	VAMC Providence, RI - 650, Bristol, RI	21	4.00	2.50	3.89	3.20	4.11	4.05	3.67	3.22
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	93	3.28	2.72	3.20	2.89	3.04	3.08	3.32	3.09
2	VAMC Albany, NY - 500	104	3.34	2.36	3.30	2.59	2.88	2.93	3.20	3.11
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	35	3.77	2.58	3.64	3.12	3.48	3.48	3.56	3.32
2	VAMC Syracuse, NY - 670	38	2.82	2.24	2.88	2.21	2.94	2.91	3.32	2.97
2	VAMC Bath, NY	25	3.52	2.43	3.61	2.71	3.04	3.09	3.78	3.35
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	33	3.40	2.83	3.50	2.90	3.57	3.53	3.60	3.33
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	18	4.20	3.33	4.06	3.78	3.94	3.89	3.72	3.61
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	32	3.77	2.48	3.65	3.08	3.23	3.27	3.20	2.92
3	VAMC Northport, NY - 632	56	3.53	2.94	3.54	2.90	3.30	3.29	3.13	3.04
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	136	3.34	2.94	3.18	2.96	3.02	3.00	3.25	3.18
4	VAM&ROC Wilmington, DE - 460	44	3.27	2.71	3.32	2.98	3.02	3.05	3.31	3.22
4	VAMC Altoona, PA - 503	61	3.31	2.70	3.20	2.80	3.08	3.04	3.47	3.47
4	VAMC Butler, PA - 529	35	3.60	2.97	3.47	2.93	3.41	3.41	3.62	3.59
4	VAMC Clarksburg, WV - 540	44	3.63	2.76	3.56	2.74	2.95	3.05	3.41	3.24
4	VAMC Coatesville - 542	24	3.82	2.74	3.73	2.87	3.30	3.23	3.23	3.14

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/ Pension	Welfare Payments
4	VAMC Erie, PA - 562	38	3.88	2.94	3.81	3.34	3.41	3.50	3.66	3.32
4	VAMC Lebanon, PA - 595	45	3.49	2.63	3.58	2.57	3.15	3.18	3.75	3.58
4	VAMC Philadelphia, PA - 642	69	3.85	2.64	3.73	2.81	3.08	3.05	3.42	3.25
4	VAMC Wilkes-Barre, PA - 693	82	3.39	2.79	3.36	3.01	3.08	3.05	3.64	3.44
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	29	3.31	2.14	3.32	2.61	2.96	3.00	3.32	2.85
5	VAMC Martinsburg, WV - 613	13	3.83	2.58	3.83	3.00	3.50	3.17	3.58	2.92
5	VAMC Washington, DC - 688	105	3.49	2.54	3.33	2.22	2.82	2.82	3.00	2.68
6	VAMC Asheville, NC - 637	25	3.70	2.63	3.61	2.88	3.13	3.26	3.43	2.95
6	VAMC Beckley, WV - 517	5	3.25	2.80	3.33	3.00	2.80	2.75	4.20	3.20
6	VAMC Durham, NC - 558	46	3.02	2.29	2.78	2.11	2.62	2.67	2.80	2.62
6	VAMC Fayetteville, NC - 565	28	2.58	1.96	2.85	1.82	2.31	2.37	3.00	2.81
6	VAMC Hampton, VA - 590	126	3.41	2.32	3.39	2.32	2.82	2.86	3.38	2.93
6	VAMC Richmond, VA - 652	17	4.44	2.56	4.31	3.06	3.38	3.38	3.69	3.06
6	VAMC Salem, VA - 658	100	3.80	2.83	3.74	2.63	3.10	3.05	3.48	3.15
6	VAMC Salisbury, NC - 659	57	3.60	2.42	3.52	2.82	3.09	3.06	3.13	2.84
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	99	3.47	2.89	3.49	3.11	3.33	3.22	3.23	2.95
7	VAMC - Augusta, GA - 509	40	3.51	2.32	3.46	2.57	3.06	3.06	3.19	2.58
7	VAMC Atlanta, GA - 508 (Decatur, GA)	39	3.33	2.93	3.28	2.53	3.09	3.15	2.82	2.66
7	VAMC Birmingham, AL - 521	13	4.25	3.22	4.13	3.70	3.70	3.70	3.90	3.56
7	VAMC Charleston, SC - 534	36	4.21	3.33	4.03	3.43	3.60	3.43	3.70	3.10
7	VAMC Columbia, SC - 544	21	4.05	2.95	3.94	2.65	3.45	3.45	3.55	2.89
7	VAMC Dublin, GA - 557	35	3.50	2.41	3.28	3.09	3.13	3.13	3.45	2.90
7	VAMC Tuscaloosa, AL - 679	22	4.32	3.67	4.37	4.14	4.27	4.23	4.18	3.50
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	102	3.36	2.64	3.31	2.52	3.00	2.99	3.19	2.93
8	VAH Tampa, FL - 673	13	3.58	2.58	3.50	2.25	2.67	2.67	3.60	2.91
8	VAMC Bay Pines - 516	137	3.54	2.42	3.44	2.64	2.85	2.75	3.25	2.74
8	VAMC Miami, FL - 546	47	3.58	2.68	3.33	2.53	3.00	3.09	3.53	3.07
8	VAMC West Palm Beach, FL - 548	42	3.76	2.53	3.65	2.53	3.15	3.09	3.69	2.79

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/ Pension	Welfare Payments
8	VAMC San Juan, PR - 672	37	3.65	2.95	3.57	3.50	3.29	3.10	3.21	3.14
8	VAMC Orlando, FL-675	38	3.87	2.80	3.61	3.10	3.29	3.35	3.53	3.17
9	VAMC Huntington, WV - 581	46	3.44	2.61	3.39	2.59	2.80	2.82	3.57	3.50
9	VAMC Lexington, KY - 596	32	3.53	1.88	3.00	2.94	3.03	2.97	3.38	2.94
9	VAMC Louisville, KY - 603	99	3.98	2.84	3.59	2.66	2.97	2.94	3.45	3.12
9	VAMC Memphis, TN - 614	18	3.54	2.57	3.43	3.14	3.53	3.53	3.67	3.13
9	VAMC Mountain Home, TN - 621	8	4.38	2.88	3.50	2.00	3.50	3.75	3.00	2.63
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	26	3.76	3.08	3.52	3.40	3.20	3.00	3.44	2.76
10	VAMC Chillicothe, OH - 538	43	3.41	2.68	3.42	2.69	2.95	3.06	3.67	3.24
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	33	3.55	2.43	3.43	2.83	2.87	2.90	3.14	2.93
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	32	3.64	2.44	3.44	2.97	3.39	3.32	3.21	3.14
10	VAMC Dayton, OH - 552	23	3.90	2.55	3.67	3.13	3.43	3.36	3.83	3.14
10	VAOPC Columbus, OH - 757 (Grove City, OH)	28	4.07	2.71	3.82	2.89	3.50	3.57	3.93	3.52
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	29	3.50	2.68	3.38	2.69	3.19	3.23	3.58	3.27
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	36	3.38	2.44	3.38	2.18	2.71	2.66	3.43	2.83
11	VAMC Battle Creek, MI - 515	37	3.37	3.19	3.65	2.81	3.05	3.05	3.50	3.52
11	VAMC Danville, IL - 550	55	3.67	2.43	3.47	2.02	3.08	2.86	3.57	3.02
11	VAMC Detroit, MI - 553	62	3.15	2.56	3.10	2.66	2.63	2.70	2.93	2.75
11	VAMC Indianapolis - 583	34	3.81	2.56	3.64	2.74	2.82	2.85	3.35	2.91
11	VAMC Saginaw, MI - 655	41	3.55	2.63	3.52	2.72	3.06	3.03	3.39	3.37
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	91	3.67	2.88	3.58	3.09	3.29	3.18	3.38	2.96
12	VAH Madison, WI - 607	15	3.82	2.91	4.00	2.75	3.42	3.75	4.08	3.18
12	VAMC Iron Mountain, MI - 585	45	2.93	1.95	2.83	2.32	2.30	2.35	2.90	2.54
12	VAMC Milwaukee, WI - 695	117	3.74	2.93	3.52	2.62	2.94	2.98	3.25	2.84
12	VAMC North Chicago, IL - 556	21	4.10	3.30	3.86	3.43	3.62	3.52	4.10	3.24
12	VAMC Tomah, WI - 676	47	3.91	2.76	3.93	2.93	3.60	3.40	3.65	2.90

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/ Pension	Welfare Payments
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	31	3.93	3.03	4.04	3.48	3.52	3.52	3.86	3.68
15	VAH Columbia, MO - 543	135	3.72	2.72	3.72	2.26	3.14	3.11	3.51	3.11
15	VAM&ROC Wichita, KS - 452	55	3.69	2.84	3.44	2.61	2.94	2.96	3.64	3.22
15	VAMC Kansas City, MO - 589	24	3.33	2.82	3.33	2.94	3.17	3.11	3.22	3.00
15	VAMC Marion, IL - 609	28	3.85	2.44	3.72	2.78	3.21	3.14	3.52	3.07
15	VAMC Poplar Bluff, MO - 647	24	3.59	2.64	3.50	3.14	3.23	3.27	4.00	3.05
15	VAMC St. Louis, MO - 657	23	4.05	2.80	3.57	2.91	3.00	3.14	3.38	2.90
15	VAMC Topeka - 677	17	3.81	3.13	3.67	2.75	3.13	3.00	3.31	3.19
16	VA Central Arkansas HCS - 598	18	3.53	.	3.40	2.81	3.36	3.43	3.67	3.20
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	27	3.56	2.88	3.41	2.77	2.92	3.00	3.48	3.07
16	VAMC Alexandria, LA - 502	86	3.55	2.83	3.46	2.79	3.15	3.11	3.56	3.18
16	VAMC Fayetteville, AR - 564	4	4.50	3.00	4.50	1.00	5.00	5.00	5.00	5.00
16	VAMC Houston, TX - 580	17	3.69	2.71	3.56	2.82	3.12	3.18	3.00	2.35
16	VAMC Jackson, MS - 586	43	3.73	3.17	3.63	3.59	3.57	3.51	3.83	3.51
16	VAMC New Orleans, LA - 629	28	4.04	3.12	3.78	3.81	3.81	3.85	3.52	3.23
16	VAMC Oklahoma City, OK - 635	57	3.50	2.51	3.34	2.59	2.41	2.33	3.44	2.91
16	VAMC Shreveport, LA - 667	73	3.62	2.92	3.63	3.24	3.30	3.26	3.64	3.23
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	28	4.07	3.32	3.77	2.93	3.25	3.25	3.93	3.35
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	37	3.55	2.69	3.24	2.53	2.76	2.76	3.64	3.23
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	225	3.81	2.73	3.60	2.72	2.95	2.89	3.40	2.83
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	24	3.27	2.19	3.09	2.09	2.68	2.67	3.40	2.95
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	61	3.73	2.56	3.68	2.78	2.93	2.85	3.46	3.02
18	El Paso VA HCS, TX - 756	45	3.35	2.63	3.18	2.69	2.64	2.69	3.10	2.83
18	VA New Mexico HCS - 501	41	2.82	2.24	2.91	2.51	2.65	2.68	3.03	2.76
18	VA Northern Arizona HCS - 649	25	3.52	2.52	3.48	2.85	3.00	3.05	3.10	3.10

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/ Pension	Welfare Payments
18	VA Southern Arizona HCS - 678	44	4.06	3.16	3.89	3.10	3.53	3.58	3.47	2.92
18	VAMC Amarillo, TX - 504	26	3.73	3.32	3.73	2.30	2.77	2.82	3.45	3.05
18	VA West Texas HCS - 519	11	3.73	2.73	3.55	2.45	3.27	3.27	3.09	3.00
18	VAMC Phoenix, AZ - 644	38	3.68	3.16	3.62	3.15	3.36	3.28	3.62	3.35
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	35	3.63	2.10	3.52	2.67	2.55	2.62	3.69	3.37
19	VA Southern Colorado HCS, (Colorado Springs-567)	25	3.09	2.62	3.05	2.10	2.62	2.67	3.09	3.10
19	VAM&ROC Cheyenne, WY - 442	34	3.85	2.62	3.78	3.11	3.32	3.28	3.68	3.32
19	VA Eastern Colorado HCS (VAMC Denver - 554)	23	4.17	2.58	4.13	1.86	2.43	2.40	3.39	2.94
19	VAMC Grand Junction, CO - 575	22	3.45	2.45	3.41	2.73	3.41	3.23	3.64	3.41
19	VAMC Salt Lake City, UT - 660	106	3.68	2.64	3.70	2.66	2.91	2.88	3.37	2.97
19	VAMC Sheridan, WY - 666	16	4.00	2.58	4.00	3.29	3.29	3.21	3.79	2.50
20	VA Alaska HCS & RO - 463	13	3.33	2.00	3.22	2.44	2.78	2.70	3.10	2.89
20	VA DOM White City, OR - 692	25	3.44	2.92	3.26	2.04	2.60	2.60	3.08	2.83
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	68	2.84	2.11	2.94	2.17	2.40	2.36	2.88	2.64
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	50	2.86	2.23	2.81	2.33	2.37	2.35	3.05	2.82
20	VAMC Boise, ID - 531	48	3.04	2.68	2.98	2.40	2.84	2.89	3.19	2.73
20	VAMC Portland, OR - 648	44	3.85	2.47	3.62	2.05	2.83	2.45	2.90	2.38
20	VAMC Spokane, WA - 668	42	3.45	2.79	3.21	2.47	2.79	2.87	3.46	3.05
20	VAMC Walla Walla, WA - 687	36	3.71	2.67	3.94	2.39	2.94	3.00	3.42	3.20
21	VA Central California HCS, CA - 570	10	3.11	2.33	3.22	2.33	3.00	2.89	3.11	2.78
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	56	3.25	2.50	3.31	2.33	2.79	2.73	3.21	3.02
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	87	3.32	2.37	3.10	2.29	2.62	2.70	3.06	2.83
21	VA Sierra Nevada HCS, NV - 654	45	3.43	2.41	3.32	1.85	2.13	2.23	3.30	2.83
21	VAM&ROC Honolulu, HI - 459	78	3.58	2.70	3.19	2.75	2.93	2.94	3.31	3.06
21	VAMC San Francisco, CA - 662	29	3.55	2.90	3.77	2.17	2.67	2.67	3.55	3.10

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/ Pension	Welfare Payments
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	55	4.04	3.11	3.67	3.13	3.30	3.26	3.35	3.07
22	VA Southern Nevada HCS - 593	72	3.65	2.92	3.59	3.15	3.35	3.35	3.56	3.24
22	VAMC Loma Linda, CA - 605	80	3.24	2.41	3.08	2.48	2.83	2.78	3.40	2.75
22	VAMC Long Beach, CA - 600	41	3.36	2.86	3.22	2.63	2.78	2.81	3.26	3.11
22	VAMC San Diego, CA - 664	91	3.81	3.06	3.66	2.92	2.95	2.98	3.53	2.86
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	20	3.71	2.79	3.82	3.18	3.18	3.29	3.13	2.57
23	VAH&ROC Sioux Falls, SD - 438									
23	VAM&ROC Fargo, ND - 437	50	3.66	2.79	3.76	3.22	3.31	3.29	3.81	3.28
23	VAMC Minneapolis, MN - 618, and Superior, WI	89	3.39	2.72	3.42	2.56	2.97	3.01	3.32	3.19
23	VAMC St. Cloud, MN - 656	37	3.38	2.29	3.35	2.77	3.06	3.03	3.85	3.24
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	37	3.25	2.68	3.44	2.46	2.78	2.76	3.49	3.31
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	52	3.67	3.02	3.81	3.04	3.25	3.29	3.48	3.12
23	VAMC Iowa City, IA - 584	114	3.22	2.77	3.25	2.54	2.87	2.92	3.34	3.23

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	30	3.54	3.52	3.20	3.46	3.59	3.81	3.00
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	52	3.17	2.68	2.68	3.04	3.23	3.52	3.16
1	VAM&ROC Togus, ME - 402	39	3.14	3.11	2.69	2.76	2.86	3.03	3.24
1	VAM&ROC White River Junction, VT - 405	5	2.60	2.40	2.20	2.60	2.60	3.00	3.60
1	VAMC Manchester, NH - 608	26	3.27	3.13	2.96	2.88	3.20	3.12	2.77
1	VAMC Northampton, MA - 631 (Leeds)	19	3.16	2.79	2.74	2.95	3.00	3.28	3.16
1	VAMC Providence, RI - 650, Bristol, RI	21	3.10	2.74	2.30	3.10	3.15	3.35	3.15
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	93	3.14	2.84	2.65	3.08	3.07	2.96	2.96
2	VAMC Albany, NY - 500	104	3.03	2.53	2.43	2.89	2.96	2.96	2.77
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	35	3.12	3.00	2.96	3.48	3.60	3.25	3.20
2	VAMC Syracuse, NY - 670	38	2.89	2.33	2.24	2.68	2.86	2.92	2.47
2	VAMC Bath, NY	25	3.50	2.96	2.91	2.61	2.63	2.74	2.54
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	33	3.30	3.00	3.00	2.87	2.86	3.13	3.03
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	18	3.72	3.41	3.61	3.28	3.72	4.28	3.29
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	32	2.85	2.76	2.72	2.65	2.63	2.84	3.33
3	VAMC Northport, NY - 632	56	3.22	2.90	2.87	3.02	2.78	2.96	2.81
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	136	3.15	3.07	2.97	3.09	3.08	3.16	3.18
4	VAM&ROC Wilmington, DE - 460	44	3.17	2.78	2.76	2.93	2.90	3.02	2.90
4	VAMC Altoona, PA - 503	61	3.45	3.04	2.98	3.22	3.35	3.31	3.13
4	VAMC Butler, PA - 529	35	3.41	3.17	3.10	3.58	3.45	3.48	3.10
4	VAMC Clarksburg, WV - 540	44	3.46	3.29	3.33	3.39	3.63	3.39	3.12
4	VAMC Coatesville - 542	24	2.95	2.71	2.96	3.26	3.39	3.57	2.78

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
4	VAMC Erie, PA - 562	38	3.32	3.00	3.19	3.47	3.47	3.66	3.63
4	VAMC Lebanon, PA - 595	45	3.41	2.88	2.91	3.40	3.49	3.53	3.09
4	VAMC Philadelphia, PA - 642	69	3.14	3.02	2.88	3.00	3.03	3.18	2.88
4	VAMC Wilkes-Barre, PA - 693	82	3.48	3.26	3.17	3.28	3.24	3.39	2.96
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	29	3.07	2.63	2.44	2.90	2.93	2.71	2.64
5	VAMC Martinsburg, WV - 613	13	3.00	2.92	2.83	3.17	3.00	3.42	3.25
5	VAMC Washington, DC - 688	105	2.70	2.49	2.66	2.51	2.55	2.87	2.44
6	VAMC Asheville, NC - 637	25	2.79	2.70	2.71	3.21	2.96	3.39	2.58
6	VAMC Beckley, WV - 517	5	3.50	2.50	3.40	4.40	3.80	3.80	3.80
6	VAMC Durham, NC - 558	46	2.73	2.40	2.40	2.44	2.56	2.59	2.61
6	VAMC Fayetteville, NC - 565	28	2.70	2.59	2.04	2.21	2.18	2.64	1.89
6	VAMC Hampton, VA - 590	126	2.91	2.78	2.77	2.88	3.01	3.13	2.84
6	VAMC Richmond, VA - 652	17	3.19	2.71	3.50	3.19	2.88	3.19	2.50
6	VAMC Salem, VA - 658	100	3.34	2.99	3.11	3.13	3.26	3.49	3.25
6	VAMC Salisbury, NC - 659	57	2.67	2.84	2.79	2.84	2.82	2.93	2.71
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	99	3.09	3.03	2.95	3.05	2.95	3.04	2.97
7	VAMC - Augusta, GA - 509	40	2.94	2.61	2.58	2.79	2.97	3.08	2.54
7	VAMC Atlanta, GA - 508 (Decatur, GA)	39	2.84	2.93	2.91	2.83	2.62	2.81	2.66
7	VAMC Birmingham, AL - 521	13	3.44	3.22	3.00	3.38	3.33	3.75	3.44
7	VAMC Charleston, SC - 534	36	3.28	3.50	3.20	3.13	3.10	3.60	3.30
7	VAMC Columbia, SC - 544	21	3.45	3.44	3.21	3.60	3.55	3.29	3.35
7	VAMC Dublin, GA - 557	35	2.97	2.34	2.53	2.71	2.74	3.19	2.45
7	VAMC Tuscaloosa, AL - 679	22	3.67	3.71	3.81	4.14	4.23	4.19	3.90
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	102	2.74	2.58	2.58	2.69	2.74	2.75	2.62
8	VAH Tampa, FL - 673	13	2.82	2.70	2.58	2.42	2.50	2.00	2.50
8	VAMC Bay Pines - 516	137	2.83	2.59	2.55	2.84	2.70	2.96	2.84
8	VAMC Miami, FL - 546	47	3.40	2.72	2.59	2.89	2.84	2.88	2.93
8	VAMC West Palm Beach, FL - 548	42	3.03	3.06	2.76	3.06	3.03	2.70	2.79

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
8	VAMC San Juan, PR - 672	37	2.71	3.10	3.16	3.40	3.64	3.95	3.48
8	VAMC Orlando, FL-675	38	3.45	3.00	2.84	2.91	2.80	3.23	2.81
9	VAMC Huntington, WV - 581	46	3.32	3.05	3.07	3.39	3.50	3.39	2.96
9	VAMC Lexington, KY - 596	32	3.06	2.52	2.50	2.56	2.88	2.50	2.56
9	VAMC Louisville, KY - 603	99	3.18	3.01	2.95	3.14	3.14	3.27	3.05
9	VAMC Memphis, TN - 614	18	3.20	2.92	3.07	3.13	2.93	3.13	2.47
9	VAMC Mountain Home, TN - 621	8	3.00	2.25	2.50	2.25	2.88	3.88	3.43
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	26	2.92	2.83	3.13	3.12	3.25	3.32	3.00
10	VAMC Chillicothe, OH - 538	43	3.24	3.03	2.95	3.36	3.29	3.34	3.11
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	33	2.70	2.66	2.67	2.59	2.83	2.93	2.53
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	32	3.14	3.07	2.79	3.00	2.82	3.46	2.89
10	VAMC Dayton, OH - 552	23	2.91	3.15	2.95	3.26	3.30	3.48	2.82
10	VAOPC Columbus, OH - 757 (Grove City, OH)	28	3.30	3.26	3.64	3.37	3.70	3.41	3.39
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	29	3.32	2.92	3.16	3.44	3.16	3.42	3.15
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	36	2.97	2.57	2.49	2.91	3.00	3.00	2.77
11	VAMC Battle Creek, MI - 515	37	3.18	3.09	2.91	3.32	3.23	3.73	3.00
11	VAMC Danville, IL - 550	55	3.02	2.64	2.54	2.96	3.10	3.41	3.22
11	VAMC Detroit, MI - 553	62	2.88	2.48	2.30	2.36	2.21	2.34	2.05
11	VAMC Indianapolis - 583	34	3.06	2.78	2.81	2.91	2.94	3.28	3.12
11	VAMC Saginaw, MI - 655	41	3.25	3.37	2.97	3.19	3.16	3.06	2.73
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	91	3.20	2.96	2.85	3.10	3.14	3.38	3.54
12	VAH Madison, WI - 607	15	3.08	2.92	3.17	3.42	3.75	4.00	2.58
12	VAMC Iron Mountain, MI - 585	45	2.64	2.25	2.17	2.46	2.40	2.68	2.27
12	VAMC Milwaukee, WI - 695	117	2.91	2.75	2.55	2.79	2.73	3.11	3.00
12	VAMC North Chicago, IL - 556	21	3.62	3.71	3.57	3.14	2.95	3.62	3.29
12	VAMC Tomah, WI - 676	47	3.35	3.05	3.02	3.26	3.48	3.62	3.07

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	31	3.45	2.90	3.03	3.20	3.63	3.46	2.76
15	VAH Columbia, MO - 543	135	2.99	3.05	2.82	3.19	3.12	3.18	2.69
15	VAM&ROC Wichita, KS - 452	55	3.34	3.04	3.00	3.17	3.17	3.14	3.00
15	VAMC Kansas City, MO - 589	24	3.00	2.94	2.72	2.67	2.88	3.35	2.94
15	VAMC Marion, IL - 609	28	3.23	2.52	2.69	3.00	3.26	3.22	3.57
15	VAMC Poplar Bluff, MO - 647	24	3.23	2.95	2.73	3.18	3.32	3.13	3.18
15	VAMC St. Louis, MO - 657	23	3.10	2.86	3.05	3.09	3.05	3.10	2.67
15	VAMC Topeka - 677	17	3.13	2.88	2.88	3.00	2.88	3.25	3.13
16	VA Central Arkansas HCS - 598	18	3.31	3.36	3.67	3.47	3.53	3.47	3.20
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	27	3.04	3.04	2.93	3.00	3.22	3.26	3.11
16	VAMC Alexandria, LA - 502	86	3.21	2.85	2.88	3.14	3.07	3.27	3.05
16	VAMC Fayetteville, AR - 564	4	5.00	5.00	3.75	2.50	1.00	4.00	3.50
16	VAMC Houston, TX - 580	17	2.82	2.44	2.65	2.71	2.76	3.00	3.12
16	VAMC Jackson, MS - 586	43	3.40	3.22	3.15	3.41	3.54	3.50	3.39
16	VAMC New Orleans, LA - 629	28	3.07	3.04	3.07	3.33	3.31	3.63	3.81
16	VAMC Oklahoma City, OK - 635	57	3.04	2.83	2.60	2.74	2.83	2.87	2.84
16	VAMC Shreveport, LA - 667	73	3.45	3.07	3.01	3.10	3.31	3.33	3.04
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	28	3.78	3.00	3.21	3.29	3.42	3.70	3.15
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	37	3.18	2.84	2.56	2.88	2.89	3.28	2.76
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	225	3.03	2.78	2.86	2.97	2.99	3.08	2.94
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	24	2.95	2.62	2.67	2.95	3.14	2.62	2.41
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	61	3.00	2.95	2.97	3.13	3.10	3.03	2.70
18	El Paso VA HCS, TX - 756	45	2.95	2.59	2.68	2.81	2.91	2.79	2.84
18	VA New Mexico HCS - 501	41	2.72	2.36	2.24	2.49	2.65	2.40	2.26
18	VA Northern Arizona HCS - 649	25	2.81	3.00	2.81	2.95	2.91	2.81	2.86

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
18	VA Southern Arizona HCS - 678	44	3.13	2.97	2.84	3.03	3.11	3.29	3.23
18	VAMC Amarillo, TX - 504	26	3.14	2.76	2.82	3.14	3.23	3.50	2.83
18	VA West Texas HCS - 519	11	2.91	2.82	2.73	2.73	3.00	3.00	2.73
18	VAMC Phoenix, AZ - 644	38	3.35	3.32	3.25	3.44	3.50	3.58	3.27
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	35	3.21	2.69	2.32	3.34	3.84	3.43	2.68
19	VA Southern Colorado HCS, (Colorado Springs-567)	25	2.67	2.33	2.52	2.57	2.76	2.75	2.29
19	VAM&ROC Cheyenne, WY - 442	34	3.34	3.04	2.82	3.25	3.39	3.29	3.14
19	VA Eastern Colorado HCS (VAMC Denver - 554)	23	3.18	2.53	2.53	2.82	2.70	3.13	2.24
19	VAMC Grand Junction, CO - 575	22	2.95	2.77	2.82	3.18	3.45	3.27	2.95
19	VAMC Salt Lake City, UT - 660	106	2.80	3.11	2.98	3.27	3.27	3.10	2.86
19	VAMC Sheridan, WY - 666	16	3.08	2.55	2.50	3.15	3.31	3.50	3.13
20	VA Alaska HCS & RO - 463	13	3.00	2.67	2.40	2.50	2.60	2.70	2.22
20	VA DOM White City, OR - 692	25	2.71	2.74	2.45	2.72	2.60	3.21	2.40
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	68	2.55	2.32	2.34	2.42	2.57	2.54	2.32
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	50	2.80	2.54	2.50	3.09	3.12	2.74	2.77
20	VAMC Boise, ID - 531	48	2.82	2.70	2.64	3.09	3.07	3.02	2.87
20	VAMC Portland, OR - 648	44	2.39	2.15	2.50	3.18	3.23	2.70	2.59
20	VAMC Spokane, WA - 668	42	2.84	2.84	2.89	2.89	3.03	3.18	2.95
20	VAMC Walla Walla, WA - 687	36	3.09	2.53	2.74	3.06	3.53	3.11	2.72
21	VA Central California HCS, CA - 570	10	2.78	2.89	2.89	2.89	2.67	2.89	2.67
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	56	2.90	2.73	2.57	2.76	2.80	2.80	2.57
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	87	2.92	2.69	2.60	2.72	2.63	2.81	2.59
21	VA Sierra Nevada HCS, NV - 654	45	2.93	2.60	2.56	2.55	2.58	2.85	2.55
21	VAM&ROC Honolulu, HI - 459	78	3.09	2.78	2.76	3.07	3.05	2.88	2.63
21	VAMC San Francisco, CA - 662	29	3.21	2.65	2.65	3.27	3.48	3.67	2.52

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	55	3.17	2.98	3.13	3.35	3.30	3.31	3.37
22	VA Southern Nevada HCS - 593	72	3.37	3.00	2.89	3.26	3.15	3.20	3.29
22	VAMC Loma Linda, CA - 605	80	2.82	2.67	2.52	2.83	2.76	2.92	3.16
22	VAMC Long Beach, CA - 600	41	2.97	2.83	2.74	2.79	2.77	3.17	2.87
22	VAMC San Diego, CA - 664	91	2.93	2.77	2.70	3.35	3.31	3.39	3.20
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	20	2.73	2.50	2.73	3.53	3.56	3.13	3.25
23	VAH&ROC Sioux Falls, SD - 438								
23	VAM&ROC Fargo, ND - 437	50	3.22	3.18	3.19	3.34	3.41	3.46	3.18
23	VAMC Minneapolis, MN - 618, and Superior, WI	89	2.92	3.00	2.95	2.97	2.97	3.21	2.86
23	VAMC St. Cloud, MN - 656	37	3.24	2.64	2.60	2.91	3.06	3.06	3.25
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	37	3.05	2.83	2.72	3.08	2.97	3.16	2.95
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	52	3.24	3.04	3.04	3.14	3.14	3.47	3.20
23	VAMC Iowa City, IA - 584	114	3.14	3.01	2.93	3.28	3.35	3.19	3.02

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Education	Child care	Family Reconcilia- tion	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	30	3.62	2.40	3.00	3.40	3.31	3.11	3.40	3.08
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	52	3.19	2.30	2.70	3.17	3.02	3.07	3.02	2.56
1	VAM&ROC Togus, ME - 402	39	2.89	2.50	2.61	2.82	2.86	2.70	3.37	2.53
1	VAM&ROC White River Junction, VT - 405	5	3.00	3.00	2.75	2.75	3.00	2.20	2.75	2.60
1	VAMC Manchester, NH - 608	26	2.72	2.22	2.48	2.96	3.20	2.71	3.08	2.40
1	VAMC Northampton, MA - 631 (Leeds)	19	2.89	2.63	2.53	3.11	3.00	2.83	2.84	2.58
1	VAMC Providence, RI - 650, Bristol, RI	21	3.35	2.60	2.63	3.05	3.00	2.70	3.95	2.45
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	93	3.03	2.64	2.66	3.04	3.06	2.83	3.20	2.71
2	VAMC Albany, NY - 500	104	2.90	2.34	2.36	2.82	3.20	2.86	2.84	2.55
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	35	3.08	2.20	2.40	3.08	3.20	3.08	3.42	2.80
2	VAMC Syracuse, NY - 670	38	2.74	2.00	2.21	2.69	2.71	2.42	2.50	2.03
2	VAMC Bath, NY	25	3.13	2.39	2.61	3.00	3.39	2.23	3.35	2.91
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	33	2.97	2.50	2.68	3.00	3.34	3.00	3.10	2.63
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	18	3.50	2.31	3.00	3.50	3.53	3.35	3.88	3.56
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	32	3.12	2.24	2.21	2.77	2.73	2.71	2.91	2.48
3	VAMC Northport, NY - 632	56	3.15	2.38	2.46	2.84	3.35	2.71	3.14	2.56
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	136	3.15	2.97	2.91	3.15	3.34	2.99	3.20	2.94
4	VAM&ROC Wilmington, DE - 460	44	2.95	2.68	2.63	2.63	3.05	2.60	2.98	2.88
4	VAMC Altoona, PA - 503	61	3.06	2.94	2.70	3.13	3.18	2.50	3.25	2.80
4	VAMC Butler, PA - 529	35	3.43	2.93	2.83	3.29	3.67	3.00	3.40	3.14
4	VAMC Clarksburg, WV - 540	44	3.46	2.85	3.17	3.10	3.61	3.00	3.27	3.27
4	VAMC Coatesville - 542	24	3.22	2.26	2.78	3.22	3.83	3.17	3.27	2.91

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Education	Child care	Family Reconcilia- tion	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
4	VAMC Erie, PA - 562	38	3.06	2.48	2.91	3.19	3.84	3.06	3.81	2.97
4	VAMC Lebanon, PA - 595	45	3.15	2.62	2.82	3.13	3.70	3.15	3.71	3.12
4	VAMC Philadelphia, PA - 642	69	3.07	2.52	2.53	3.20	3.05	2.98	3.33	2.59
4	VAMC Wilkes-Barre, PA - 693	82	3.23	2.68	2.82	3.06	3.38	2.84	3.41	2.82
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	29	3.11	1.96	2.11	2.52	2.86	2.75	2.96	2.54
5	VAMC Martinsburg, WV - 613	13	3.42	2.50	2.58	3.17	3.83	3.00	3.33	3.00
5	VAMC Washington, DC - 688	105	2.75	2.40	2.38	2.39	2.80	2.57	2.71	2.62
6	VAMC Asheville, NC - 637	25	3.09	2.41	2.67	2.87	3.58	2.48	2.95	3.43
6	VAMC Beckley, WV - 517	5	4.00	2.75	3.00	3.25	3.80	3.50	3.75	3.00
6	VAMC Durham, NC - 558	46	2.67	2.20	2.27	2.36	2.93	2.42	2.62	2.31
6	VAMC Fayetteville, NC - 565	28	2.61	2.00	2.04	2.37	3.61	2.22	2.85	2.19
6	VAMC Hampton, VA - 590	126	2.72	1.95	2.33	2.81	3.32	2.76	2.99	2.52
6	VAMC Richmond, VA - 652	17	3.38	2.47	3.07	3.33	4.00	3.06	3.53	3.38
6	VAMC Salem, VA - 658	100	3.07	2.59	2.67	3.07	3.59	2.96	3.28	2.88
6	VAMC Salisbury, NC - 659	57	2.71	1.98	2.30	2.77	3.27	2.75	3.46	2.52
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	99	3.07	2.81	3.03	3.10	3.44	2.94	3.36	2.90
7	VAMC - Augusta, GA - 509	40	2.81	2.00	2.43	3.00	3.31	2.63	3.17	2.42
7	VAMC Atlanta, GA - 508 (Decatur, GA)	39	2.84	2.39	2.59	2.88	3.00	2.88	3.10	2.70
7	VAMC Birmingham, AL - 521	13	3.43	2.67	2.75	3.63	4.43	3.11	3.44	3.33
7	VAMC Charleston, SC - 534	36	3.67	2.52	2.73	3.21	3.17	3.20	3.47	3.30
7	VAMC Columbia, SC - 544	21	3.15	2.61	3.00	3.05	3.61	3.00	3.33	3.30
7	VAMC Dublin, GA - 557	35	2.52	2.00	2.35	2.43	2.97	2.77	2.93	2.39
7	VAMC Tuscaloosa, AL - 679	22	4.00	3.15	3.50	3.81	4.24	4.32	4.05	3.50
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	102	2.85	2.44	2.51	2.55	3.11	2.77	2.79	2.58
8	VAH Tampa, FL - 673	13	2.25	1.58	1.91	2.60	2.82	2.60	3.58	1.73
8	VAMC Bay Pines - 516	137	2.87	1.94	2.15	2.63	3.05	2.63	3.04	2.41
8	VAMC Miami, FL - 546	47	3.11	2.47	2.52	3.05	2.86	2.87	2.83	2.40
8	VAMC West Palm Beach, FL - 548	42	2.91	2.21	2.38	2.63	3.03	2.94	3.09	2.62

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Education	Child care	Family Reconcilia- tion	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
8	VAMC San Juan, PR - 672	37	3.10	3.00	3.45	3.06	3.77	3.27	3.48	3.27
8	VAMC Orlando, FL-675	38	2.90	2.59	2.73	3.03	3.31	2.91	3.17	2.86
9	VAMC Huntington, WV - 581	46	3.48	2.36	2.57	3.07	3.14	2.77	3.02	2.84
9	VAMC Lexington, KY - 596	32	3.03	2.34	2.41	2.47	2.72	2.25	2.47	2.19
9	VAMC Louisville, KY - 603	99	2.95	2.54	2.55	2.94	3.36	3.03	3.07	2.60
9	VAMC Memphis, TN - 614	18	3.20	2.80	2.93	3.00	3.29	3.07	3.00	2.80
9	VAMC Mountain Home, TN - 621	8	2.63	1.63	2.38	2.86	3.43	2.38	2.75	3.00
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	26	3.08	2.29	2.50	3.00	3.48	3.32	2.88	2.91
10	VAMC Chillicothe, OH - 538	43	3.18	2.50	2.65	2.81	3.51	3.05	3.37	2.71
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	33	2.66	2.23	2.10	2.57	2.69	2.61	3.00	2.54
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	32	2.96	2.46	2.26	2.59	2.70	3.00	3.23	2.26
10	VAMC Dayton, OH - 552	23	3.27	2.95	2.71	3.10	3.13	2.57	3.32	2.76
10	VAOPC Columbus, OH - 757 (Grove City, OH)	28	3.14	2.42	2.80	3.00	2.89	3.46	3.37	2.74
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	29	3.36	2.76	2.88	3.04	3.19	2.68	3.12	2.84
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	36	2.83	1.86	2.17	2.65	3.03	2.77	2.71	2.44
11	VAMC Battle Creek, MI - 515	37	3.67	2.76	2.75	3.19	3.50	2.86	3.38	2.86
11	VAMC Danville, IL - 550	55	3.24	2.33	2.41	2.96	3.57	2.73	3.28	2.47
11	VAMC Detroit, MI - 553	62	2.76	2.23	2.36	2.40	3.18	2.51	2.78	2.25
11	VAMC Indianapolis - 583	34	3.24	2.38	2.68	2.81	3.33	2.91	3.19	2.63
11	VAMC Saginaw, MI - 655	41	2.94	2.80	2.78	3.00	3.23	2.61	3.31	2.88
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	91	3.16	2.57	2.73	3.10	3.44	2.96	3.24	2.73
12	VAH Madison, WI - 607	15	3.25	2.18	2.64	3.20	3.64	3.08	3.33	3.18
12	VAMC Iron Mountain, MI - 585	45	2.55	2.28	2.05	2.42	2.85	2.20	2.95	2.19
12	VAMC Milwaukee, WI - 695	117	3.15	2.39	2.52	3.02	3.21	3.10	3.20	2.61
12	VAMC North Chicago, IL - 556	21	3.14	2.67	3.15	3.80	3.62	3.19	3.80	2.80
12	VAMC Tomah, WI - 676	47	3.26	2.22	2.60	3.33	3.33	3.07	3.47	3.14

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Education	Child care	Family Reconcilia- tion	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	31	3.32	2.55	2.89	3.46	3.90	3.46	3.64	2.90
15	VAH Columbia, MO - 543	135	3.06	2.40	2.68	2.99	3.46	3.14	3.30	2.71
15	VAM&ROC Wichita, KS - 452	55	3.26	2.65	2.71	3.22	3.61	2.72	3.06	2.76
15	VAMC Kansas City, MO - 589	24	2.89	2.39	2.44	3.06	3.56	3.28	3.00	2.78
15	VAMC Marion, IL - 609	28	3.30	2.48	2.65	3.00	3.71	2.85	3.29	2.33
15	VAMC Poplar Bluff, MO - 647	24	3.09	2.64	2.68	2.95	3.41	3.14	3.18	2.82
15	VAMC St. Louis, MO - 657	23	2.81	2.24	2.48	2.76	3.19	2.95	3.10	2.77
15	VAMC Topeka - 677	17	3.31	2.81	2.88	3.13	3.19	3.25	3.60	2.94
16	VA Central Arkansas HCS - 598	18	3.53	2.67	3.13	3.27	3.87	3.36	3.33	3.87
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	27	3.30	2.77	2.81	3.04	3.78	3.07	3.16	2.96
16	VAMC Alexandria, LA - 502	86	3.14	2.61	2.73	3.14	3.42	3.49	3.41	2.76
16	VAMC Fayetteville, AR - 564	4	5.00	3.00	3.50	5.00	5.00	2.75	5.00	3.75
16	VAMC Houston, TX - 580	17	3.18	2.06	2.47	2.63	3.07	2.65	2.76	2.12
16	VAMC Jackson, MS - 586	43	3.39	2.55	2.93	3.36	3.51	3.27	3.50	3.27
16	VAMC New Orleans, LA - 629	28	3.56	2.81	2.88	3.33	3.52	3.37	3.38	2.96
16	VAMC Oklahoma City, OK - 635	57	2.87	2.33	2.56	2.76	3.28	2.46	2.91	2.40
16	VAMC Shreveport, LA - 667	73	3.15	2.65	2.74	3.06	3.48	2.81	3.18	2.78
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	28	3.18	2.54	2.78	3.04	3.46	3.29	3.33	3.04
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	37	2.74	2.28	2.27	2.71	3.45	2.54	3.00	2.73
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	225	2.98	2.36	2.44	2.94	3.38	2.84	3.07	2.84
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	24	3.00	2.60	2.50	2.74	2.70	2.85	2.70	2.70
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	61	3.18	2.35	2.63	2.92	3.18	3.14	3.41	2.68
18	El Paso VA HCS, TX - 756	45	3.02	2.52	2.83	2.66	2.84	2.66	2.67	2.78
18	VA New Mexico HCS - 501	41	2.38	1.94	1.88	2.12	2.57	2.06	2.33	2.09
18	VA Northern Arizona HCS - 649	25	2.86	2.38	2.48	2.71	3.05	2.67	2.71	2.55

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Education	Child care	Family Reconcilia- tion	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
18	VA Southern Arizona HCS - 678	44	3.13	2.45	2.50	2.71	3.14	2.79	3.03	2.61
18	VAMC Amarillo, TX - 504	26	3.23	2.71	2.62	3.32	3.55	2.86	3.14	2.86
18	VA West Texas HCS - 519	11	2.55	2.73	2.91	3.00	3.82	3.00	3.45	2.91
18	VAMC Phoenix, AZ - 644	38	3.21	2.73	2.91	3.06	3.32	3.48	3.44	2.83
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	35	2.93	2.43	2.65	3.16	3.62	2.48	2.96	2.76
19	VA Southern Colorado HCS, (Colorado Springs-567)	25	2.67	2.76	2.52	2.90	3.00	2.29	2.76	2.38
19	VAM&ROC Cheyenne, WY - 442	34	3.18	2.59	2.71	3.14	3.62	2.96	3.14	2.85
19	VA Eastern Colorado HCS (VAMC Denver - 554)	23	3.00	2.09	2.67	2.63	3.29	2.84	2.69	2.71
19	VAMC Grand Junction, CO - 575	22	2.95	2.82	2.50	2.90	3.38	2.91	3.00	2.50
19	VAMC Salt Lake City, UT - 660	106	2.97	2.23	2.53	2.99	3.46	3.17	3.23	2.60
19	VAMC Sheridan, WY - 666	16	3.08	2.27	2.18	2.82	3.50	2.83	2.92	2.23
20	VA Alaska HCS & RO - 463	13	2.56	1.86	2.29	2.71	3.00	2.10	2.00	2.00
20	VA DOM White City, OR - 692	25	3.04	2.14	2.30	2.59	3.08	2.30	2.92	2.68
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	68	2.45	2.11	2.13	2.29	2.80	2.23	2.69	2.33
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	50	2.86	2.33	2.44	2.62	2.93	2.33	2.81	2.63
20	VAMC Boise, ID - 531	48	3.29	2.51	2.70	2.88	3.36	3.09	2.96	2.82
20	VAMC Portland, OR - 648	44	2.45	1.89	2.16	2.77	3.10	2.74	3.03	2.26
20	VAMC Spokane, WA - 668	42	3.03	2.49	2.62	3.06	3.12	2.84	2.89	2.74
20	VAMC Walla Walla, WA - 687	36	3.08	2.34	2.43	2.74	3.33	2.81	3.09	2.85
21	VA Central California HCS, CA - 570	10	2.78	2.44	2.56	2.89	3.22	2.33	2.89	2.67
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	56	3.02	2.20	2.35	2.69	3.06	2.51	2.84	2.35
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	87	2.84	2.36	2.30	2.58	3.00	2.49	2.74	2.44
21	VA Sierra Nevada HCS, NV - 654	45	2.90	2.50	2.53	2.73	3.08	2.41	2.90	2.78
21	VAM&ROC Honolulu, HI - 459	78	2.82	2.34	2.58	2.73	3.03	2.63	2.87	2.53
21	VAMC San Francisco, CA - 662	29	3.39	2.16	2.33	3.43	3.20	2.67	2.77	2.50

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Education	Child care	Family Reconcilia- tion	Discharge Upgrade	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	55	3.28	2.53	2.77	2.96	3.17	3.33	3.26	2.76
22	VA Southern Nevada HCS - 593	72	3.28	2.63	2.80	3.06	3.37	3.28	3.25	3.02
22	VAMC Loma Linda, CA - 605	80	2.97	2.35	2.52	2.87	3.17	2.96	3.08	2.41
22	VAMC Long Beach, CA - 600	41	3.08	2.50	2.54	2.83	3.00	2.81	3.06	2.69
22	VAMC San Diego, CA - 664	91	3.23	2.34	2.51	2.67	3.17	2.88	2.88	2.80
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	20	2.87	2.27	2.20	2.93	3.81	3.13	3.20	2.56
23	VAH&ROC Sioux Falls, SD - 438									
23	VAM&ROC Fargo, ND - 437	50	3.23	2.50	2.54	3.02	3.25	3.06	3.06	2.98
23	VAMC Minneapolis, MN - 618, and Superior, WI	89	3.17	2.50	2.60	2.85	3.25	2.68	3.28	2.93
23	VAMC St. Cloud, MN - 656	37	2.77	2.03	2.38	3.15	3.56	3.44	3.38	2.58
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	37	3.14	2.44	2.39	3.11	3.25	3.08	3.36	2.78
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	52	3.06	2.91	2.88	3.13	3.38	2.73	3.38	2.86
23	VAMC Iowa City, IA - 584	114	3.16	2.81	2.92	3.00	3.37	3.02	3.14	2.93

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	30	2.82	2.93	3.08
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	52	2.68	2.59	2.95
1	VAM&ROC Togus, ME - 402	39	2.46	2.54	2.94
1	VAM&ROC White River Junction, VT - 405	5	2.20	2.20	2.60
1	VAMC Manchester, NH - 608	26	2.21	2.17	2.64
1	VAMC Northampton, MA - 631 (Leeds)	19	2.56	2.37	2.95
1	VAMC Providence, RI - 650, Bristol, RI	21	2.70	2.60	3.05
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	93	2.70	2.64	2.87
2	VAMC Albany, NY - 500	104	2.42	2.33	2.73
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	35	2.54	2.50	2.58
2	VAMC Syracuse, NY - 670	38	2.00	1.88	2.38
2	VAMC Bath, NY	25	2.43	2.43	2.65
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	33	2.57	2.59	2.87
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	18	3.12	3.18	3.72
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	32	2.23	2.22	2.88
3	VAMC Northport, NY - 632	56	2.53	2.45	3.10
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	136	2.93	2.97	3.07
4	VAM&ROC Wilmington, DE - 460	44	2.68	2.63	2.76
4	VAMC Altoona, PA - 503	61	2.73	2.62	2.75
4	VAMC Butler, PA - 529	35	3.04	2.90	3.34
4	VAMC Clarksburg, WV - 540	44	2.90	2.66	3.12
4	VAMC Coatesville - 542	24	2.50	2.55	3.30

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
4	VAMC Erie, PA - 562	38	2.59	2.59	3.09
4	VAMC Lebanon, PA - 595	45	2.94	3.06	2.97
4	VAMC Philadelphia, PA - 642	69	2.63	2.69	3.17
4	VAMC Wilkes-Barre, PA - 693	82	2.74	2.76	3.11
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	29	2.39	2.43	2.70
5	VAMC Martinsburg, WV - 613	13	2.75	2.58	3.17
5	VAMC Washington, DC - 688	105	2.38	2.28	2.50
6	VAMC Asheville, NC - 637	25	2.65	2.65	2.96
6	VAMC Beckley, WV - 517	5	2.50	2.50	3.50
6	VAMC Durham, NC - 558	46	2.36	2.27	2.62
6	VAMC Fayetteville, NC - 565	28	2.14	2.29	2.61
6	VAMC Hampton, VA - 590	126	2.34	2.30	2.65
6	VAMC Richmond, VA - 652	17	2.69	2.56	3.50
6	VAMC Salem, VA - 658	100	2.80	2.80	3.28
6	VAMC Salisbury, NC - 659	57	2.36	2.26	2.64
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	99	2.87	2.79	3.06
7	VAMC - Augusta, GA - 509	40	2.09	2.03	2.56
7	VAMC Atlanta, GA - 508 (Decatur, GA)	39	2.97	2.88	3.03
7	VAMC Birmingham, AL - 521	13	3.00	3.00	3.67
7	VAMC Charleston, SC - 534	36	2.77	2.97	3.23
7	VAMC Columbia, SC - 544	21	2.89	2.63	2.89
7	VAMC Dublin, GA - 557	35	2.35	2.10	2.58
7	VAMC Tuscaloosa, AL - 679	22	3.35	3.40	3.86
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	102	2.39	2.34	2.59
8	VAH Tampa, FL - 673	13	1.82	1.82	2.36
8	VAMC Bay Pines - 516	137	2.14	2.19	2.69
8	VAMC Miami, FL - 546	47	2.32	2.44	3.00
8	VAMC West Palm Beach, FL - 548	42	2.40	2.31	2.79

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
8	VAMC San Juan, PR - 672	37	3.23	3.10	3.61
8	VAMC Orlando, FL-675	38	2.73	2.48	3.06
9	VAMC Huntington, WV - 581	46	2.77	2.64	3.00
9	VAMC Lexington, KY - 596	32	2.09	2.03	2.65
9	VAMC Louisville, KY - 603	99	2.58	2.66	2.88
9	VAMC Memphis, TN - 614	18	2.57	2.71	3.00
9	VAMC Mountain Home, TN - 621	8	2.00	2.13	3.63
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	26	2.63	2.80	3.04
10	VAMC Chillicothe, OH - 538	43	2.53	2.58	3.13
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	33	2.32	2.28	2.89
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	32	2.59	2.46	2.75
10	VAMC Dayton, OH - 552	23	2.23	2.32	3.04
10	VAOPC Columbus, OH - 757 (Grove City, OH)	28	2.46	2.74	3.04
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	29	2.80	2.60	3.08
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	36	1.82	1.94	2.62
11	VAMC Battle Creek, MI - 515	37	2.95	2.95	3.32
11	VAMC Danville, IL - 550	55	2.41	2.27	2.88
11	VAMC Detroit, MI - 553	62	2.29	2.20	2.48
11	VAMC Indianapolis - 583	34	2.50	2.47	3.00
11	VAMC Saginaw, MI - 655	41	2.78	2.74	3.03
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	91	2.97	2.81	3.03
12	VAH Madison, WI - 607	15	2.73	2.58	2.64
12	VAMC Iron Mountain, MI - 585	45	2.08	2.03	2.17
12	VAMC Milwaukee, WI - 695	117	2.64	2.63	2.76
12	VAMC North Chicago, IL - 556	21	3.05	2.76	3.20
12	VAMC Tomah, WI - 676	47	2.49	2.56	2.83

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	31	2.79	2.89	3.28
15	VAH Columbia, MO - 543	135	2.66	2.66	3.01
15	VAM&ROC Wichita, KS - 452	55	2.59	2.63	3.12
15	VAMC Kansas City, MO - 589	24	2.72	2.83	2.88
15	VAMC Marion, IL - 609	28	2.22	2.23	2.54
15	VAMC Poplar Bluff, MO - 647	24	2.76	2.77	3.05
15	VAMC St. Louis, MO - 657	23	2.43	2.67	2.85
15	VAMC Topeka - 677	17	2.81	2.69	3.25
16	VA Central Arkansas HCS - 598	18	2.80	2.73	3.47
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	27	2.85	2.69	3.15
16	VAMC Alexandria, LA - 502	86	2.74	2.65	2.93
16	VAMC Fayetteville, AR - 564	4	2.75	2.75	3.25
16	VAMC Houston, TX - 580	17	2.24	2.41	2.76
16	VAMC Jackson, MS - 586	43	2.93	2.95	3.34
16	VAMC New Orleans, LA - 629	28	2.67	2.74	3.52
16	VAMC Oklahoma City, OK - 635	57	2.31	2.22	2.74
16	VAMC Shreveport, LA - 667	73	2.61	2.59	3.04
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	28	2.89	2.96	3.30
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	37	2.33	2.14	2.62
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	225	2.58	2.69	2.88
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	24	2.55	2.30	2.70
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	61	2.58	2.76	3.02
18	El Paso VA HCS, TX - 756	45	2.77	2.55	2.72
18	VA New Mexico HCS - 501	41	1.87	1.94	2.18
18	VA Northern Arizona HCS - 649	25	2.76	2.57	2.65

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
18	VA Southern Arizona HCS - 678	44	2.16	2.95	2.87
18	VAMC Amarillo, TX - 504	26	2.86	2.91	2.83
18	VA West Texas HCS - 519	11	2.82	2.82	3.18
18	VAMC Phoenix, AZ - 644	38	2.84	3.03	3.18
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	35	2.64	2.57	2.63
19	VA Southern Colorado HCS, (Colorado Springs-567)	25	2.48	2.38	2.33
19	VAM&ROC Cheyenne, WY - 442	34	2.64	2.61	2.93
19	VA Eastern Colorado HCS (VAMC Denver - 554)	23	2.21	2.20	2.74
19	VAMC Grand Junction, CO - 575	22	2.55	2.41	2.50
19	VAMC Salt Lake City, UT - 660	106	2.38	2.42	2.84
19	VAMC Sheridan, WY - 666	16	2.08	2.08	2.46
20	VA Alaska HCS & RO - 463	13	1.80	1.80	2.20
20	VA DOM White City, OR - 692	25	2.42	2.38	2.48
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	68	2.00	1.94	2.34
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	50	2.43	2.43	2.69
20	VAMC Boise, ID - 531	48	2.60	2.58	2.66
20	VAMC Portland, OR - 648	44	2.35	2.27	2.71
20	VAMC Spokane, WA - 668	42	2.39	2.54	2.68
20	VAMC Walla Walla, WA - 687	36	2.23	2.47	3.14
21	VA Central California HCS, CA - 570	10	2.44	2.44	2.78
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	56	2.41	2.45	2.64
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	87	2.24	2.28	2.68
21	VA Sierra Nevada HCS, NV - 654	45	2.38	2.51	2.73
21	VAM&ROC Honolulu, HI - 459	78	2.57	2.56	2.81
21	VAMC San Francisco, CA - 662	29	2.38	2.41	3.04

5 point scale: 1= unmet need ... 5 = met need

Appendix 2: 2010 CHALENG Needs Score by VA Facility - Combined Community and VA Representatives Assessment

VISN	VA Facility - 2010 Name	Respondents N=	Legal Child Support	Legal Warrants/ Fines	Social Network
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	55	2.98	3.06	3.30
22	VA Southern Nevada HCS - 593	72	2.88	3.20	3.17
22	VAMC Loma Linda, CA - 605	80	2.51	2.55	2.67
22	VAMC Long Beach, CA - 600	41	2.86	2.78	2.97
22	VAMC San Diego, CA - 664	91	2.90	3.11	3.11
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	20	2.33	2.40	2.47
23	VAH&ROC Sioux Falls, SD - 438				
23	VAM&ROC Fargo, ND - 437	50	2.58	2.83	3.22
23	VAMC Minneapolis, MN - 618, and Superior, WI	89	2.71	2.64	2.81
23	VAMC St. Cloud, MN - 656	37	2.42	2.50	2.80
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	37	2.46	2.54	2.84
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	52	2.83	2.73	3.20
23	VAMC Iowa City, IA - 584	114	2.72	2.71	2.91

5 point scale: 1= unmet need ... 5 = met need

Appendix 3: 2010 CHALENG Needs Score by Network - All Participants

VISN	All Respondents N=	Hygiene	Food	Clothing	Emergency Shelter	Transitional Housing	Permanent Housing	Detox	Substance Abuse Treatment	Emotional/Psychiatric Services	Dual Diagnosis Treatment	Family Counseling	Medical Services
1	695	3.96	3.94	3.77	3.66	3.55	2.76	3.95	3.98	3.80	3.64	3.09	4.10
2	511	3.48	3.77	3.52	3.36	3.23	2.84	3.55	3.77	3.66	3.40	3.03	4.02
3	409	3.90	3.89	3.64	3.71	3.47	2.71	3.69	3.91	3.79	3.55	2.96	4.10
4	905	3.71	3.89	3.76	3.44	3.30	2.85	3.64	3.75	3.75	3.50	3.14	4.04
5	533	3.88	3.95	3.82	3.75	3.60	2.84	3.75	3.94	3.69	3.52	3.07	4.09
6	891	3.62	3.76	3.54	3.30	3.14	2.65	3.55	3.72	3.60	3.37	2.94	3.92
7	1,435	3.72	3.82	3.56	3.58	3.48	3.06	3.73	3.90	3.71	3.53	3.17	4.00
8	1,247	3.76	3.91	3.62	3.49	3.59	2.96	3.64	3.81	3.76	3.53	3.08	4.17
9	691	3.72	3.99	3.71	3.81	3.72	3.01	3.63	3.83	3.60	3.33	3.06	4.00
10	779	3.98	4.16	3.68	3.92	3.71	3.00	4.01	4.22	3.95	3.68	3.07	4.17
11	1,126	3.62	3.81	3.64	3.59	3.42	2.95	3.65	3.73	3.70	3.48	3.15	3.98
12	988	3.76	3.89	3.62	3.44	3.32	2.83	3.72	3.83	3.70	3.47	3.02	4.03
15	1,230	3.54	3.63	3.51	3.33	3.12	2.69	3.70	3.83	3.65	3.56	3.17	3.96
16	1,172	3.73	3.87	3.52	3.55	3.54	3.12	3.82	3.96	3.81	3.59	3.23	4.13
17	1,080	3.84	3.92	3.60	3.55	3.32	2.86	3.63	3.84	3.72	3.58	3.07	4.09
18	1,134	3.71	3.68	3.48	3.66	3.52	2.92	3.71	3.77	3.73	3.60	3.30	3.96
19	580	3.78	4.01	3.74	3.56	3.44	2.97	3.69	3.80	3.71	3.58	3.16	4.09
20	1,155	3.70	3.87	3.60	3.38	3.30	2.74	3.56	3.73	3.61	3.41	3.04	3.90
21	734	3.59	3.70	3.54	3.34	3.31	2.70	3.34	3.59	3.51	3.32	2.93	3.95
22	1,534	3.84	3.92	3.64	3.69	3.75	3.09	3.80	3.92	3.76	3.56	3.22	4.12
23	1,018	3.75	3.97	3.79	3.67	3.43	2.95	3.70	3.79	3.72	3.50	3.14	4.02

5 point scale: 1= unmet need ... 5 = met need

Appendix 3: 2010 CHALENG Needs Score by Network - All Participants

VISN	All Respondents N=	Women's Health Care	Help With Medication	Drop-in Center	AIDS/HIV Testing/ Counseling	TB Testing and Treatment	Legal driver's license	Hepatitis C Testing	Dental Care	Eye Care	Glasses	VA Disability/ Pension	Welfare Payments
1	695	3.15	3.93	3.30	3.61	3.95	2.89	3.81	2.71	3.53	3.50	3.11	2.85
2	511	3.07	3.69	3.06	3.64	3.77	2.84	3.69	3.24	3.50	3.56	3.43	3.08
3	409	3.11	3.89	3.34	3.73	3.94	3.00	3.83	3.46	3.94	3.86	3.06	2.97
4	905	3.37	3.73	3.23	3.58	3.73	2.84	3.61	3.11	3.41	3.36	3.33	3.20
5	533	2.97	3.94	3.39	3.78	4.04	2.89	3.89	3.14	3.70	3.68	3.10	2.75
6	891	3.30	3.81	2.92	3.62	3.74	2.53	3.59	2.52	3.14	3.04	2.98	2.66
7	1,435	3.12	3.93	2.97	3.62	3.90	2.89	3.66	2.94	3.52	3.52	2.92	2.52
8	1,247	3.12	3.97	3.05	3.76	3.94	2.69	3.74	2.94	3.49	3.46	3.26	2.67
9	691	3.04	3.85	3.22	3.53	3.97	2.87	3.56	2.93	3.31	3.29	3.19	2.81
10	779	2.98	4.08	3.24	3.93	4.13	2.83	3.93	3.20	3.76	3.69	3.04	2.66
11	1,126	3.07	3.85	3.17	3.55	3.81	2.82	3.64	2.84	3.48	3.46	3.13	2.84
12	988	3.22	3.83	3.24	3.57	3.90	2.91	3.62	3.06	3.47	3.42	3.13	2.73
15	1,230	3.19	3.78	3.17	3.62	3.84	2.83	3.64	2.71	3.31	3.29	3.03	2.77
16	1,172	3.20	4.03	3.12	3.68	3.93	2.89	3.78	3.11	3.40	3.38	3.21	2.63
17	1,080	3.20	3.93	2.99	3.70	3.99	2.86	3.72	2.94	3.28	3.25	3.16	2.67
18	1,134	3.27	3.85	3.30	3.66	3.92	3.06	3.76	2.61	3.03	3.01	3.00	2.79
19	580	3.20	3.84	3.11	3.62	3.91	2.69	3.73	2.73	3.09	3.04	3.36	2.92
20	1,155	3.15	3.76	3.14	3.45	3.73	2.96	3.69	2.74	3.28	3.26	3.16	2.96
21	734	3.11	3.74	3.10	3.53	3.83	2.82	3.66	2.69	3.13	3.12	3.17	2.92
22	1,534	3.16	3.90	3.17	3.59	4.12	3.11	3.70	3.02	3.36	3.29	3.14	2.82
23	1,018	3.26	3.82	3.20	3.67	3.78	2.90	3.71	2.90	3.31	3.24	3.26	2.95

5 point scale: 1= unmet need ... 5 = met need

Appendix 3: 2010 CHALENG Needs Score by Network - All Participants

VISN	All Respondents N=	SSI/SSD Process	Guardianship (Financial)	Help Managing Money	Job Training	Job Placement	Help Getting ID/ Documents	Transportation	Education	Child care	Family Reconciliation	Discharge Upgrade
1	695	3.05	3.06	3.20	2.87	2.94	3.55	3.34	3.25	2.80	2.83	3.04
2	511	3.17	2.85	3.00	3.12	3.25	3.40	3.31	3.25	2.54	2.63	3.05
3	409	2.97	2.89	3.19	2.85	2.96	3.56	3.34	3.02	2.54	2.68	2.89
4	905	3.19	3.00	3.17	3.19	3.25	3.50	3.32	3.23	2.68	2.79	3.08
5	533	2.99	2.72	3.25	3.17	3.13	3.71	3.49	3.30	2.52	2.75	2.88
6	891	2.79	2.64	3.03	2.71	2.81	3.28	3.08	2.88	2.36	2.50	2.78
7	1,435	2.73	2.73	3.14	2.83	2.83	3.41	3.28	3.13	2.59	2.68	2.90
8	1,247	2.90	2.74	3.09	2.91	2.93	3.45	3.37	3.17	2.43	2.58	2.90
9	691	2.99	2.80	3.10	2.99	3.15	3.56	3.29	3.18	2.59	2.66	2.91
10	779	2.71	2.76	3.09	2.85	3.08	3.71	3.51	3.11	2.54	2.75	2.82
11	1,126	3.09	2.90	3.07	2.99	3.00	3.54	3.29	3.27	2.73	2.78	2.97
12	988	2.90	2.84	3.10	3.02	3.07	3.55	3.36	3.20	2.62	2.65	2.95
15	1,230	2.95	2.87	3.09	2.89	2.90	3.35	2.93	3.13	2.76	2.85	2.99
16	1,172	2.94	2.80	3.15	2.95	3.07	3.52	3.44	3.25	2.55	2.73	2.99
17	1,080	2.86	2.74	3.14	2.87	2.91	3.45	3.17	3.11	2.51	2.62	2.88
18	1,134	2.88	2.95	3.16	2.90	2.94	3.43	3.22	3.23	2.99	2.96	3.11
19	580	3.06	2.99	3.11	3.06	3.18	3.44	3.20	3.20	2.60	2.75	3.04
20	1,155	2.98	2.89	3.17	3.00	3.10	3.52	3.31	3.23	2.80	2.77	3.04
21	734	3.07	2.75	3.02	2.94	2.97	3.42	3.13	3.11	2.58	2.66	2.92
22	1,534	3.01	2.81	3.21	3.07	3.12	3.68	3.65	3.33	2.66	2.84	2.90
23	1,018	3.04	2.96	3.15	3.16	3.19	3.60	3.40	3.28	2.77	2.81	3.06

5 point scale: 1= unmet need ... 5 = met need

Appendix 3: 2010 CHALENG Needs Score by Network - All Participants

VISN	All Respondents N=	Spiritual	Incarcerated Veterans	Elder Healthcare	Credit Counseling	Legal Child Support	Legal Warrants/ Fines	Social Network
1	695	3.44	2.97	3.19	2.83	2.71	2.85	3.14
2	511	3.46	2.96	3.18	2.83	2.71	2.67	3.14
3	409	3.42	2.83	3.07	2.89	2.65	2.75	3.31
4	905	3.58	2.86	3.23	2.90	2.77	2.80	3.16
5	533	3.62	2.95	2.95	3.05	2.87	2.85	3.30
6	891	3.57	2.68	2.97	2.74	2.48	2.49	2.95
7	1,435	3.59	2.82	3.01	2.85	2.64	2.65	3.14
8	1,247	3.45	2.87	3.06	2.77	2.52	2.58	3.09
9	691	3.55	2.94	2.99	2.74	2.63	2.69	3.13
10	779	3.72	2.86	2.97	2.67	2.53	2.66	3.26
11	1,126	3.61	2.91	3.11	2.83	2.66	2.65	3.15
12	988	3.48	2.98	3.18	2.80	2.81	2.76	3.10
15	1,230	3.64	2.98	3.13	2.77	2.72	2.75	3.06
16	1,172	3.68	2.97	3.10	2.82	2.67	2.74	3.16
17	1,080	3.60	2.83	3.13	2.98	2.61	2.77	3.07
18	1,134	3.54	3.12	3.22	2.95	2.94	2.90	3.14
19	580	3.56	3.02	3.19	2.88	2.58	2.59	3.03
20	1,155	3.51	3.01	3.18	2.87	2.77	2.79	3.13
21	734	3.37	2.88	2.99	2.76	2.68	2.71	3.09
22	1,534	3.44	3.12	3.15	2.86	2.80	3.04	3.24
23	1,018	3.61	3.06	3.27	2.98	2.80	2.79	3.18

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	VA Access*	VA Service Coordination*	Regular Meetings	Service Co-Location	Cross Training	Interagency Agreement	Client Tracking	Joint Funding	Standard Forms
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	17	3.35	3.35	2.63	1.94	2.24	2.33	1.69	1.73	1.63
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	45	3.91	4.14	3.16	2.30	2.49	2.60	1.63	2.19	1.95
1	VAM&ROC Togus, ME - 402	24	3.38	3.96	3.50	3.08	2.13	3.23	2.77	2.35	1.95
1	VAM&ROC White River Junction, VT - 405	4	3.00	4.25	3.25	2.25	3.25	2.75	2.00	1.25	2.25
1	VAMC Manchester, NH - 608	4	3.25	3.25	3.67	2.33	2.33	2.67	2.33	2.00	2.33
1	VAMC Northampton, MA - 631 (Leeds)	15	3.47	3.47	2.87	2.40	1.87	2.33	1.73	1.80	1.93
1	VAMC Providence, RI - 650, Bristol, RI	10	4.10	3.70	3.00	1.86	2.00	2.57	1.14	1.57	1.86
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	55	3.19	3.25	2.56	1.94	2.09	2.34	1.91	1.76	1.91
2	VAMC Albany, NY - 500	80	3.06	3.17	2.31	1.69	1.79	2.06	1.56	1.49	1.63
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	20	3.11	3.00	2.46	1.85	2.15	2.15	2.00	1.92	2.08
2	VAMC Syracuse, NY - 670	26	3.28	3.00	2.23	1.54	1.84	2.08	1.35	1.33	1.58
2	VAMC Bath, NY	17	3.12	3.24	2.00	1.65	1.71	1.82	1.47	1.53	1.71
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	21	3.60	3.52	2.63	1.74	2.10	2.11	1.42	1.68	2.11
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	13	4.00	3.77	3.46	3.69	2.31	3.00	2.23	2.15	2.58
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	20	3.44	3.81	2.29	1.24	2.12	2.27	1.33	1.87	1.43
3	VAMC Northport, NY - 632	31	3.40	3.70	2.44	1.71	1.81	2.23	1.19	1.42	1.65
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	99	3.41	3.39	2.62	2.34	2.38	2.61	2.12	2.15	2.27
4	VAM&ROC Wilmington, DE - 460	32	3.23	3.29	2.23	1.76	1.88	2.08	1.76	1.64	1.84
4	VAMC Altoona, PA - 503	60	3.50	3.57	2.13	1.60	1.83	2.02	1.30	1.30	1.52
4	VAMC Butler, PA - 529	28	3.96	3.75	2.83	1.91	2.17	2.52	1.48	1.65	1.77
4	VAMC Clarksburg, WV - 540	29	4.19	4.33	2.96	2.11	2.25	2.61	2.00	2.11	1.93
4	VAMC Coatesville - 542	10	3.40	3.30	2.14	1.14	1.43	1.43	1.29	1.14	1.57
4	VAMC Erie, PA - 562	19	4.17	4.24	2.94	1.41	2.12	2.53	1.65	1.29	1.76

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	VA Access*	VA Service Coordination*	Regular Meetings	Service Co-Location	Cross Training	Interagency Agreement	Client Tracking	Joint Funding	Standard Forms
4	VAMC Lebanon, PA - 595	36	3.71	3.47	2.28	1.93	1.90	2.34	1.29	1.38	1.36
4	VAMC Philadelphia, PA - 642	38	3.68	3.68	2.68	2.00	2.00	2.46	1.82	2.14	2.11
4	VAMC Wilkes-Barre, PA - 693	67	3.97	3.83	2.37	1.84	1.94	2.25	1.72	1.73	1.86
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	21	3.32	3.53	2.05	1.52	1.33	1.81	1.20	1.33	1.32
5	VAMC Martinsburg, WV - 613	10	3.63	3.38	2.33	1.56	2.00	2.33	1.78	2.25	2.00
5	VAMC Washington, DC - 688	96	3.10	3.10	2.26	1.58	1.73	1.70	1.49	1.38	1.56
6	VAMC Asheville, NC - 637	17	4.12	4.29	3.56	2.60	2.69	3.19	2.19	2.38	2.25
6	VAMC Beckley, WV - 517	5	4.60	4.20	3.40	2.20	1.40	3.50	1.20	1.50	1.40
6	VAMC Durham, NC - 558	43	3.37	3.36	2.50	1.78	2.15	2.30	1.77	1.65	1.93
6	VAMC Fayetteville, NC - 565	11	2.64	2.45	2.64	2.09	1.64	2.55	1.73	1.73	1.91
6	VAMC Hampton, VA - 590	64	3.27	3.38	2.69	2.21	1.95	2.28	1.47	1.53	1.58
6	VAMC Richmond, VA - 652	11	3.27	3.80	3.18	2.73	2.20	2.70	1.70	1.70	2.20
6	VAMC Salem, VA - 658	50	3.82	3.98	3.37	2.00	2.27	3.00	1.88	2.16	1.94
6	VAMC Salisbury, NC - 659	34	3.84	3.77	3.13	2.07	2.56	2.66	2.14	2.04	2.28
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	68	3.38	3.21	2.30	2.07	1.98	2.07	1.82	1.71	1.88
7	VAMC - Augusta, GA - 509	21	3.86	3.45	2.65	1.65	1.85	1.85	1.65	1.32	1.50
7	VAMC Atlanta, GA - 508 (Decatur, GA)	27	3.24	3.16	2.83	2.13	2.73	2.61	2.43	2.45	2.48
7	VAMC Birmingham, AL - 521	12	4.22	3.56	2.89	1.11	2.00	2.78	1.56	1.89	2.33
7	VAMC Charleston, SC - 534	26	3.88	3.88	2.90	1.68	1.95	2.59	1.50	1.62	2.00
7	VAMC Columbia, SC - 544	15	3.87	3.47	3.00	2.14	2.64	2.71	1.57	1.93	2.08
7	VAMC Dublin, GA - 557	22	3.52	3.50	2.50	1.78	2.06	2.38	1.65	1.76	1.82
7	VAMC Tuscaloosa, AL - 679	9	4.22	4.13	3.25	1.78	2.67	2.63	1.88	2.43	1.78
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	94	3.40	3.46	2.38	1.75	1.91	1.92	1.53	1.62	1.78
8	VAH Tampa, FL - 673	6	4.00	4.33	3.60	2.25	2.00	3.50	2.25	3.25	3.00
8	VAMC Bay Pines - 516	77	3.49	3.58	2.35	1.60	1.76	2.03	1.52	1.51	1.63
8	VAMC Miami, FL - 546	44	4.02	3.74	2.51	1.88	2.13	2.33	1.76	1.70	1.76
8	VAMC West Palm Beach, FL - 548	27	3.57	3.86	2.76	2.33	2.48	2.48	1.90	2.05	2.45
8	VAMC San Juan, PR - 672	32	3.58	3.54	2.88	2.35	2.44	2.40	1.96	1.91	1.91
8	VAMC Orlando, FL-675	32	3.90	3.66	2.58	1.90	1.92	2.42	1.41	1.57	1.86

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	VA								
			VA Access*	Service Coordination*	Regular Meetings	Service Co-Location	Cross Training	Interagency Agreement	Client Tracking	Joint Funding	Standard Forms
9	VAMC Huntington, WV - 581	34	3.79	3.84	2.71	2.21	2.32	2.61	1.64	1.56	1.65
9	VAMC Lexington, KY - 596	26	3.65	4.08	2.92	2.38	2.08	2.36	1.36	1.96	1.88
9	VAMC Louisville, KY - 603	40	3.70	3.48	2.63	2.13	2.18	2.42	1.70	1.54	1.63
9	VAMC Memphis, TN - 614	18	3.94	3.73	2.94	1.69	2.19	2.40	1.47	1.87	2.13
9	VAMC Mountain Home, TN - 621	8	4.57	4.43	3.29	1.86	2.14	2.86	1.86	2.29	2.14
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	7	3.43	3.86	3.00	2.86	2.00	3.29	2.17	1.57	2.29
10	VAMC Chillicothe, OH - 538	23	3.61	3.70	2.48	1.90	2.00	2.48	1.90	1.86	1.85
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	28	3.85	3.78	3.16	2.42	2.04	2.68	2.04	2.20	2.00
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	24	3.70	4.00	3.00	2.15	2.32	2.63	1.32	1.89	1.71
10	VAMC Dayton, OH - 552	18	4.11	4.00	3.18	2.33	1.94	2.56	1.61	2.00	2.11
10	VAOPC Columbus, OH - 757 (Grove City, OH)	6	4.50	4.83	3.67	3.00	3.00	3.20	1.80	2.80	3.00
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	28	3.89	4.15	3.08	2.26	1.88	2.56	1.71	1.79	1.88
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	26	3.28	3.08	2.33	1.21	1.57	2.00	1.46	1.42	1.46
11	VAMC Battle Creek, MI - 515	30	3.67	3.60	2.35	1.79	2.00	2.37	1.84	1.89	1.95
11	VAMC Danville, IL - 550	36	3.26	3.53	2.49	1.47	1.53	2.09	1.62	1.47	1.69
11	VAMC Detroit, MI - 553	40	3.05	3.19	2.17	1.75	1.69	1.76	1.56	1.24	1.56
11	VAMC Indianapolis - 583	13	3.38	3.46	3.14	2.71	2.43	3.14	2.57	3.00	2.71
11	VAMC Saginaw, MI - 655	30	3.32	3.18	2.31	1.59	1.54	1.46	1.25	1.25	1.33
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	62	3.49	3.79	2.83	2.12	2.04	2.49	1.43	1.70	1.69
12	VAH Madison, WI - 607	9	4.11	4.00	2.57	2.14	1.86	2.00	1.71	1.29	1.57
12	VAMC Iron Mountain, MI - 585	35	2.85	2.56	2.10	1.73	1.50	1.86	1.42	1.20	1.30
12	VAMC Milwaukee, WI - 695	67	3.47	3.44	2.39	1.84	1.86	2.15	1.81	1.78	1.93
12	VAMC North Chicago, IL - 556	17	4.00	3.71	2.25	1.47	1.82	2.18	1.88	1.59	1.29
12	VAMC Tomah, WI - 676	37	3.59	3.62	2.91	2.24	2.34	2.57	1.76	1.45	1.78
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	20	3.79	3.63	2.05	1.74	1.56	2.05	1.24	1.47	1.32
15	VAH Columbia, MO - 543	62	3.39	3.40	2.20	1.60	1.83	1.98	1.52	1.49	1.57

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	VA Access*	VA Service Coordination*	Regular Meetings	Service Co-Location	Cross Training	Interagency Agreement	Client Tracking	Joint Funding	Standard Forms
15	VAM&ROC Wichita, KS - 452	42	3.93	3.67	2.74	2.32	2.41	2.79	2.44	2.28	2.38
15	VAMC Kansas City, MO - 589	17	2.93	3.15	2.40	1.79	1.87	1.73	1.67	1.40	1.47
15	VAMC Marion, IL - 609	16	4.00	4.00	2.63	1.88	1.73	2.40	1.38	1.38	1.69
15	VAMC Poplar Bluff, MO - 647	16	3.50	3.19	2.80	1.73	1.53	1.93	1.33	1.60	1.33
15	VAMC St. Louis, MO - 657	12	3.55	4.00	2.60	1.90	1.80	2.70	1.60	2.20	2.40
15	VAMC Topeka - 677	14	3.93	3.50	2.64	2.43	2.08	2.36	2.29	2.15	1.92
16	VA Central Arkansas HCS - 598	9	4.00	3.50	3.13	1.50	2.13	2.00	1.50	1.88	1.50
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	22	3.86	4.05	2.05	1.95	1.81	2.10	2.10	1.62	1.86
16	VAMC Alexandria, LA - 502	47	3.57	3.76	2.18	1.64	2.00	1.96	1.72	1.56	1.80
16	VAMC Fayetteville, AR - 564	3	4.67	5.00	4.00	1.00	3.00	4.00	1.00	1.00	4.00
16	VAMC Houston, TX - 580	11	3.80	3.90	3.09	1.91	2.36	3.18	2.09	2.20	2.60
16	VAMC Jackson, MS - 586	35	3.94	3.97	2.42	1.91	2.09	2.45	1.97	2.06	2.19
16	VAMC New Orleans, LA - 629	14	4.36	4.29	3.29	1.93	2.54	3.21	2.14	2.77	2.86
16	VAMC Oklahoma City, OK - 635	32	3.44	3.38	2.23	1.71	1.90	1.83	1.45	1.52	1.55
16	VAMC Shreveport, LA - 667	32	4.04	3.93	2.31	1.72	1.88	2.12	1.42	1.42	1.48
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	24	3.75	3.91	2.87	2.09	1.83	2.43	1.91	1.45	1.95
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	34	3.48	3.41	2.36	1.64	1.88	2.12	1.64	1.23	1.73
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	92	3.36	3.26	2.22	1.84	1.79	2.05	1.61	1.62	1.59
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	17	2.88	3.25	2.40	1.36	1.43	1.79	1.07	1.29	1.57
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	24	3.50	3.38	2.09	1.68	1.82	2.36	2.09	1.82	2.05
18	El Paso VA HCS, TX - 756	38	3.09	3.06	2.50	1.92	1.89	2.08	1.78	1.58	1.75
18	VA New Mexico HCS - 501	36	3.18	3.52	2.66	1.91	2.03	2.16	1.71	1.74	1.58
18	VA Northern Arizona HCS - 649	21	3.57	3.38	2.83	3.06	2.00	2.44	1.33	1.78	1.89
18	VA Southern Arizona HCS - 678	33	3.81	3.72	3.03	1.89	2.18	2.67	1.93	2.29	2.07
18	VAMC Amarillo, TX - 504	11	4.20	4.10	3.11	1.78	2.56	2.22	2.00	1.56	1.44
18	VA West Texas HCS - 519	3	4.33	4.50	2.67	2.00	2.00	2.33	1.33	2.00	2.00
18	VAMC Phoenix, AZ - 644	28	4.00	4.00	2.73	2.41	2.24	2.62	2.00	2.05	2.53

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	VA Access*	VA Service Coordination*	Regular Meetings	Service Co-Location	Cross Training	Interagency Agreement	Client Tracking	Joint Funding	Standard Forms
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	33	3.14	3.31	2.32	1.72	1.81	2.46	1.38	1.57	2.04
19	VA Southern Colorado HCS, (Colorado Springs-567)	22	3.10	2.90	1.80	1.20	1.37	1.25	1.38	1.19	1.13
19	VAM&ROC Cheyenne, WY - 442	22	3.86	3.75	3.05	1.50	2.65	2.21	2.25	1.80	2.15
19	VA Eastern Colorado HCS (VAMC Denver - 554)	19	3.67	4.06	3.56	1.88	1.94	3.20	1.47	2.14	2.25
19	VAMC Grand Junction, CO - 575	22	3.91	3.82	3.41	2.14	2.45	3.05	1.91	2.27	2.05
19	VAMC Salt Lake City, UT - 660	42	3.63	3.58	2.59	1.81	1.97	2.22	1.44	1.92	1.69
19	VAMC Sheridan, WY - 666	13	4.00	3.50	2.92	2.38	1.83	2.55	1.58	1.83	2.08
20	VA Alaska HCS & RO - 463	12	3.83	4.17	2.82	2.18	1.82	2.73	1.55	1.64	1.64
20	VA DOM White City, OR - 692	17	3.88	4.13	3.18	2.06	2.24	2.88	2.00	1.82	2.24
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	46	2.59	2.60	2.37	1.76	2.02	2.18	1.60	1.63	1.62
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	45	3.16	2.71	2.44	1.57	1.66	2.29	1.74	1.70	1.83
20	VAMC Boise, ID - 531	37	3.32	3.35	2.73	2.09	2.03	2.39	1.75	1.84	1.88
20	VAMC Portland, OR - 648	15	3.29	3.29	3.15	1.92	2.08	2.83	2.77	1.77	2.00
20	VAMC Spokane, WA - 668	20	3.42	3.12	2.29	1.71	1.65	1.82	1.59	2.00	1.71
20	VAMC Walla Walla, WA - 687	8	3.63	3.50	2.14	1.71	1.43	1.57	1.43	1.43	1.57
21	VA Central California HCS, CA - 570	7	3.17	3.17	2.17	1.17	1.60	2.00	1.17	1.83	1.67
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	38	3.47	3.61	2.73	1.84	2.14	2.11	1.50	1.86	1.78
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	76	2.81	2.97	2.34	1.83	1.74	1.88	1.49	1.43	1.77
21	VA Sierra Nevada HCS, NV - 654	39	3.41	3.58	2.19	1.74	1.71	1.73	1.51	1.38	1.50
21	VAM&ROC Honolulu, HI - 459	57	3.51	3.42	2.13	1.68	1.77	2.12	1.63	1.52	1.68
21	VAMC San Francisco, CA - 662	24	3.48	3.70	2.81	2.10	2.10	2.90	1.90	2.15	2.00
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	47	3.61	3.71	3.05	2.00	2.42	3.02	1.63	2.07	2.10
22	VA Southern Nevada HCS - 593	61	3.74	3.83	3.02	1.75	2.06	2.68	1.45	1.96	1.90

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	VA Access*	VA Service Coordination*	Regular Meetings	Service Co-Location	Cross Training	Interagency Agreement	Client Tracking	Joint Funding	Standard Forms
22	VAMC Loma Linda, CA - 605	37	3.38	3.44	2.24	1.65	2.00	2.34	1.65	1.60	2.09
22	VAMC Long Beach, CA - 600	31	3.29	3.30	2.77	1.72	2.23	2.54	1.85	1.85	2.00
22	VAMC San Diego, CA - 664	83	3.74	4.01	3.19	2.37	2.32	2.94	2.17	2.45	2.60
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	8	4.00	4.14	2.67	2.14	1.86	2.14	1.71	1.50	2.00
23	VAH&ROC Sioux Falls, SD - 438										
23	VAM&ROC Fargo, ND - 437	25	3.96	4.00	2.76	2.08	2.04	2.30	1.33	1.46	1.65
23	VAMC Minneapolis, MN - 618, and Superior, WI	65	3.50	3.62	2.73	2.02	2.02	2.23	1.63	1.64	1.69
23	VAMC St. Cloud, MN - 656	14	3.71	4.00	2.92	2.23	2.23	2.15	1.31	2.00	1.58
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	24	3.58	3.54	2.54	2.04	1.92	2.35	1.63	1.33	1.67
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	29	3.69	3.59	2.50	1.92	1.83	2.42	1.68	1.68	1.80
23	VAMC Iowa City, IA - 584	106	3.75	3.69	2.52	1.74	1.90	2.14	1.56	1.76	1.80

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	Joint Service Teams	Combined Programs	Flexible Funding	Special Waivers	System Coordinator
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA)	17	2.20	1.73	1.57	1.71	1.93
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	45	2.93	2.38	2.14	1.79	1.82
1	VAM&ROC Togus, ME - 402	24	3.05	2.05	2.05	1.91	2.48
1	VAM&ROC White River Junction, VT - 405	4	2.75	2.25	1.25	1.50	2.00
1	VAMC Manchester, NH - 608	4	3.00	3.00	2.00	1.67	3.33
1	VAMC Northampton, MA - 631 (Leeds)	15	2.53	2.20	1.71	1.73	2.13
1	VAMC Providence, RI - 650, Bristol, RI	10	2.57	1.86	1.71	1.29	1.86
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	55	2.09	2.15	1.72	1.73	2.06
2	VAMC Albany, NY - 500	80	1.91	1.85	1.53	1.54	1.69
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	20	2.17	2.33	2.17	2.25	2.33
2	VAMC Syracuse, NY - 670	26	1.65	1.68	1.23	1.38	1.65
2	VAMC Bath, NY	17	1.76	1.88	1.71	2.06	1.88
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	21	2.26	2.11	1.53	1.63	1.95
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	13	3.33	3.08	2.00	2.18	2.58
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630)	20	2.00	1.80	1.29	1.80	1.36
3	VAMC Northport, NY - 632	31	2.00	1.84	1.44	1.72	1.56
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	99	2.61	2.42	2.17	2.23	2.24
4	VAM&ROC Wilmington, DE - 460	32	2.16	1.80	1.52	1.64	1.68
4	VAMC Altoona, PA - 503	60	1.79	1.81	1.35	1.51	1.57
4	VAMC Butler, PA - 529	28	2.48	2.22	1.78	2.09	2.13
4	VAMC Clarksburg, WV - 540	29	2.59	2.48	2.04	2.22	2.11
4	VAMC Coatesville - 542	10	1.86	1.57	1.14	1.43	1.57
4	VAMC Erie, PA - 562	19	2.24	2.06	1.59	1.76	1.76

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	Joint Service Teams	Combined Programs	Flexible Funding	Special Waivers	System Coordinator
4	VAMC Lebanon, PA - 595	36	2.04	2.03	1.42	1.75	1.66
4	VAMC Philadelphia, PA - 642	38	2.48	1.96	1.78	1.89	1.96
4	VAMC Wilkes-Barre, PA - 693	67	2.23	1.93	1.62	1.56	1.78
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	21	1.71	1.57	1.40	1.10	1.43
5	VAMC Martinsburg, WV - 613	10	2.57	2.38	1.89	2.13	2.56
5	VAMC Washington, DC - 688	96	1.80	1.62	1.42	1.44	1.59
6	VAMC Asheville, NC - 637	17	3.19	2.87	2.40	2.27	2.36
6	VAMC Beckley, WV - 517	5	2.25	1.75	1.25	2.00	2.75
6	VAMC Durham, NC - 558	43	2.03	2.00	1.45	1.70	2.00
6	VAMC Fayetteville, NC - 565	11	2.18	1.73	1.45	1.45	1.55
6	VAMC Hampton, VA - 590	64	2.12	1.91	1.57	1.58	1.90
6	VAMC Richmond, VA - 652	11	3.30	2.50	1.90	1.90	2.20
6	VAMC Salem, VA - 658	50	2.73	2.29	1.82	1.85	2.00
6	VAMC Salisbury, NC - 659	34	2.59	2.38	2.03	2.04	2.25
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	68	1.82	1.93	1.80	1.86	1.88
7	VAMC - Augusta, GA - 509	21	1.95	1.60	1.45	1.53	1.60
7	VAMC Atlanta, GA - 508 (Decatur, GA)	27	2.48	2.43	2.23	2.27	2.25
7	VAMC Birmingham, AL - 521	12	2.33	2.78	1.78	1.50	2.00
7	VAMC Charleston, SC - 534	26	2.38	1.76	1.43	1.81	1.43
7	VAMC Columbia, SC - 544	15	2.71	2.07	1.50	1.50	2.00
7	VAMC Dublin, GA - 557	22	1.88	1.53	1.65	1.94	2.06
7	VAMC Tuscaloosa, AL - 679	9	2.67	2.88	2.13	2.38	2.75
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	94	2.11	1.82	1.60	1.63	1.85
8	VAH Tampa, FL - 673	6	3.33	3.00	2.75	2.50	2.75
8	VAMC Bay Pines - 516	77	1.88	1.78	1.51	1.51	1.75
8	VAMC Miami, FL - 546	44	2.50	2.25	1.58	1.63	1.78
8	VAMC West Palm Beach, FL - 548	27	2.68	2.32	1.95	2.17	2.67
8	VAMC San Juan, PR - 672	32	2.33	2.39	2.26	2.00	2.38
8	VAMC Orlando, FL-675	32	2.52	1.82	1.50	1.91	1.64

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	Joint Service Teams	Combined Programs	Flexible Funding	Special Waivers	System Coordinator
9	VAMC Huntington, WV - 581	34	2.18	1.97	1.76	1.82	1.79
9	VAMC Lexington, KY - 596	26	2.48	2.24	1.68	1.64	2.20
9	VAMC Louisville, KY - 603	40	2.16	2.06	1.66	1.73	1.81
9	VAMC Memphis, TN - 614	18	2.60	2.29	1.67	1.80	1.79
9	VAMC Mountain Home, TN - 621	8	2.57	2.43	1.57	1.86	2.00
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	7	2.71	2.14	1.29	1.83	1.57
10	VAMC Chillicothe, OH - 538	23	2.38	2.05	1.85	1.70	1.85
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	28	2.64	2.36	1.96	2.20	2.08
10	VAMC Cleveland, OH - 541 (Brecksville, OH)	24	2.86	2.05	1.79	1.79	1.85
10	VAMC Dayton, OH - 552	18	2.89	2.39	1.59	1.89	2.00
10	VAOPC Columbus, OH - 757 (Grove City, OH)	6	3.60	3.20	1.80	1.60	3.00
11	VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506	28	2.72	2.17	1.63	1.88	2.16
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	26	1.63	1.67	1.33	1.33	1.50
11	VAMC Battle Creek, MI - 515	30	1.89	2.26	1.95	1.79	1.84
11	VAMC Danville, IL - 550	36	1.79	1.65	1.29	1.41	1.56
11	VAMC Detroit, MI - 553	40	1.71	1.79	1.35	1.35	1.66
11	VAMC Indianapolis - 583	13	3.14	2.86	2.83	2.57	2.71
11	VAMC Saginaw, MI - 655	30	1.67	1.61	1.37	1.37	1.78
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	62	2.12	1.98	1.64	1.83	1.86
12	VAH Madison, WI - 607	9	2.57	2.00	1.71	1.71	2.14
12	VAMC Iron Mountain, MI - 585	35	1.71	1.50	1.27	1.45	1.67
12	VAMC Milwaukee, WI - 695	67	1.98	1.87	1.75	1.79	1.77
12	VAMC North Chicago, IL - 556	17	1.82	1.47	1.29	1.41	1.24
12	VAMC Tomah, WI - 676	37	2.24	2.00	1.48	1.91	1.70
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	20	1.67	1.74	1.47	1.53	1.63
15	VAH Columbia, MO - 543	62	1.83	1.81	1.60	1.66	1.69

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	Joint Service Teams	Combined Programs	Flexible Funding	Special Waivers	System Coordinator
15	VAM&ROC Wichita, KS - 452	42	2.61	2.55	2.38	2.47	2.61
15	VAMC Kansas City, MO - 589	17	1.80	2.00	1.40	1.73	1.60
15	VAMC Marion, IL - 609	16	1.93	1.73	1.20	2.00	1.80
15	VAMC Poplar Bluff, MO - 647	16	1.87	1.93	1.57	1.43	2.14
15	VAMC St. Louis, MO - 657	12	2.60	2.00	1.60	1.67	2.00
15	VAMC Topeka - 677	14	2.50	2.36	2.07	2.07	2.00
16	VA Central Arkansas HCS - 598	9	2.38	2.13	1.63	1.50	2.13
16	VA Gulf Coast HCS - 520 (Biloxi, MS, Pensacola, FL)	22	2.05	2.00	1.67	1.86	1.86
16	VAMC Alexandria, LA - 502	47	1.76	1.80	1.54	1.67	2.00
16	VAMC Fayetteville, AR - 564	3	3.67	4.00	1.00	1.00	1.00
16	VAMC Houston, TX - 580	11	2.82	2.40	2.10	2.00	2.30
16	VAMC Jackson, MS - 586	35	2.25	2.34	2.19	2.19	2.34
16	VAMC New Orleans, LA - 629	14	3.07	2.85	1.85	2.29	2.50
16	VAMC Oklahoma City, OK - 635	32	2.00	1.84	1.68	1.70	1.87
16	VAMC Shreveport, LA - 667	32	1.92	1.84	1.50	1.64	1.69
16	VAMC Muskogee, OK- 623 (Tulsa, OK)	24	2.45	2.23	1.67	1.71	1.91
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674, VAMC Waco - 674A4 and VAOPC Austin - 674BY)	34	2.09	1.85	1.30	1.61	1.64
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	92	2.02	1.94	1.60	1.65	1.73
17	VA Texas Valley Coastal Bend Health Care System (VA OPC Corpus Christi, TX - 671BZ, VA OPC Harlingen, TX-671GA)	17	1.93	1.79	1.29	1.50	1.43
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)	24	2.14	2.36	1.77	1.59	1.91
18	El Paso VA HCS, TX - 756	38	1.94	1.97	1.79	1.71	2.00
18	VA New Mexico HCS - 501	36	1.97	1.97	1.47	1.47	1.73
18	VA Northern Arizona HCS - 649	21	2.00	2.11	1.56	1.78	2.06
18	VA Southern Arizona HCS - 678	33	2.61	2.33	2.08	1.89	2.23
18	VAMC Amarillo, TX - 504	11	1.78	1.44	1.33	1.44	1.78
18	VA West Texas HCS - 519	3	2.00	2.33	1.67	2.00	1.67
18	VAMC Phoenix, AZ - 644	28	2.74	2.79	2.11	2.22	2.50

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	Joint Service Teams	Combined Programs	Flexible Funding	Special Waivers	System Coordinator
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	33	2.21	2.00	1.58	1.63	1.93
19	VA Southern Colorado HCS, (Colorado Springs-567)	22	1.50	1.50	1.38	1.63	1.69
19	VAM&ROC Cheyenne, WY - 442	22	2.50	2.35	1.75	1.80	1.90
19	VA Eastern Colorado HCS (VAMC Denver - 554)	19	3.25	2.80	1.75	2.33	2.57
19	VAMC Grand Junction, CO - 575	22	2.64	2.05	1.68	1.91	1.91
19	VAMC Salt Lake City, UT - 660	42	2.33	1.86	1.75	1.94	1.86
19	VAMC Sheridan, WY - 666	13	2.10	1.70	1.50	1.56	1.40
20	VA Alaska HCS & RO - 463	12	2.27	1.91	1.55	1.82	2.18
20	VA DOM White City, OR - 692	17	2.65	2.50	1.56	1.69	2.69
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	46	2.15	1.82	1.44	1.43	1.64
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	45	2.09	1.80	1.47	1.39	1.48
20	VAMC Boise, ID - 531	37	2.30	2.15	1.88	1.84	2.18
20	VAMC Portland, OR - 648	15	2.75	2.31	1.75	2.33	2.09
20	VAMC Spokane, WA - 668	20	2.29	2.06	1.82	1.71	1.82
20	VAMC Walla Walla, WA - 687	8	1.86	1.71	1.29	1.43	1.43
21	VA Central California HCS, CA - 570	7	2.00	1.83	1.50	1.67	1.67
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	38	2.28	2.11	1.72	1.54	2.14
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	76	1.86	1.69	1.42	1.36	1.62
21	VA Sierra Nevada HCS, NV - 654	39	1.82	1.66	1.41	1.37	1.71
21	VAM&ROC Honolulu, HI - 459	57	1.88	1.86	1.47	1.53	1.65
21	VAMC San Francisco, CA - 662	24	2.45	2.17	2.00	1.80	1.95
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE, VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	47	2.66	2.41	1.85	1.95	2.00
22	VA Southern Nevada HCS - 593	61	2.42	2.08	1.81	1.96	1.91

5 point scale: 1= unmet need ... 5 = met need

Appendix 4: 2010 CHALENG Integration/Implementation Scores by VA Facility –
Community Representatives Assessment

VISN	VA Facility - 2010 Name	Provider Respondents N=	Joint Service Teams	Combined Programs	Flexible Funding	Special Waivers	System Coordinator
22	VAMC Loma Linda, CA - 605	37	2.06	1.82	1.86	1.68	1.59
22	VAMC Long Beach, CA - 600	31	2.58	2.31	1.92	1.73	2.08
22	VAMC San Diego, CA - 664	83	2.83	2.37	2.17	2.24	2.27
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	8	2.83	1.71	2.00	1.71	2.00
23	VAH&ROC Sioux Falls, SD - 438						
23	VAM&ROC Fargo, ND - 437	25	2.46	2.00	1.79	1.71	2.04
23	VAMC Minneapolis, MN - 618, and Superior, WI	65	2.02	1.80	1.61	1.59	1.61
23	VAMC St. Cloud, MN - 656	14	2.50	2.33	1.83	1.50	2.17
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	24	2.17	1.79	1.33	1.75	1.71
23	VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)	29	2.08	2.00	1.64	1.78	1.92
23	VAMC Iowa City, IA - 584	106	1.93	1.95	1.76	1.74	1.87

5 point scale: 1= unmet need ... 5 = met need
Appendix 4-12

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

VISN	VA Facility - System Name	FY 2010 Need Identified	Update	FY 2010 Need Identified	Update	FY 2010 Need Identified	Update
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA	Long-term, permanent housing	Bedford: At the Bedford VA there was great progress, including complete allotment of all FY 2008 and 2009 vouchers. We were awarded 50 vouchers for FY 2010 including staffing for two new social workers and one substance abuse specialist. We are working on converting some beds at Chelsea Soldier's Home into transitional with Chelsea acting as a feeder for the VASH program. There are discussions to also see this implemented at Holyoke Soldiers Home. HUD Shelter Plus Care vouchers have all been filled. Boston: Long term permanent housing is expanding through the HUD-VASH voucher system with an additional 150 vouchers awarded in FY 2010. Currently there is a waiting list of 230 Veterans for the FY 2010 vouchers. The VISN has requested an additional 300 vouchers for FY 2011.	Medical services	Veterans are now accessing primary care through a walk-in clinic at our Causeway Outpatient Clinic. VA homeless and substance use managers are meeting regularly to develop integrated programming for homeless and recently homeless Veterans	Dental care	VA Boston Healthcare for Homeless Veterans (HCHV) program has met with VA Fiscal, Fee Services and Dental Services. We have developed an improved processes for referral, access and follow up. We have also consulted with Boston University Dental Program which provides dental assessments and care to Veterans at the Massachusetts Stand Down in Boston, MA. Tufts Dental School has also increased dental access to homeless Veterans who are not eligible for the Homeless Veteran Dental Program through the VA.
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	Long-term, permanent housing	The VA Connecticut's staff continued to assist Veterans find a variety of community-based housing solutions including subsidized rental apartments, HUD-VASH housing, elderly housing, and in some cases, home ownership. The staff screened and assisted more than 150 Veterans entering VASH and found many of them apartments. VASH program expanded to Waterbury, Hartford, New Haven, as well as Eastern Connecticut. New populations of OIF/OEF Veterans were served. Staff continued to partner with local non-profit and public housing agencies as well as private landlords to facilitate housing success for Veterans. In 2010 our permanent housing providers worked side-by-side with community providers to open new housing developments in Norwalk, Hamden and Bridgeport. We continued our efforts with housing in rural and under-served communities like Jewett City and Meriden. Our on-going support for the Extended Use Lease (EUL) Victory Gardens project on the Newington campus continued in 2010. Planning continued on this private development which will bring 76 units of supportive housing to Connecticut Veterans and their families.	Transitional living facility or halfway house	We witnessed the opening of four new Grant Per Diem (GPD) programs this year (24 beds) and 12 new contract beds for a total of 36 additional beds to house homeless Veterans. Two new GPD programs are expected to open in the upcoming fiscal year. One GPD program targets women Veterans and their children. We supported an additional eight Grant Per Diem proposals that address underserved populations and geographic areas in Connecticut. We will continue to encourage GPD applications that serve special target populations: females, the elderly, individuals with behavioral health concerns, and Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans and families. We will continue to assess and identify areas around Connecticut with little housing resources relative to the Veteran need and encourage community providers to submit proposals for those identified areas. Veterans have had improved access to "immediate shelter" beds this year due to the increase of transitional housing beds. Those Veterans who would normally have accessed an immediate shelter bed were re-directed to an available transitional bed. The additional transitional beds have helped alleviate the demand for immediate shelter beds, which in turn has created a greater turn-over rate in the shelters to serve a higher number of homeless Veterans.	Help with finding a job or getting employment	Our homeless team works closely with State of Connecticut's Department of Labor officials in the Homeless Veterans Reintegration Program (DOL-HVRP). These officials are out-placed to distant areas and have referred many homeless Veterans to the VA. Conversely, we direct Veterans to them for employment counseling and placement. We also work closely with the VA Supportive Employment and Certified Work Therapy programs, including specialty CWT programs called STRIVE, and Beyond Disability. Thirdly, we referred many homeless Veterans who are eligible to a VA Grant & Per Diem provider, Homes for the Brave(HFTB). The HFTB program is vocationally focused. They have vocational case managers who work with Veterans living at HFTB to find jobs.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

1	VAM&ROC Togus, ME - 402	Long-term, permanent housing	We have allocated all 35 of our HUD-VASH vouchers. We have also strengthened our community partnerships by participating in homeless coalitions and working with local agencies in the HUD-VASH process.	Emergency (immediate) shelter	VA HCHV (Healthcare for Homeless Veterans) contract is in development for emergency beds in Maine. We are also referring homeless Veterans to the HUD Homeless Prevention and Rapid Re-housing Program (HPRP) in Maine.	Transitional living facility or halfway house	Volunteers of America program in Saco operational. For the first time the State of Maine committed up to \$1 million in matching funds to program(s) that were awarded VA Grant and Per Diem funding. Free training on how to apply for VA GPD funding was provided and more attendees than the number registered attended.
1	VAM&ROC White River Junction, VT - 405	VA disability/pension	During FY 2010 we enhanced services to Veterans in the community and at the medical center to educate and assist Veterans with challenges related to accessing VA disability process, SSI/SSDI, and state-based resources. During this time frame, the VA Medical Center and Veterans Benefits Administration in White River Junction also increased collaboration to assist with the flow of claims submitted for Service Connected disability	Spiritual	During FY 2010 we worked with the both VA chaplains and the chaplains in the Vermont National Guard to develop a series of workshops for community-based clergy who have an interest in working with Veterans and Veteran family members.	Emergency (immediate) shelter	We have continued with a contracted shelter in Windsor, Upper Valley Haven, which opened a "singles" shelter adjacent to their already established family shelter in 2010. We are also looking to contract with a shelter in Sullivan County, New Hampshire. Outreach services have been implemented and we are maintaining relationships with existing shelters, drop-in centers, and other service providers in the regions. Increased staff have expanded availability of services and partnerships to Southern Vermont and Southern New Hampshire
1	VAMC Manchester, NH - 608	Emergency (immediate) shelter	We are in the process of establishing a contract with Harbor Homes to provide emergency contract beds for homeless Veterans in early recovery. We also continue to utilize our medical center's hospital beds for emergency shelter.	Detoxification from substances	Detoxification from substances continues to be an unmet need at this facility. We have partnered with agencies in the community such as Keystone Hall and Serenity Place to provide inpatient drug and alcohol treatment when the waiting lists for VA inpatient programs are long.	Long-term, permanent housing	The Medical Center has expanded the HUD-VASH program to 95 vouchers. We continue to meet the monitors of the program and rapidly house homeless Veterans. We have also had some success advocating for "Veteran's preference" with our local housing authorities.
1	VAMC Northampton, MA - 631 (Leeds)	Long-term, permanent housing	Relationships were developed in the communities of the VAMC Northampton catchment area (Berkshire, Hampshire, Franklin & Hampden Counties) to help Veterans access permanent housing and funding to obtain that housing.	Dental care	Veterans in VA Grant Per Diem transitional housing at Soldier On were monitored for eligibility for HVDP (Homeless Veteran Dental Program) care, and eligible individuals were encouraged to make appointments with community dentists for corrective dental work. For those not eligible for care, efforts were made to locate community providers.	VA disability/pension	We will continue to work with Veterans Benefits Administration homeless outreach workers and with Veterans Service Organization service staff on campus to assist eligible Veterans.
1	VAMC Providence, RI - 650, Bristol, CT	Emergency (immediate) shelter	We continue to network and advocate with local providers to establish emergency shelter beds for Veterans. Operation Stand Down was not able to successfully develop a 5-bed emergency shelter in time for a contract to be established by VA Contracting Office this year. We will renew this effort with other community providers in FY 2011.	Long-term, permanent housing	We hired two additional HUD-VASH social workers this year, placed 46 homeless Veterans in permanent housing and have distributed 64 vouchers. We continue to support local non-profit agencies in further development of affordable permanent housing	Transitional living facility or halfway house	We successfully assisted Operation Stand Down in the implementation of new VA Grant and Per Diem facility for six women Veterans with children. Program is now in operation.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

2	VA Western New York HCS - (VAMC Batavia 528A4 and VAMC Buffalo - 528)	Emergency (immediate) shelter	A local agency received an award for a contract residence and we anticipate its opening in November 2010. This These beds will be in Genesee County and will be the only emergency shelter in that County with Veteran-specific beds . Also, a new shelter opened and has been utilized by Veterans. This shelter can accommodate men, women and families. This is the second emergency shelter to open its doors in Niagara County. An additional emergency shelter in Niagara County is expecting to open its doors by 2011.	Long-term, permanent housing	In FY 2009, we received 70 HUD -VASH Housing Choice vouchers. In FY 2010, we received 25 additional vouchers. The In addition to HUD- VASH, our Program is working closely with community partners and local landlords to locate affordable, Veteran-friendly housing options. Our Program has been working closely with Western New York Veteran's Housing Coalition (WNYVHC) to link Veterans to HUD Shelter Plus Care housing options, through a Erie County Single Point of Entry (SPOE) referral. The HCHV Program continues to advocate for Veteran-specific housing options. Several private developers have expressed an interest in addressing this need.	Job training	We have made significant gains in the area of Veteran job training. The local Department of Labor Homeless Veterans Reintegration Program (DOL-HVRP) has weekly office hours at our drop-in center. In addition, a representative from HVRP meets with Veterans at our VA Grant and Per Diem program weekly. HVRP also sponsored our Stand Down.
2	VAMC Albany, NY - 500	Emergency (immediate) shelter	Hired Emergency Housing Coordinator, actively pursuing funding for emergency housing, encouraging agencies to apply for funding, continue coordination with local shelter providers, beginning pilot program with DSS to improve access for Veterans.	Long-term, permanent housing	Case managing 155 HUD VASH vouchers, identifying/educating local landlords, requesting additional vouchers and case managers to meet site-specific needs	Help with finding a job or getting employment	Continue to explore local used/utilized programs that will assist Veterans with vocational goals, expecting to hire two vocational rehabilitation or peer support specialists to assist homeless Veterans with employment goals
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	Child care	We have identified local community agencies who provide child care services for medical appointments. We have discussed the Supportive Services for Veteran Families (SSVF) Program with our community providers. This program allows participating agencies to provide financial assistance for services like child care for homeless Veteran families. We will encourage submission of grants when this becomes available and partner with our providers to determine the best way to meet this need.	Legal assistance for child support issues	We are able to educate Veterans on the process for requesting a modification of child support. We are able to refer to a low-income legal assistance organization which assists Veterans in child support claims.	Legal assistance for outstanding warrants/fines	We deal with these on a case-by-case basis by helping the Veteran make contact with law enforcement, probation, etc., and referring to legal aid as needed. Our Veterans Court does address these issues with participating Veterans, too.
2	VAMC Syracuse, NY - 670	Transitional living facility or halfway house	Altamont VA Grant and Per Diem program (Syracuse) expansion and relocation project approved which will result in 12 additional beds at a new site location proposed for November 2010.	Long-term, permanent housing	HUD-VASH Program implemented in Syracuse and Rome with 105 combined vouchers approved. Housing Visions opened Rome Canal Housing project in June 2010 with five beds for homeless Veterans. The Watertown New York Veterans Center/HUD/VA Homeless Prevention Pilot Program was approved and recruitment of staff is now in process. This program will expand VA homeless prevention outreach and case management services.	Re-entry services for incarcerated Veterans	Our staff is represented on VISN 2 Health Care for Homeless Veterans re-entry advisory group and local county re-entry Task Force. Veteran Justice Outreach (VJO) Program approved for Syracuse and staff recruitment planned.
2	VAMC Bath, NY	Long-term, permanent housing	Advocated for and received 25 HUD-VASH vouchers and a case manager staff.	Dental care	We increased accessibility to Homeless Veteran Dental Program (HVDP) for eligible Veterans	Job training	VA Compensated Work Therapy (CWT) Program has been expanded; we've been awarded a HVSEP (Homeless Veteran Supported Employment Program). position which will be a joint collaboration between our homeless program and CWT.
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	Long-term, permanent housing	All HUD-VASH vouchers issued in FY 2010 have been allocated. VASH social workers have assisted Veterans in applying for Section 8 vouchers. We have been working with several landlords and real estate brokers to assist Veterans in obtaining appropriate housing.	Help with finding a job or getting employment	Veterans who meet criteria have been referred to vocational rehabilitation programs. Veterans have also been encouraged to attend employment fairs. We coach Veterans for job interviews and help them complete applications. During this fiscal year our staff have developed relationships with an organics food retail store to hire homeless Veterans.	Emergency (immediate) shelter	During this fiscal year we have been encouraging local agencies to apply for Healthcare for Homeless Veteran contracts and Grant and Per Diem funding. We have met with two agencies to discuss ways to help Women Veterans and their dependents. We have also been exploring alternative housing options with two local agencies.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	Emergency (immediate) shelter	The need for Emergency Shelter of Homeless Veterans was identified as a top need in FY 2010. We were able to work with VA Central Office to establish two contracts for emergency housing for a total of 17 beds. Also, the State of New Jersey has a consolidated shelter system with a single point of contact for access. No MOU is necessary to use these resources.	Long-term, permanent housing	We worked diligently to support an Enhanced Use Lease initiative to provide permanent housing on our Lyons campus, but HUD was unable to modify their administrative rules in time to provide the project-based vouchers necessary to secure funding for these beds. The housing provider will re-apply for these vouchers in FY 2011. Through collaboration with HUD, we have been able to provide permanent housing to 280 Veterans in FY 2010 (through HUD-VASH). This program has been a tremendous success in New Jersey, with only three Veterans dropping out of the program (1%). We also worked with a developer to construct 18 units of permanent housing for homeless Veterans in Patterson New Jersey, and continued to support the Reformed Church of Highland Park in their efforts to provide ten units of permanent housing for homeless Veterans. This project represents an innovative partnership with a faith-based group using the value of their property to secure financing for the renovation and operation of permanent supportive housing for homeless Veterans. The beds will be open in early FY 2011.	Help with finding a job or getting employment	With the dramatic loss of employment opportunities in New Jersey as a result of the national recession, we are focusing on finding new employment opportunities for all Veterans.
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630) and VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAMC Montrose - 620)	Long-term, permanent housing	All HUD-VASH vouchers were distributed for FY 2010. In VISN 3, we established a Five -Year Plan to End Veteran Homelessness workgroup with specific timeframes.	Emergency (immediate) shelter	All Veterans who need emergency shelter receive placement with local New York City Department of Homeless Services.	Help with finding a job or getting employment	At Project TORCH, each Veteran resident can receive a referral to VA Compensated Work Therapy (CWT). At the Manhattan and Fort Hamilton campuses there are New York State Department of Labor representatives. They are available daily to meet with Veterans for employment referrals and resume workshops.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

3	VAMC Northport, NY - 632	Long-term, permanent housing	Northport VA has utilized all 175 HUD-VASH vouchers received during FY 2008 and FY 2009. All 25 FY 2010 vouchers will be assigned to Veterans within two months. The Northport VA HUD-VASH program currently has over 100 pending HUD-VASH applications. Based on a review of the pending applications, 65 appear to be eligible and clinically appropriate for the HUD-VASH program. We anticipate, based on the current pace of applications received, that we will have two hundred pending applications for HUD-VASH by the end of FY 2011. We continue to utilize permanent housing provided by various not-for-profit agencies. The high cost of housing in our catchment area represents a significant obstacle in securing permanent housing for low-income Veterans, unless it is subsidized by programs such as Section 8, Shelter Plus Care or HUD-VASH. Northport VA is currently working with a private housing provider to increase our inventory of affordable permanent housing resources.	Child care	We find this need is most often identified in the HUD-VASH program, as it is the only Northport VA housing program that currently serves Veterans with children. HUD-VASH has been able to meet this need through the local county Department of Social Services, which provides this type of service. This need is typically seen in the OIF/OEF (Operation Iraqi Freedom/Operation Enduring Freedom) population, due to the average age, and increased percentage of female Veterans found in that population. The VISN 3 OIF/OEF Program Coordinator, Northport OIF/OEF, EAP (Employee Assistance Program) and homeless services staff have been addressing this need during the past year. A Veterans child care Support Program is now in the developmental stage. The program would allow Veterans to utilize child care to enable them to keep healthcare appointments, including meetings to obtain benefits and other resources, as well as educational and employment seeking activities. The child care would be provided through vouchers distributed by a local county child care council, the actual provider location would be determined by Veteran preference and need. Funding for the program will be provided by various Veterans Service Organizations, not by the VA.	Money Management	During our monthly legal assistance workshops, we identify Veterans who could benefit from money management training and notify their case managers to address this. We work with many nonprofit agencies that offer debt counseling and other money management services to our Veterans.
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	Long-term, permanent housing	We have 155 HUD-VASH vouchers and are hiring two more social workers for case management.	Emergency (immediate) shelter	We have five contract residential beds; hoping to double that by 2011, and go up to 25 beds by 2013.	Transitional living facility or halfway house	A 10-bed VA Grant and Per Diem program will start in FY 2011.
4	VAM&ROC Wilmington, DE - 460	Transitional living facility or halfway house	A community provider in Southern New Jersey was awarded VA Grant and Per Diem funding to open a 48-bed facility. Two agencies applied for contract bed funds. If chosen as grantees the facilities will offer some needed supported housing. We have an enhanced networking/relationship with a community agency which provides emergency housing to incarcerated Veterans who would otherwise be hard to place in transitional housing.	Long-term, permanent housing	Many homeless Veterans were successfully identified by our outreach and found eligible for the HUD-VASH program. We attended monthly landlord meeting(s) to educate landlords about VASH and other VA housing programs. Wilmington VA held a 2010 Homeless Summit (April 8-9) to promote awareness within the community about the VA Five Year Plan to End Veteran Homelessness.	Help with finding a job or getting employment	Referred Veterans to local non-VA employment resources (Department of Labor Homeless Veterans Reintegration Program) and Compensated Work Therapy Program/ Supportive Employment (CWT/SE) Programs. CWT Coordinator established formal contract with CITI Bank which will provide job readiness training, resume writing and employment opportunities for qualified Veterans.
4	VAMC Altoona, PA - 503	Emergency (immediate) shelter	At the local level, beds were increased to meet identified need. Networking was established with local county Veteran directors to assist with transportation to local shelter.	Transitional living facility or halfway house	Promotion of the VA Grant and Per Diem program was active. Agencies were not interested due to low per diem rate. Contract for transitional housing was completed by Tomorrow's Hope for six beds beginning in June 2010.	Long-term, permanent housing	Thirty-five (35) vouchers were awarded to the County of Blair Redevelopment and Housing Authority (COBRHA). HUD-VASH case manager was hired in February 2010. So far, four Veterans are housed, three have vouchers, and 18 have been referred to COBRHA for the paperwork process. New housing specialist assists Veterans in locating housing.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

4	VAMC Butler, PA - 529	Emergency (immediate) shelter	We have received contract housing funds which will be used to establish emergency housing in our catchment area.	Help with transportation	Progress has been made with transportation issues in our rural catchment area. The county Veteran representatives and the Disabled America Veterans (DAV) continue to work on the transportation issues. They have purchased more vans and recruited more drivers. There is a DAV transportation coordinator based at VA Butler to handle the scheduling of Veterans and their destination.	Long-term, permanent housing	The issue of permanent housing is being addressed by the provision of more HUD-VASH vouchers. We have doubled the amount of vouchers from last year and they will be utilized by VASH participants in two additional counties.
4	VAMC Clarksburg, WV - 540	Transitional living facility or halfway house	We hosted a VA Grant and Per Diem (GPD) training for interested applicants. Two new agencies applied for GPD funding and a proposal for a 5 -bed program (substance abuse treatment-focused) in Buckhannon, West Virginia is pending.	Re-entry services for incarcerated Veterans	A Re-entry specialist has been trained and is establishing ties in the community. A stronger relationship has been formalized with the federal halfway house, Bannum Place in Clarksburg, West Virginia. Formerly incarcerated Veterans are able to utilize VA medical center services, including the homeless program and Compensated Work Therapy.	Treatment for substance abuse	We continue to work with the VA substance abuse program to increase access for homeless Veterans. a proposal for a 5 -bed VA Grant and Per Diem transitional housing program (substance abuse treatment-focused) in Buckhannon, West Virginia is pending.
4	VAMC Coatesville - 542	Long-term, permanent housing	Our HUD-VASH program was expanded by 70 additional Section 8 vouchers to add to the initial allocation of 105. To date, the program has utilized over 90% of the vouchers to place Veterans in permanent housing in both Chester and Delaware Counties. It is projected that an additional 25 Section 8 Vouchers will be allocated to the Delaware County Public Housing Authority to specifically serve Veterans who are diagnosed with serious mental illness and perhaps substance abuse issues. These vouchers will be utilized under a Housing First model of care.	Transitional living facility or halfway house	We were awarded a Healthcare for Homeless Veterans (HCHV) contract for transitional housing in FY 2010. The HCHV contract housing program specifically serves dually diagnosed Veterans who have a serious mental health disability, and a history of unemployment and chronic homelessness. The focus of the program is to utilize psychosocial rehabilitation strategies to teach Veterans recovery-based life skills in order to live independently in the community. The program contract was awarded to the Fresh Start Foundation in June of 2010. The program officially opened on July 16, 2010. The program serves up to 30 Veterans. In September of 2010, the Fresh Start Foundation was awarded an additional HCHV contract to open ten "flexible" beds in the same program for short-term transitional housing assistance for Veterans needing urgent housing. The purpose of the "flexible" beds is to assist Veterans in transition for short-term housing as they transition from one level of care to another, and to avoid short-term stays in community homeless shelters.	VA disability/pension	VA will encourage its staff to continue making connections with the Veterans Benefits Administration counselors (e.g. via social workers, clerks, etc.) and distribute educational materials.
4	VAMC Erie, PA - 562	Emergency (immediate) shelter	Our staff actively participate in all local homeless coalitions and local initiatives to advocate for the creation of more emergency beds.	Long-term, permanent housing	A VA MHICM-RANGE (Mental Health Intensive Case Management-Rural Access Network for Growth Enhancement) team is now in operation to address the needs of homeless Veterans in rural areas. This team will use community resources to address the need of permanent housing.	Transitional living facility or halfway house	There is now a local community agency providing transitional housing services for female Veterans.
4	VAMC Lebanon, PA - 595	Transitional living facility or halfway house	The YWCA applied for VA Grant and Per Diem funding in York County. The YWCA is awaiting a decision on whether they were selected to receive the grant.	Long-term, permanent housing	Lebanon VA Medical Center is currently utilizing 55 HUD-VASH vouchers that were allocated in FY 2009.	Re-entry services for incarcerated Veterans	Lebanon VA Medical Center has a Veteran Justice Outreach (VJO) specialist . She has served about 80 Veterans in the area and has assisted Berks and Lancaster Counties with starting their own Veteran courts.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

4	VAMC Philadelphia, PA - 642	Long-term, permanent housing	We distributed another 140 HUD-VASH vouchers in coordination with our local public housing authority. We hired six HUD-VASH case managers and are interviewing for four more at this time. We have also been given another 100 vouchers for Philadelphia and Camden Counties for a total of 345 HUD-VASH vouchers.	Transitional living facility or halfway house	We currently have 150 VA Grant and Per Diem transitional housing beds operating. This is 24 more than last year. There are approximately 165 more GPD beds being developed in the area of Philadelphia and Southern New Jersey.	Dental care	Seventy of 80 Veterans referred for VA Dental care utilized services
4	VAMC Wilkes-Barre, PA - 693	Long-term, permanent housing	We have been working closely with local housing coalitions and landlords, and have been able to increase affordable permanent housing throughout our service area.	Help with transportation	Bus routes have expanded somewhat to reach several job sites in industrial areas. Several corporations have established their own transportation services that Veterans can use.	Job training	We have improved job placements for disabled Veteran by advocating with VA Vocational Rehabilitation and community employers. Veterans have also enrolled in a Workforce Investment Act (WIA) program through a partnership with Career Links. We have assisted homeless Veterans obtain financial aid to further their educations and job skills.
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	Emergency (immediate) shelter	A contract housing (20 beds) project is being implemented in Baltimore and the Eastern Shore (Salisbury, MD).	Help getting needed documents or identification	We are educating our VA social workers and our community programs about resources to use when obtaining state identification, birth certificates, and Social Security cards	Legal assistance for child support issues	We are developing a relationship with a local agency that may serve as guardian of finances for Veterans receiving Social Security Income Benefits/Social Security Disability Benefits (SSI/SSDI).
5	VAMC Martinsburg, WV - 613	Emergency (immediate) shelter	A new collaborative relationship between our Domiciliary and a local mission has improved our access to the shelter beds. There have also been increased services in the areas of Cumberland, Maryland, and Winchester, Virginia. Domiciliary staff continue to advocate for more emergency housing services.	Long-term, permanent housing	This medical center has received approval for the allocation of 20 additional HUD-VASH vouchers in the Keyser, West Virginia region. These will be utilized in FY 2011. We continue to work with Patriot's Path in the development of additional permanent housing options.	Job training	Potomac Highlands has started offering computer training assistance to Veterans in transitional housing. This has helped Veterans become more employable. West Virginia Work Force has also been working directly with the Veterans in the VA Domiciliary to reduce time in getting enrolled in services and receiving additional employment opportunities.
5	VAMC Washington, DC - 688	Long-term, permanent housing	In 2009 our VA received 245 HUD-VASH housing vouchers. During 2009 and 2010, we placed 234 Veterans into permanent housing by using the vouchers.	Emergency (immediate) shelter	In FY 2010, our VA received funds to contract services for 40 emergency transitional beds in the DC area.	Transitional living facility or halfway house	We are working with four community agencies who are interested in applying for VA Grant and Per Diem funding.
6	VAMC Asheville, NC - 637	Long-term, permanent housing	Twenty-five (25) new vouchers were awarded through HUD-VASH at our facility. We are on track to distribute all HUD-VASH vouchers by the end of 2010. Landlord outreach occurred through "Lunch-N-Learn" hosted by local homeless coalition members. Local housing authority has provided 100% of deposit money for Veterans moving into housing through HUD-VASH. HUD Homeless Prevention and Rapid Re-housing Program (HPRP) funds have provided assistance with housing deposits and utility bills for Veterans not in HUD-VASH.	Emergency (immediate) shelter	Unfortunately, emergency housing has continued to decrease in our community. The focus has been on permanent housing, and not much progress has been made in this area. We continue to work through our local homeless coalition to advocate for expansion of shelter beds.	Dental care	To date, 135 Veterans have received dental care through the Homeless Veteran Dental Program. Community dental providers have continued to volunteer to meet this need, recently hosting a 2-day free dental clinic which served over a thousand patients.
6	VAMC Beckley, WV - 517	Long-term, permanent housing	We are using 35 HUD-VASH vouchers and could use 25 more.	Transitional living facility or halfway house	The VAMC Beckley Homeless program will open a 5-bed emergency housing program in October 2010.	Services for emotional or psychiatric problems	Veterans are continuing to use VA mental health services. The Lewisburg VA Community Based Outpatient Clinic is up and running and is another resource. However, due to limited staffing in our homeless program, no additional non-VA community mental health agencies were identified this year as planned.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

6	VAMC Durham, NC - 558	Transitional living facility or halfway house	The Durham VAMC is in the process of developing residential contract housing beds. Three sites were inspected but did not comply with VA standards for residential care. A new RFP (Request for Proposal) for contract housing will be sought in FY 2011.	Long-term, permanent housing	With the addition of 140 vouchers, the HUD-VASH program has grown from one case manager to a staff of one coordinator/case manager, four case managers and a substance use disorder specialist. During FY 2010, 102 Veterans acquired permanent housing.	Dental care	Veterans enrolled in the VA Grant and Per Diem Program can receive dental care under the Homeless Veteran Dental Program (HVDP). Three community dental clinics are now providing fee-basis dental services. An agreement was established with the VA Medical Center Dental Clinic to provide emergency services and extractions to help offset the cost of fee services and allow more Veterans to access HVDP funds. Other homeless Veterans are referred to free/sliding fee clinics and/or local dental schools for care. Additionally, the Homeless Program worked in partnership with the local Ten-Year Plan to End Homeless committee in Durham and Missions of Mercy will hold a two-day free dental clinic for the public.
6	VAMC Fayetteville, NC - 565	Long-term, permanent housing	Our HUD-VASH Program is expecting 25 additional vouchers in addition to the 60 already authorized. Demand is much greater than the number of vouchers given. We continue to work with our community partners to advocate for more voucher and to expand HUD-VASH to counties other than Cumberland and New Hanover. Targeted areas at this time include Jacksonville, Lumberton and Goldsboro.	Transitional living facility or halfway house	The Lumbee Tribal Association in Robeson County was not successful in their VA Grant and Per Diem (GPD) application attempt last year. They have resubmitted a very strong application this year, implementing suggestions given to them by VA Central Office GPD staff; they have made it to the 2nd submission for the 2nd time. We are hopeful that their proposal will receive final approval, thus providing our area with 12 transitional beds.	Emergency (immediate) shelter	The Hope Center and another small shelter opened during the past year in the Fayetteville area, making available an additional 29 beds.
6	VAMC Hampton, VA - 590	Long-term, permanent housing	Despite some additional HUD-VASH vouchers (75), our need for affordable housing options far outweighs available supply. The majority of homeless Veterans in our region can not afford market rate rental rates. We have requested additional HUD-VASH vouchers and we are also working with our communities to encourage more subsidized Single Resident Occupancy (SRO) housing programs. We are also working with community agencies to advocate for more affordable housing for Veterans.	Emergency (immediate) shelter	The VA is hoping to attain at least five contract beds for temporary emergency shelter. We are also hoping to resurrect last year's plan to establish two hotel rooms for homeless Veterans in urgent crisis who are not able to access local shelters due to the time of day, handicapped accessibility, or lack of space.	Dental care	The expansion of dental services to all Veterans in VA treatment programs has helped us provide more dental care than ever before. Nonetheless, the need remains high and we still face some barriers in being able to schedule Veterans for dental care in a timely manner. Action Plan: Continue to streamline referral process; continue to market program to eligible Veterans and utilize all other referral options for Veterans needing dental care who are ineligible for this program.
6	VAMC Richmond, VA - 652	Long-term, permanent housing	Richmond VAMC did receive an additional 35 HUD-VASH vouchers. However, local affordable housing stock did not increase and demand is still great.	Emergency (immediate) shelter	There was no increase in shelter beds for homeless Veterans; however, there was increased coordination to increase access to available bed space.	Transitional living facility or halfway house	While 15 potential providers attended our grant-writing workshop, no application was approved for VA Grant and Per Diem funding for this area during FY 2010. Additional providers are being recruited for next grant cycle.
6	VAMC Salem, VA - 658	Help with finding a job or getting employment	In July 2010, Total Action Against Poverty was awarded a grant to establish a Department of Labor Homeless Veterans Reintegration (DOL-HVRP) Program to address employment and job training. To date, 18 Veterans have been admitted into program and six have found employment. We continue to refer to Total Action Against Poverty, VA Compensated Work Therapy and Virginia Employment Commission for employment needs.	Long-term, permanent housing	We distributed 35 HUD-VASH vouchers in FY 2009. In June 2010, we received an additional 25 vouchers.	VA disability/pension	We refer Veterans to the VA Regional Office Homeless Coordinator to determine eligibility for VA pensions and compensation. If they qualify, the Veterans Benefits Administration (VBA) assists with filing a claim. We are planning to have a VBA representative stationed at our campus to facilitate the process.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

6	VAMC Salisbury, NC - 659	Long-term, permanent housing	We have received an additional 100 Section 8 vouchers which has increased our vouchers capacity to 240. We have discussed with the Mecklenburg County Continuum of Care and Homeless Service Network (HSN) the need for a Veteran-only SRO (Single Room Occupancy) housing project. We will continue to work with the HSN on the establishment of an SRO. Currently, there is one SRO in the Charlotte, NC area that appears somewhat receptive to partnering.	Transitional living facility or halfway house	There are two VA Grant and Per Diem facilities in development. The first facility is in Charlotte and was just awarded a capital grant for the establishment of 60 beds. The second facility will be located in Winston-Salem and was awarded a capital grant to construct a 30-bed GPD facility. This partnership is with the North Carolina Housing Finance Agency and the United Way of Winston-Salem.	Job training	We have hosted a series of meetings with community employment agencies on addressing unemployment and homelessness among Veterans. Goodwill Industries in Winston-Salem applied for a Department of Labor Homeless Veterans Reintegration Program (DOL-HVRP) grant in FY 2010. However, this agency was not funded. Goodwill Industries and our Healthcare for Homeless Veterans (HCHV) program continues to maintain a strong partnership. Many of the Veterans in the HUD-VASH program are referred to them for job services.
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	Long-term, permanent housing	We are attempting to partner with community agencies to develop long-term permanent housing.	Emergency (immediate) shelter	We are attempting to partner with community agencies to develop emergency housing.	Transitional living facility or halfway house	We are attempting to partner with community agencies to develop transitional housing.
7	VAMC - Augusta, GA - 509	Emergency (immediate) shelter	We are continuing to work with the community to establish immediate shelter beds.	Long-term, permanent housing	We will continue to work with the Augusta Housing Authority to develop more HUD-VASH housing.	Transitional living facility or halfway house	We are working with the community to establish VA Grant and Per Diem beds on the VA campus.
7	VAMC Atlanta, GA - 508 (Decatur, GA)	Job training	We continue to work with the Georgia Department of Labor for job training and job search. VA Compensated Work Therapy coordinator is currently working to develop two additional contracts with outside agencies to provide slots to allow more Veterans to participate in the CWT program. HCHV collaborates (informally) with The Center for Self-Sufficiency. This agency received a federal grant to assist Veterans in securing jobs.	Dental care	The number of dental referrals for homeless Veterans increased from 166 in 2009 to 213 in 2010. However, it continues to be a identified problem with Veterans who are not eligible under the Heather French Act. Dental care was identified as the number one need in our 2010 CHALENG Survey.	VA disability/pension	The Veteran Benefit Administration Homeless Coordinator visits our homeless program twice a month and assesses Veterans for Non-Service and Service-Connected benefits. Appointments are scheduled with Veterans to meet the VBA Coordinator. The VBA Coordinator also visits two of our VA Grant and Per Diem providers (Gateway Shelter and Salvation Army).
7	VAMC Birmingham, AL - 521	Long-term, permanent housing	We have expanded our HUD-VASH program to Bessemer and Huntsville, Alabama. We currently have 70 vouchers in Bessemer and 35 vouchers in Huntsville. The homeless Veterans who receive care at the VA Community Based Outpatient Clinics there are receiving housing assistance as needed.	Transitional living facility or halfway house	We are still in the process of securing additional halfway house contract beds in the community. We have not been able to obtain a VA Domiciliary for Birmingham at this time. However, the proposed Domiciliary remains a part of our plan to end homelessness among Veterans in five years.	Drop-in center or day program	The drop-in -center Three Hots and a Cot is now open. This facility is funded through donations from the community. We do not have a formal agreement with this facility; however, we work with them as it relates to referrals in the same manner as we do with our other community partners.
7	VAMC Charleston, SC - 534	VA disability/pension	Crisis Ministries offers quick access for Veterans in applying for VA and Social Security benefits. Last year 1Crisis Ministries assisted 116 people with benefits, and 42 of 116 were Veterans.	Help managing money	Series of financial seminars was conducted and rated favorably by Veterans.	Help with finding a job or getting employment	We support community job fairs and share information with Veterans. We continue to partner with local nonprofits to provide job training opportunities for Veterans.
7	VAMC Columbia, SC - 544	Long-term, permanent housing	We received 25 additional HUD-VASH vouchers in the Greenville area during FY10.	Emergency (immediate) shelter	We will continue to help Veterans find immediate shelter. This may include homeless Veterans remaining with a friend or family member. However, it is rare where a Veteran is unable to quickly move into transitional housing.	Help with finding a job or getting employment	We partner with and refer Veterans to the local CareerOneStop provider. Staff also posts known opened positions at various companies throughout the community that Veterans can apply for. In addition, we utilize services provided by a local agency awarded a Department of Labor Homeless Veterans Reintegration Programs (DOL-HVRP) grant that focuses on assisting Veterans in obtaining and maintaining employment. We encourage Veterans to participate in job fairs. We provide education on how to apply for jobs, complete job applications and resumes.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

7	VAMC Dublin, GA - 557	Legal assistance for outstanding warrants/fines	We are currently on the Georgia Parole Board's approved facility list. We have an informal partnership with a local agency that provides assistance with felony forgiveness in the State of Georgia. Case management staff continue to work closely with probation and parole officers to assist Veterans in meeting their legal obligations.	Help managing money	We have developed two new money management classes to assist Veterans with money management and financial savings.	Emergency (immediate) shelter	We have identified the following community providers which can provide emergency shelter and care for our Veterans: Brother Charlie Rescue Center, Macon Salvation Army, Albany Salvation Army, Brunswick Salvation Army, Savannah Salvation Army, Old Savannah City Mission, Union Mission, and Inner City Night Shelter.
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	Emergency (immediate) shelter	Emergency shelter continues to be a great need. The only expansion of these beds for Veterans has been accomplished through the contract residential treatment program that can provide residential care to those Veterans who require treatment.	Long-term, permanent housing	Permanent housing has been accomplished through the expansion of the HUD-VASH program. We work to rapidly issue vouchers and house Veterans. The program has leveraged community resources (obtaining utility deposits, waivers of application fees and security deposits, and large donations of furnishings and household items) to move Veterans directly from homelessness into their apartments or rental homes. The team has successfully partnered with the community to capitalize on the fact that there are two college towns where student populations tend to leave furniture at the end of semesters. The challenge has been to accommodate donations as storage for such items is difficult to obtain through VA.	Transitional living facility or halfway house	During this fiscal year we increased our number of transitional housing beds by 52 with a new VA Grant and Per Diem (GPD) program opening in Tallahassee. We have had multiple partners apply for GPD funding. There were six proposals submitted from this area recently.
8	VAH Tampa, FL - 673	Dental care	No new free or low-cost dental services have been developed. Staff continue to participate in local homeless coalitions to increase capacity for dental services to the homeless population.	Long-term, permanent housing	We obtained 200 new HUD-VASH vouchers for fiscal year 2010.	Food	Partnership with food share program was re-established after we hired a peer support health technician who is able to pick up food on a weekly basis. We distribute this food to HUD-VASH participants in need.
8	VAMC Bay Pines - 516	Long-term, permanent housing	We increased Section 8 and other subsidized permanent housing opportunities from 321 to 596. We also expanded a community partner email group to inform a broad range of organizations about Veteran-specific funding opportunities. We also developed an intranet resource directory.	Emergency (immediate) shelter	We developed informal agreements with three emergency shelters and increased outreach to another three.	Help with finding a job or getting employment	We developed relationships with three community organizations that provide employment and job-seeker assistance. We engaged one VA Grant and Per Diem provider to offer job skill building workshops. Also, one community partner applied for a Department of Labor Homeless Veterans Reintegration Program (DOL-HVRP) grant.
8	VAMC Miami, FL - 546	Long-term, permanent housing	Nearly all of the 140 HUD-VASH vouchers allocated in FY 2009 have been utilized for homeless Veterans. The FY 2008 vouchers have all been allocated. Currently, recruitment is being conducted for case managers for the FY2010 allocation.	Emergency (immediate) shelter	The Miami VA received funding for a 40-bed Domiciliary Care for Homeless Veterans Residential Rehabilitation Program. This will be helpful in stabilizing chronically homeless in preparation for VA Grant Per Diem transitional housing or HUD-VASH permanent housing..	Transitional living facility or halfway house	Since last year's CHALENG Report, one of the Miami VA's existing Grant and Per Diem providers was granted an additional 25 beds, which opened during this year. We were also funded for contract transitional beds. The Miami VA also received funding for a 40-bed Domiciliary Care for Homeless Veterans Residential Rehabilitation Program. This is a major achievement and the Domiciliary will open in October 2011.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

8	VAMC West Palm Beach, FL - 548	Dental care	Our VA dentists treat referred Veterans under the Homeless Veteran Dental Program (HVDP). We continue to work closely with Palm Beach County Department of Health and other community homeless providers.	Welfare payments	Our staff continues to work closely with the Department of Health and Human Services to assist Veterans who are eligible for additional benefits due to their income status. West Palm Beach VAMC has an informal agreement with the Social Security representative who comes to the VA twice a month to assist Veterans in obtaining needed benefits by filing for Social Security or Social Security Disability. We also assist homeless Veterans by providing guidance on how to apply for food stamps, on-line or in person.	SSI/SSD process	We have an existing working relationship with the local Social Security office. A Social Security representative comes to our VA every two weeks to meet with Veterans to either file new claims or provide a status report on existing claims.
8	VAMC San Juan, PR - 672	Long-term, permanent housing	We have 55 HUD-VASH vouchers and 41 Veterans have been placed in permanent housing.	VA disability/pension	Coordination between Veterans Affairs Regional Office (VARO) and our Health Care for Homeless Veterans (HCHV) program has resulted in more Veterans being made aware of their benefits and submitting applications.	Job training	We have a VA Compensated Work Therapy coordinator and Vocational Rehabilitation specialist. She works with the private sector in identifying job opportunities for our Veterans. In addition there are 34 positions available locally with the National Cemetery Administration (NCA). NCA would like to work with us to fill those positions with our homeless Veterans.
8	VAMC Orlando, FL - 675	Long-term, permanent housing	We have received additional HUD-VASH vouchers and housed approximately 200 Veterans	Help with finding a job or getting employment	We have added additional staff to our Vocational Rehabilitation Department and we continue working toward developing Compensated Work Therapy/Transitional Work Experience positions for clients.	Drop-in center or day program	We continue to work closely with our local HUD Continuum of Care group. However, due to community financial constraints, property has not been located to establish a drop-in center. We conduct outreach at other locations where a variety of services are provided. This includes the CITA Rescue Mission in Brevard County and Compassion Corner in Orlando.
9	VAMC Huntington, WV - 581	Long-term, permanent housing	We have issued 93 vouchers, with 30 of those being returned over the two-year period of our HUD-VASH program. Currently we have 63 active vouchers with 57 of those being used by housed Veterans.	Emergency (immediate) shelter	Verbal contacts have been made with area shelters. A comprehensive list of all shelters in the catchment area was developed and provided to all VA social workers and mental health triage staff.	Dental care	Twenty-two (22) Veterans were eligible for dental care this year and 15 received care. We have established a working relationship with a fee-basis dental provider. We continue to make dental referrals to community clinics as needed.
9	VAMC Lexington, KY - 596	Treatment for dual diagnosis	We are implementing a MHICM-RANGE program (Mental Health Intensive Case Management-Rural Access Network for Growth Enhancement Enhanced Range Team) to provide case management services to homeless Veterans including those with dual diagnosis.	Services for emotional or psychiatric problems	The Lexington VA instituted walk-in mental health services so any Veteran can receive same-day care.	VA disability/pension	The VA Regional Office homeless Veteran point of contact meets with residents in the Grant and Per Diem programs and the local homeless shelter to provide assistance with the compensation and pension process.
9	VAMC Louisville, KY - 603	Long-term, permanent housing	Currently, 149 of our 175 HUD-VASH vouchers are in use. Also, 25 additional vouchers in the underserved Southern Indiana area will soon be available to Veterans who wish to live in that area. The local HUD Shelter Plus Care program stopped taking referrals a year ago and still remains closed to referral.	Help with finding a job or getting employment	We continue to work with many community agencies which offer employment services to Veterans (Disabled Veteran Outreach Program, Volunteers of America, Urban League, Nia Center, state of Kentucky Vocational Rehabilitation, and Canaan Community Development). Referrals are made to these programs on a regular basis. A VA Compensated Work Therapy staff visits our largest Grant & Per Diem program monthly to assess homeless Veterans.	Emergency (immediate) shelter	We now have an informal agreement with the local Salvation Army to provide emergency housing to homeless Veterans. We also have informal agreements for emergency beds with almost all major community providers, including Wayside Christian Mission (the area's largest community shelter provider).

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

9	VAMC Memphis, TN - 614	Treatment for dual diagnosis	We have been attending community meetings and giving presentations regarding the need in our local area. We have set up a VA Grant and Per Diem grant writing workshop to take place from Oct 19-20. We also have established an informal contract with a local dual diagnosis facility to assist our Veterans with transitional housing and residential long-term treatment. We also established an informal contract with a local outpatient mental health program to provide additional case management to some of our homeless Veterans.	Glasses	We have learned to better use VA eye care services available for our Veterans. We also established an informal agreement with a community agency to provide free eyeglasses to our homeless Veterans.	Long-term, permanent housing	We have received 35 more HUD-VASH vouchers total. We were informed we will get additional vouchers in FY 2011. We have been utilizing the local HUD Homeless Prevention and Rapid Re-housing Program (HPRP) funding for eligible Veterans. We also created informal partnership with several programs that provide affordable, clean and safe permanent housing.
9	VAMC Mountain Home, TN - 621	Help with finding a job or getting employment	1) Victory Center staff presented at our VA regarding employment resources. 2) Educational materials on job search strategies ordered for Veteran use. 3) We've made referrals to the local VA Compensated Work Therapy Program.	VA disability/pension	Local VA developed referral and information network with the state coordinator in Nashville for homeless Veterans compensation and pension claims.	Legal assistance for outstanding warrants/fines	Mountain Home VAMC has hired one full time Veteran Justice Outreach (VJO) social worker who will be working to extend current services. She will also be working in the community to expand the program for our justice- involved Veterans in the Mountain Home catchment area
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	Emergency (immediate) shelter	The \$13 million CHD Project (Campus for Human Development) is completed and Veterans are being referred to this state-of-the art facility in Nashville. Ribbon cutting was September 9, 2010. This facility includes emergency housing, 32 VA Grant and Per Diem transitional housing beds, HUD-VASH apartment units, and total wraparound services.	Job training	All Partnerships are still in place and growing. Operation Stand Down Nashville (OSDN) service center has increased job training staff. New OSDN thrift store was put on hold pending space issues.	Help with finding a job or getting employment	Construction is now complete at the new Nashville downtown area Campus for Human Development. Veterans are being referred there for employment services there. The Operation Stand Down Nashville service center is in full swing and Veterans are referred daily for job counseling and placement.
10	VAMC Chillicothe, OH - 538	Long-term, permanent housing	In 2009, we utilized the 35 HUD VASH vouchers in the Athens County area. We requested and received an additional 25 vouchers for the Ross County area.	Emergency (immediate) shelter	We developed a contract with Lutheran Social Services of Lancaster to provide nine emergency shelter beds in Lancaster, Ohio.	Transitional living facility or halfway house	We developed two new contracts for transitional housing and continue to work to develop new contracts.
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	Long-term, permanent housing	We were awarded an additional 50 HUD-VASH vouchers in 2010, bringing us to a total of 258 vouchers. We are using 25 of these vouchers for a Housing First project. Demand remains very high for these vouchers and we hope to be awarded more. Fifty more Veterans were permanently housed this year. One of our VA Grant and Per Diem providers, Joseph House, expanded their facility from 76 to 105 beds, offering long-term housing to graduates of their substance abuse treatment program.	Job training	The VA Compensated Work Therapy program now has a case manager dedicated to working with homeless Veterans. Ohio Valley Goodwill Industries continues to offer job training at their VA Grant and Per Diem program. We are working with the agency to move Veterans successfully out of transitional housing so more Veterans can participate each year.	Help with finding a job or getting employment	The VA Compensated Work Therapy program now has a case manager assigned to working with homeless Veterans. Ohio Valley Goodwill Industries continues to offer job training in their GPD program.
10	VAMC Cleveland, OH - 541, (Brecksville, OH)	Long-term, permanent housing	Ongoing Opportunities Housing has expanded into Akron, with possibly 50 apartments to be utilized by HUD-VASH participants.. Cleveland Housing First Project is expanding (new site opened 2010) with another site scheduled to open in spring 2011.	Treatment for substance abuse	We have made progress, the need for substance abuse treatment no longer in the top three identified needs by local Veteran participants in CHALENG. VA Grant and Per Diem treatment beds are still available in this community.	Transitional living facility or halfway house	Our VA Grant and Per Diem program is in the process of expanding by 72 beds. Sites have received grants in Summit County and in Lorain County -- including one site specific for women in Akron. Additional beds for women and children were obtained by a current GPD provider.
10	VAMC Dayton, OH - 552	Long-term, permanent housing	We received 25 additional HUD/VASH vouchers to increase permanent housing.	Dental care	Dental needs remain a difficult area to address, due to high demand in the community. Talks are underway to re-institute the Homeless Veteran Dental Program (HVDP) at the Dayton VA to help address this challenge.	Help with finding a job or getting employment	We refer Veterans to the Job Center (community employment service) and to our own Veterans Industries staff to assist with resumes, job readiness and referrals.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

10	VAOPC Columbus, OH - 757, (Grove City, OH)	Emergency (immediate) shelter	Fifteen additional emergency contract beds have been awarded utilizing HCHV (Healthcare for Homeless Veterans) residential contract funds.	Long-term, permanent housing	Twenty-five additional HUD-VASH vouchers have been allocated to our site, with an additional 50 permanent supportive housing units to come online during FY 2011 through the Commons at Livingston program.	Help with finding a job or getting employment	Nine additional Transitional Work Experience (TWE) positions have been created within the VA. Our Compensated Work Therapy program continues to provide homeless Veterans linkages to competitive employers in the community.
11	Toledo, OH, Outpatient Clinic	Long-term, permanent housing	Our VA now has 165 HUD-VASH vouchers. These vouchers are used in Ohio (Toledo, Springfield, Sylvania and Bowling Green) and in Michigan (Ann Arbor, Ypsilanti, Milan, Flint, Howell, Jackson, Brighton). No progress on a local Volunteers of America project to build units for chronically homeless and ex-offenders.	Help with finding a job or getting employment	Veterans from Genesee County participated in the Michigan State University agricultural training program in collaboration with the Department of Labor. The VA Compensated Work Therapy program provided employment services to 60% of our Veterans in VA Grant and Per Diem programs.	Dental care	Veterans in VA Grant and Per Diem (GPD) and residential contract programs receive dental care under the Homeless Veteran Dental Program (HVD). HUD-VASH participants in the Toledo area access their dental care through the Neighborhood Health Association at the Mildred Bayer Clinic for the Homeless, and the Dental Center of Northwest Ohio (if they have Medicaid). In Michigan, our HUD-VASH participants have accessed community grant-funded dental care at the University of Michigan Dental School. We are fortunate to have a strong collaborative relationship with our VA Dental program. When our HUD-VASH Veterans are having an acute dental episode, our VA Dental program will stabilize and make recommendations for continued treatment or prevention services.
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	Emergency (immediate) shelter	Our VA has approved our first HCHV (Healthcare for Homeless Veterans) Contract Residential program for ten beds.	Long-term, permanent housing	We were approved for 25 HUD-VASH vouchers in the South Bend area.	Dental care	Two more agencies made it through the first round selection for VA Grant and Per Diem; expecting final notice soon. All GPD programs will provide dental care to eligible Veterans. Also, we expanded Homeless Veteran Dental Program (HVDP) care to participant in Community Residential Care and the Substance Abuse Residential Rehabilitation Treatment Programs.
11	VAMC Battle Creek, MI - 515	Dental care	To promote timely referrals, we will ensure Homeless Veteran Dental Program (HVDP) information is shared with Veterans and staff in our programs: including Healthcare for Homeless Veterans, Grant and Per Diem, Compensated Work Therapy Transitional Residence and the Domiciliary. Additionally, we will work with community providers, local dental schools, and private sector dentists through either formal or informal agreements. We will also continue to articulate our position to VA Central Office that HVDP should be expanded to meet the dental need of formerly homeless Veterans in HUD-VASH and other programs.	Long-term, permanent housing	Long-term permanent housing has moved from the #2 need among homeless Veterans in FY 2009 to the #3 need in FY 2010. This appears to be the result of the 130 additional HUD-VASH voucher that were allocated to the Battle Creek VA. In addition, 75 units of permanent-supported housing have been developed through the Enhanced Use Lease with Medallion Management and the Battle Creek VA. Adding additional permanent-supported housing through community partnerships will also have a positive impact.	Food	Between FY 2009 and FY 2010, food has climbed from the #3 to #2 highest need identified among homeless Veterans. Exploration will be done to determine the rationale for the increase in perceived need among homeless Veterans. There appears to be a correlation between the increase in food need and more formerly homeless Veterans who are in the HUD-VASH Program and have zero income. We will continue in our efforts to meet this need through community collaboration and partnerships.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

11	VAMC Danville, IL - 550	Long-term, permanent housing	We received 35 HUD-VASH vouchers in 2009. We have allocated all 35 of these vouchers and have 29 Veterans in permanent supportive housing. Unfortunately we were not awarded any additional VASH vouchers for 2010 and we now have an extensive waiting list. We have a large catchment area with great need. We serve not only Danville, but Peoria, Decatur, Springfield, Bloomington, Mattoon, Charleston, Champaign, Urbana, and Lafayette -- and all of the small towns in between.	Dental care	We have implemented a consult system to better track the Homeless Veteran Dental Program (HVDP) participants. We have a VA outreach worker assigned to ensure Veterans follow up with their dental referrals into the community.	Transitional living facility or halfway house	Fifth Street Renaissance has been making progress securing the matching funds for their capital grant and should be breaking ground by the end of 2010. We hosted a VA Grant and Per Diem training on 9/22/10 which was attended by approximately 20 community providers. They were provided with the information needed to prepare upcoming grant applications.
11	VAMC Detroit, MI - 553	Long-term, permanent housing	Long-term, permanent housing options have increased during FY 2010. Piquette Square added 150 one-bedroom apartments in a supportive setting for Veterans only. Our HUD-VASH program housed 141 Veterans in FY 2010.	Help with finding a job or getting employment	Our VA Compensated Work Therapy program continues to provide therapeutic work experience to Veterans and 12 former participants were hired as full-time VA employees in FY 2010. The Domiciliary Residential Rehabilitation Treatment Program also provided vocational rehabilitation for over 100 Veterans in FY 2010. The Department of Labor Homeless Veterans Reintegration Program is active through private partnerships in our community. Michigan Works! provides employment assistance specifically for Veterans.	VA disability/pension	A clinic sponsored by the University of Detroit Mercy School of Law provides services/assistance with claims. We have Veterans Benefits Administration representatives from the Regional Office offering claims services. We also regularly refer Veterans to Veterans Service Organizations for legal issues. All these entities visit our VA sites and bring their services to Veterans.
11	VAMC Indianapolis - 583	Emergency (immediate) shelter	We now have 11 contracted beds through our local Volunteers of America. We anticipate additional funding for 2011 and have established contacts with community providers that have a strong interest in providing emergency beds.	Long-term, permanent housing	We received 75 additional HUD-VASH vouchers for supported housing and are working with our local public housing authority.	Dental care	Staff continues to encourage participation in the Homeless Veteran Dental Program (HVDP). Need persists for emergency dental care and restorative dental care for ineligible Veterans: those in a VA Grant and Per Diem program for less than 60 days, or those in the HUD-VASH program.
11	VAMC Saginaw, MI - 655	Long-term, permanent housing	As of October 1, 2009, 38 HUD-VASH vouchers were awarded. As of September 1, 2010, 85 HUD-VASH vouchers were awarded.	Transitional living facility or halfway house	We have increased the frequency of visits to outreach sites and community events to encourage agencies to apply for VA Grant and Per Diem funding.	Emergency (immediate) shelter	We have contracted with the Saginaw Rescue Mission for emergency beds. This program has been up and running since June 2010 and has been very successful. Every Veteran who has left this program has gone into permanent housing!! Saginaw also has a contract with Goodwill Inn in Traverse City for beds. Goodwill also sub-contracts with the Gaylord Homeless Shelter.
12	VAH Hines, IL - 578	Long-term, permanent housing	The HUD-VASH program at Hines was expanded in FY 2010 by 50 vouchers. At the Jesse Brown VA, the HUD-VASH Program at has added an additional 100 vouchers for a total of 310 vouchers at this time. Three staff have started and two additional staff will be starting 10/12/10.	Transitional living facility or halfway house	Hines: GPD program activated 14 new beds in FY 2010; the Hines Enhanced Use Lease (EUL) initiative has made a "conditional" award which once operational will increase the number of transitional housing beds. Jesse Brown: Additional Grant Per Diem sites have been approved, however, they have not been finalized. Three contract transitional beds sites have been initially inspected, but we are still awaiting approval.	Emergency (immediate) shelter	Hines: The Healthcare for Homeless Veterans program at Hines participated in the new Contract Transitional Housing Program initiative with some VA Contracting Office-approved agreements expected to be in place by October 1, 2010. Jesse Brown:
12	VAH Madison, WI - 607	Long-term, permanent housing	70 HUD-VASH vouchers are being issued to provide long-term permanent housing in Madison, Wisconsin and Rockford, Illinois.	Treatment for substance abuse	We now have intensive outpatient treatment and detoxification services at the VA Community Based Outpatient Center in Rockford.	Help with finding a job or getting employment	Employment assistance continues with staff member from local job center meeting with Veterans at our new VA Grant and Per Diem program in Madison.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

12	VAMC Iron Mountain, MI - 585	Transitional living facility or halfway house	Successful relationships with community providers have resulted in Veterans being admitted into short-term transitional housing until other arrangements (permanent housing/long-term treatment for addiction/psychological concerns) can be made. We continue to work towards development of a formal relationship/contract with Great Lakes Recovery Centers in order to provide contract residential services for Veterans in FY 2011.	Long-term, permanent housing	During FY 2010, we were awarded 15 HUD-VASH vouchers. We are working with local public housing authority to distribute and manage vouchers. Additionally, we continue to work with community providers to develop MOU (memorandum of understanding) with property management company for housing set-aside program. This program would target special populations, including homeless Veterans.	Help with transportation	Transportation issues continue to be a challenge. We utilize scheduled transportation services provided by Disabled American Veteran. Our staff are knowledgeable about transportation services throughout the catchment area and help Veterans get their needs met (e.g., meet medical appointments, go to the grocery store).
12	VAMC Milwaukee, WI - 695	Long-term, permanent housing	We are helping a local organization with their 52-unit permanent housing project in Milwaukee. To facilitate this, some of our HUD-VASH vouchers were converted to project-based vouchers which Veterans can use at the facility.	Emergency (immediate) shelter	We increased use of New Community Shelter and St. John the Evangelist Homeless Shelter in Green Bay; and Emergency Shelter of the Fox Valley, Inc.	Dental care	In FY 2010, increased use of Homeless Veteran Dental Program (HVDP) to 231, compared to 108 in FY 2009.
12	VAMC North Chicago, IL - 556	Help with finding a job or getting employment	Transitional Living Services has been working weekly with our homeless Veterans and as needed with local employers. VA staff continue to explore contracts in the community.	Job training	Transitional Living Services continues to work with our homeless Veterans to have them job ready. VA Vocational Rehabilitation has also developed a peer counselor training program. Also, a collaboration has been established with a community pre-apprenticeship training program through a local plumber's union.	Long-term, permanent housing	We currently have 70 HUD-VASH vouchers with two social work case managers. For FY 2011, we expect an additional 95 vouchers and three social work positions.
12	VAMC Tomah, WI - 676	Long-term, permanent housing	An additional 35 HUD/VASH vouchers were requested but our facility was not awarded them.	Transitional living facility or halfway house	Compensated Work Therapy plans to increase their Transitional Residency beds by ten. Construction to start in 2011.	Emergency (immediate) shelter	VA staff attended three out of four Monroe County Housing Coalition meetings in the past year. The Coalition is aware of the need for emergency housing but none exists in our rural community. Closest immediate shelter is available 50 miles away. Outreach conducted monthly at the shelter in La Crosse.
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	Help with transportation	Efforts are on-going. Possible transportation grants researched but no applications made as lead agency/applicant not identified. Initial committee has not scheduled follow-up meetings.	Legal assistance for outstanding warrants/fines	Area law schools contacted. Concerns over jurisdiction with regards to state lines to be explored.	Emergency (immediate) shelter	Faith-based shelter models in neighboring cities were visited. Local needs were identified.
15	VAH Columbia, MO - 543	Emergency (immediate) shelter	We continue to utilize current HCHV (Healthcare for Homeless Veterans) contracts: Welcome Home, Salvation Army Harbor House and Salvation Army Center of Hope provide emergency and transitional housing to our homeless Veterans. We are also looking for new collaborations with community partners to expand/create new HCHV contracts. We participated in a meeting with the Basic Needs Coalition (local homeless coalition) and faith-based community to begin exploring creating additional emergency housing for our community. The meeting was in May, 2010 and another meeting will be scheduled in the near future.	Dental care	We continue to utilize Homeless Veteran Dental Program (HVDP) funds to provide dental care to Veterans in the Healthcare for Homeless Veterans, Grant and Per Diem, and Compensated Work Therapy Transitional Residence programs. We were not able to gain access to funding for dental care for Veterans in the HUD- VASH program, but we will continue to advocate for funding.	Help with transportation	We have provided input regarding transportation needs to the City of Columbia through the Basic Needs Coalition. This year, the City of Columbia expanded bus routes and the hours the buses are in operation. We continue to utilize Disabled American Veterans for transportation, and occasionally funds through Voluntary Services for local bus passes and Greyhound bus tickets. We continue to educate Veterans on all transportation resources that are available to them through different avenues (Older Adults Transportation System, Medicaid transportation, etc).
15	VAM&ROC Wichita, KS - 452	Long-term, permanent housing	We now have 85 HUD-VASH vouchers and met our performance goal. We have also housed 15 Veterans in a local Housing First project.	Transitional living facility or halfway house	We have secured bed space at a local safe haven program. We also have informal partnerships with several homeowners that are renting rooms to Veterans with income.	Dental care	We continue to refer Veterans to VA care under the Homeless Veteran Dental Program (HVDP). We hope to expand this program.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

15	VAMC Kansas City, MO - 589	Dental care	We established informal agreements with Swope Parkway Community Health Care and the University of Missouri Dental School in Kansas City.	Help with transportation	We have secured local funding to provide bus tokens to Veterans that need transportation. To further address transportation problems, we are working on a drop-in center accessible in the community. Kansas City VA issued an RFP (request for proposal) to lease 7,000 to 8,000 square feet for space for this homeless resource center. This site will be convenient for Veterans to drop in, get their basic needs met, and obtain information.	SSI/SSD process	We continue to educate Veterans about the importance of responding to requests from Social Security Administration with timely and accurate information to facilitate their application process-- and assist them if they do not have their own phone. Failure to respond appropriately is often the result of moving from place to place.
15	VAMC Marion, IL - 609	Emergency (immediate) shelter	We continue to have strong partnerships with the emergency shelter providers within our service area. Efforts have been made to link Veterans to the VA for services after they come to the shelters.	Transitional living facility or halfway house	We continue to try and spread awareness of VA Grant and Per Diem funding and were successful this year in encouraging new agencies to apply; they are awaiting a determination of application.	Help with finding a job or getting employment	We have increased awareness of employment service agencies among homeless Veterans. Economic conditions in service area have been limited employment opportunities.
15	VAMC Poplar Bluff, MO - 647	Transitional living facility or halfway house	We have locally funded housing for transitional housing in the Poplar Bluff area. We received Healthcare for Homeless Veterans (HCHV) funding, but it did not come on station in time to use it and we had to send it back. We have put new processes in place with fiscal and contracting in hopes of using funding efficaciously in the future.	Long-term, permanent housing	This year, our VA was very fortunate to receive 25 HUD-VASH vouchers. We are in the process of hiring a VASH staff.	Help with transportation	Homeless Veterans in rural areas are very restricted in their access to public transportation. Lack of transportation to employment opportunities or a job is very difficult, if not impossible. Veterans need a bus voucher, additional Disabled American Veterans support, or nominal matching funding in purchasing a vehicle and insurance.
15	VAMC St. Louis, MO - 657	Dental care	Shortages of VA staff (due to retirement, rapid program expansion) resulted in less attention paid to this need. Additionally, there were issues with a community provider that was providing sub-standard care. A recent increase in staff will help us re-focus on this need.	Emergency (immediate) shelter	No emergency beds were obtained in FY 2010.	Long-term, permanent housing	We educated interested private property owners on the housing choice voucher process through HUD-VASH. We were awarded 25 additional vouchers in FY 2010 and have used them so far to house 14 Veterans.
15	VAMC Topeka - 677	Long-term, permanent housing	The Topeka VA has obtained a total of 95 Section 8 vouchers to give to Veterans for obtaining permanent housing, coupled w/ case management to help them keep their housing. The Topeka/Shawnee County Homeless Task Force was not successful with their HUD application last year -- so were not able to obtain the funding required to expand their current housing options.	Help with finding a job or getting employment	The economy in Shawnee County has been hit hard by the current recession and rates of unemployment are running over nine percent. It has been a very difficult time for many of our Veterans as some companies have closed and others have downsized. The State of Kansas has historically provided some vocational rehabilitation/job training opportunities but these resources have significantly shrunk over the last two years and this upcoming year looks like more cuts. There is a proposed Federal jobs bill that, if passed, should provide some funding to help address this need.	Legal assistance for outstanding warrants/fines	Full-time Veteran Justice Outreach (VJO) staff will start work February 2011. On a limited basis, legal services are provided by the Kansas Legal Services and a local law school. VJO, Health Care for Re-entry Veterans, and other VA staff will work together to further develop needed resources

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

16	VA Central Arkansas Veterans HCS - 598	Food	Food was the top unmet need identified in FY 2009. However, during FY 2010, food was no longer among the top three unmet needs of homeless Veterans at our VA. We attribute this to the fact that in October 2009, VA accepted responsibility for providing breakfast and lunch meals to Veterans receiving case management services at the Drop-In Day Treatment Center. They have continued that service and the response from Veterans has been very positive.	SSI/SSD process	The need for assistance with the SSI/SSD application process remains one of the top three unmet needs for FY 2010. However, it dropped from the #2 unmet need in FY 2009, to the #3 unmet need in FY 2010. This is likely to be due to the efforts made to train staff in developing statements in support of claims and to efforts made to help Veterans build claims when they have had limited access to the VA system as a result of their homelessness. Additionally, two representatives of the Arkansas SOAR Program (SSI/SSDI Outreach, Access, and Recovery) provided continuing education training to 33 VA and community participants on preparing disability applications at our July CHALENG meeting.	Dental care	Dental care dropped out of the top three unmet needs of homeless Veterans in Central Arkansas during FY 2010. We attribute this to the high number of Veterans receiving dental services in FY 2009. Now that knowledge of the Homeless Veteran Dental Program (HVDP) has been disseminated, Veterans have been actively involved in taking advantage of this service. Subsequently, dental care was seen as more of a met need at our VA than it has been seen in the past. This service continues to be an incentive for Veterans to enter VA residential treatment programs.
16	VA Gulf Coast HCS - 520, Biloxi, MS, Pensacola, FL	Emergency (immediate) shelter	VA continues to work with community organizations including local homeless coalitions to increase the public's understanding of homelessness and the precipitating sociological factors. Educating the public on the need for immediate housing for homeless individuals and families is expected to increase possibilities for intervention strategies. VA's added voice and encouragement may lead to an additional shelter in Mississippi soon.	Transitional living facility or halfway house	Harbor House in Pensacola has been serving Veterans for several years; referral process was revamped recently to increase the speed of admissions. We are looking to contract with similar programs in Biloxi, Mississippi, and Mobile, Alabama. The VISN Homeless Coordinator and our VA is planning a training in Fall 2010 on how to apply for VA Grant and Per Diem funding. We hope this will increase applications.	Long-term, permanent housing	Efforts focus on placing Veterans directly into permanent housing through the HUD-VASH Program.
16	VAMC Alexandria, LA 502	Long-term, permanent housing	As a result of the partnership with HUD we have been issued 95 vouchers to house homeless Veterans. We have requested additional vouchers for 2011 to decrease the number of homeless Veterans.	Dental care	Over the past year, 21 Veterans received dental services. An increase is expected in the number of homeless Veterans who are eligible for the Homeless Veteran Dental Program (HVDP) by participating in a Healthcare for Homeless Veterans Contract Residential Treatment or Grant and Per Diem program. Both of these VA-funded programs are increasing the number of beds.	VA disability/pension	Every Veteran is assessed for VA benefits eligibility. If Veterans are eligible for benefits and have never applied for them, education is provided, DD-214s are obtained and Veterans are assisted with completion of paperwork. Veterans are also provided contact information for the VA benefits counselor, toll-free telephone number to the Veterans Affairs Regional Office and the nearest parish Veteran benefits representative. We conduct outreach five days a week throughout our catchment area and assist homeless Veterans apply for VA Disability Pension as well as assist them in appealing denied claims.
16	VAMC Fayetteville, AR - 564	Long-term, permanent housing	We received 35 new HUD-VASH vouchers in Jasper County, Missouri in FY 2010 and 25 additional vouchers for Washington County, Arkansas for FY 2010.	Help with finding a job or getting employment	Our VA Compensated Work Therapy program has been very successful in helping our Veterans ultimately obtain paying jobs. We refer to local Veterans employment counselors, but this has not been as successful as anticipated. We also refer to local temporary employment agencies for employment. In Missouri we continue to use the CHANCE Program for job skills training and local temporary agencies.	Help with transportation	Transportation is an ongoing problem. We continue to rely heavily on Disabled American Veterans and VA shuttle services. Veterans in the Fayetteville area rely greatly on the University of Arkansas bus system that is free to ride daily until 5 pm. We recently were awarded additional funding through the VISN and purchased 500 day passes from our local regional transit system, 500 taxi vouchers and \$2500 in Greyhound bus vouchers.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

16	VAMC Houston, TX - 580	Help with finding a job or getting employment	Our Health Care for Homeless Veterans (HCHV) Program has taken strides to enhance the employment opportunities available to Veterans. Staff keep Veterans updated on job fairs, training programs, employment agencies, and job sites (The Work Source, Workforce Solutions, Career and Recovery, Goodwill Industries, Pace Setters). We have assisted Veterans with transportation through bus passes and program vehicles to enhance their job search efforts. A HUD-VASH case manager has been assigned to the Career and Recovery Resources program in Houston. Our staff works closely with the VA Vocational Rehabilitation Program. In addition, we also refer Veterans that are Service Connected at the rate of 20% and higher to the Veterans Affairs Regional Office Vocational Rehabilitation program for employment assessments and job skill development.	Treatment for substance abuse	We have made substantial progress in developing contracts with two local agencies, (Spiller Personal Care Home and Forest Lawn Missionary Baptist Church) to provide transitional housing and substance abuse treatment to 209 Veterans. Both of these program should be up and running soon. We are also in the process of hiring two substance abuse social workers and two peer technicians to provide outpatient treatment to over 200 Veterans in the HUD-VASH program. This will increase the ability of Veterans with substance abuse difficulties to maintain their permanent housing placements.	Re-entry services for incarcerated Veterans	We have developed a pilot Veteran Justice Outreach (VJO) program in conjunction with the local county municipal court. There are 20 Veterans in the program. The program has been able to keep these Veterans out of jail and in treatment programs. We have been awarded a staff position for this program. Currently there are approximately 800 Veterans that can benefit from the program in the greater Houston area. We also have a Health Care for Re-entry Veterans (HCRV) program that works with the state prison system to assist Veterans transition to a homeless Veteran program upon release. We have provided services to over 1,200 Veterans statewide through this program within the last year.
16	VAMC Jackson, MS - 586	SSI/SSD process	We have established a partnership with a Social Security representative and are working on ways our program can assist with the SSI/SSDI (Supplemental Security Income Benefits/Social Security Disability Insurance) process.	Job training	We have begun compiling a list of agencies that provide job training.	Help with finding a job or getting employment	One of our Grant and Per Diem programs received a grant from the Department of Labor to assist our Veterans in obtaining employment. Also, our site received funding for two vocational rehabilitation specialists to work in our Homeless Program. These positions are for homeless/formerly homeless Veterans.
16	VAMC New Orleans, LA - 629	Long-term, permanent housing	New VASH case managers and a clerk were hired. This site was awarded 65 of the 105 vouchers requested (55 of the 65 awarded vouchers are on site; awaiting the additional 10). There is still a substantial wait list for VASH vouchers here.	Transitional living facility or halfway house	A 38-bed VA Grant and Per Diem facility was opened in Hammond by Quad-Vets. A 12-bed GPD facility was opened in Houma, by Start Corporation. Twenty beds were added at Raven's Outreach in Baton Rouge. Outreach was conducted in Slidell and two providers expressed interest in the development of a GPD facility; however, none applied for funding. Several providers expressed interest in a facility for female Veterans with children; all applied for VA funding, but none were approved.	Emergency (immediate) shelter	Our staff attended meetings of local homeless coalitions to advocate for additional shelter beds. Despite the reduction of emergency shelter beds in the New Orleans metro area, we have had success in referring Veterans to local shelters.
16	VAMC Oklahoma City, OK - 635	Long-term, permanent housing	Out of 95 HUD-VASH beds, 70 are in use currently. The remaining beds will be utilized when a HUD-VASH staff is hired.	Dental care	There has been closer collaboration with the VA Dental Clinic and greater use of its services under the Homeless Veteran Dental Program. Number of Veterans who have used the program has increased from 12 in FY 2009 to 58 in FY 2010.	Welfare payments	Efforts are continuing to identify a Oklahoma Department of Health Services (OKDHS) employee who can process food stamp applications at our VA. This DHS staff would also provide education on the various programs available through DHS such as a utility assistance program. This year's economy which resulted in state budget cuts and staff shortages coupled with lack of space at our VA have hampered efforts to progress with this task.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

16	VAMC Shreveport, LA 667	Emergency (immediate) shelter	We have continued to work with the National Homeless Coalition to raise awareness of the need for more local emergency shelters. We attend public hearings and continue to work closely with the existing local shelters.	Transitional living facility or halfway house	Our VA Grant and Per Diem (GPD) facility (Volunteers of America) opened in April of 2010 with 56 beds. We have continued to meet with community providers to encourage applications for more GPD programs and /or contract options.	Long-term, permanent housing	We received an additional 25 HUD-VASH vouchers and an additional case manager in 2010. We have been working closely with the local housing authorities to get HUD-VASH participants settled in their jurisdictions. We have had speakers come in and talk with our Veterans on first-time homeownership programs. We also continue to collaborate with the local Shelter Plus Care housing program and HUD-based apartment complexes.
16	VAMC Muskogee, OK-623 (Tulsa, OK)	Long-term, permanent housing	Our VA obtained 25 additional HUD-VASH vouchers for FY 2010. We will continue to advocate for additional vouchers in FY 2011.	Dental care	Veterans who are eligible for the Homeless Veteran Dental Program (HVDP) are continuously referred for VA dental care. In FY 2010, 37 Veterans received dental care, an increase from 18 Veterans served in FY 2009. Will continue to advocate for HUD-VASH participants to receive dental care.	Legal assistance for outstanding warrants/fines	We refer Veterans to our local legal aid service organization for assistance. We have weekly contact with our legal aid representative. We also refer to our local Veterans treatment court when applicable.
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674 and VAMC Waco - 674A4), Austin	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.
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	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.
17	VA South Texas Veterans HCS (VA OPC Corpus Christi, TX - 671BZ)	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.
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAMC San Antonio - 671), Corpus Christi, TX	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.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

18	El Paso VA HCS, TX - 756	Dental care	For FY 2010, our station received a total of \$51,000 through the Homeless Veteran Dental Program to provide care. We continue to utilize community clinics for dental care, and University Medical Center for extractions.	Glasses	We have a new eye clinic at the VA. Staff have been very responsive to the needs of our homeless Veterans. Homeless Veterans are given an eye exam and are also fitted for eye glasses at no cost to the Veteran.	Eye care	Our eye clinic at the VA offers free glasses. Also, the Lions Eye Bank and community clinics are utilized by some Veterans
18	VA New Mexico HCS - 501	Long-term, permanent housing	The number of HUD-VASH vouchers has increased to 180 in the last year. This has included expansion to Santa Fe (35 vouchers) and Gallup (25 vouchers). In each of these rural settings the vouchers are managed by the local public housing authority which increases the area that can be served.	Transitional living facility or halfway house	A new VA Grant and Per Diem program has been approved in the Albuquerque area. The YWCA was approved in FY 2010 for a ten-bed facility that will focus on women Veterans with children. Single women Veterans will be able to access services as well.	Help with transportation	Transportation remains a challenge. In rural parts of our catchment area. Additionally our VA has stopped providing local daily bus passes. This has had a significant impact on the ability of homeless Veterans living in Albuquerque to access services.
18	VA Northern Arizona HCS - 649	Emergency (immediate) shelter	Since the start of our HORV (Homeless Outreach for Rural Veterans) program over 95 Veterans have been helped with immediate shelter. There is need for two more case managers and vehicles to meet the current need. Economic conditions will likely even create more need.				
18	VA Southern Arizona HCS - 678	Transitional living facility or halfway house	Grant and Per Diem provided 15 beds.	Long-term, permanent housing	HUD-VASH obtained additional vouchers and deployed vouchers to Sierra Vista, Arizona.	Services for emotional or psychiatric problems	We developed a contract for severely mentally ill homeless Veterans and provided services to five Veterans.
18	VAMC Amarillo, TX - 504	Long-term, permanent housing	We received and issued 35 HUD-VASH vouchers -- 23 Veterans are now housed.	Dental care	We found out that our VA does not do contracts or agreements with local dentists. They have a list of local dentists who are willing to work with our patients at a reduced rate.	Treatment for substance abuse	We will continue to work with local agencies to develop a community detoxification and treatment center.
18	VA West Texas HCS - 519	Transitional living facility or halfway house	We continue to work with local community providers to help Veterans obtain immediate shelter. We continue to identify and contract providers of shelter and transitional housing.	Detoxification from substances	We continue to detoxify Veterans in our urgent care clinic. We are also completing the construction of a new 40-bed domiciliary to help house Veterans with substance abuse issues.	Help with finding a job or getting employment	We collaborate with the local Texas Workforce Commissions and VA Compensated Work Therapy to provide Veterans opportunities for employment. We also work with local Veteran Service Organizations and Disabled American Veterans.
18	VAMC Phoenix, AZ - 644	Transitional living facility or halfway house	Transitional housing increased by 20 beds and 20 more are pending.	Re-entry services for incarcerated Veterans	We established a Veteran Justice Outreach (VJO) program and are currently working to create a Veterans court.	Long-term, permanent housing	HUD-VASH has been implemented in Mesa with one case manager and 35 voucher placements. We continue to identify low-income housing in the community.
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	Long-term, permanent housing	Of 35 housing vouchers for Veterans in Billings, 33 have been leased up.	SSI/SSD process	Our plan was to collaborate with the local Social Security Administration office to develop protocols to help Veterans obtain Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) benefits. No progress has been made, however.	VA disability/pension	All identified Veterans that could qualify for benefits have been referred to our business office and the Veterans Benefits Administration (VBA). We continue to collaborate with the VBA representative and schedule regular meetings to advocate for homeless Veterans.
19	VA Southern Colorado HCS, CO-567	Long-term, permanent housing	We did obtain 25 more HUD-VASH vouchers, with 1.5 FTEE (Full-Time Equivalent Employee). Two agencies applied for VA contract funding, but neither were accepted.	Dental care	Our dental clinic has increased the number of homeless Veterans seen. We were able to refer more Veterans to two agencies who do free or low-cost dental, especially dentures.	Job training	We have made more referrals to The Pikes Peak Workforce Center Incarcerated Veterans Transition Program (IVTP). IVTP assists Veterans with reintegration into the work force and the community. Our VA Compensated Work Therapy Program now has a case manager assigned for outreach to our contracted housing program to help Veterans with employment training and job referral.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

19	VAM&ROC Cheyenne, WY - 442	Long-term, permanent housing	We have received enough referrals to utilize all our FY 2010 HUD-VASH vouchers. We would like more for FY 2011 to satisfy need in northern Colorado.	Emergency (immediate) shelter	We have been notified that Catholic Charities in Ft. Collins will contract with VA under the HCHV (Healthcare for Homeless Veterans) Contract Residential Treatment Program -- though we do not know the number of beds. We would like to increase emergency bed resources through relationships with additional community agencies.	Transitional living facility or halfway house	We anticipate additional VA Compensated Work Therapy positions to assist Veterans with Supported Employment opportunities.
19	VA Eastern/Southern Colorado HCS, CO (VAMC Denver - 554)	Long-term, permanent housing	Our VA is working with three additional housing authorities related to HUD-VASH; 175 housing choice vouchers for Veterans have been allotted.	Help with finding a job or getting employment	We maintain partnerships with local Veteran-specific programs like Department of Labor Homeless Veterans Reintegration Program and VA Compensated Work Therapy to expand employment opportunities.	Dental care	Services available via the Homeless Veterans Dental Program have continued to NOT meet the needs of Veterans experiencing homelessness. Community partnerships linked to dental require contractual agreements which can not be initiated by Healthcare for Homeless Veterans (HCHV) staff and have not been pursued by VA Denver Dental Clinic staff despite multiple requests.
19	VAMC Grand Junction, CO - 575	Emergency (immediate) shelter	We are still attempting to identify a local agency that will contract with us to provide emergent beds. In FY 2010, one homeless shelter in town did increase the number of Veteran set-aside beds from eight beds to 12.	Transitional living facility or halfway house	Our community partner, Grand Valley Catholic Outreach, did apply for a Capital grant to build VA Grant and Per Diem transitional housing. We are waiting to hear if they were awarded the grant.	Long-term, permanent housing	We were awarded 25 more HUD-VASH vouchers in 2010. This brings us up to a total of 60 vouchers. If we continue to receive 25 vouchers for the next 3-4 years, we will be well on the road to achieving our goal of ending Veteran Homelessness in our area!
19	VAMC Salt Lake City, UT - 660	Long-term, permanent housing	Fifty vouchers were awarded and additional staff hired. Twenty-five of these vouchers will be used to expand our geographical reach to the Ogden area (north of Salt Lake City). Additionally, we launched our first joint site for transitional and permanent housing. This includes 61 VA Grant and Per Diem transitional housing beds and 35 project-based VASH vouchers for permanent housing.	Job training	We continue to collaborate with state agencies (Utah Department of Workforce Services, the Division of Rehabilitation Services, Division of Housing and Community Development) in referring Veterans for job training or job-finding resources. Job training has become an emphasis in the state of Utah's Ten-Year Plan to End Homelessness. We are also utilizing the new GI Bill for our OEF/OIF (Operation Enduring Freedom/Operation Iraqi Freedom) Veterans to great success. We will also add two formerly homeless Veteran vocational rehabilitation specialists to our staff in early FY2011.	Emergency (immediate) shelter	Contracts with local community providers are being pursued and are presently in review with some anticipated beds coming online by early FY 2011.
19	VAMC Sheridan, WY - 666	Help with transportation	Wyoming Independent Living has a voucher program enabling Veterans to access reliable transportation. This transportation has been provided mainly for the purpose of job interviews and education.	Long-term, permanent housing	This facility's HUD-VASH program is operating at full capacity. Additional vouchers are projected.	Transitional living facility or halfway house	Our 10-bed transitional living facility continues to operate at full capacity. This facility has shown itself to be highly successful in transitioning Veterans to the community.
20	VA Alaska HCS & RO 463	SSI/SSD process	Limited progress has been made in expanding the training for the "streamlined" process for Supplemental Security Income//Social Security Disability Insurance SSI/SSD. Due to the length in time in hiring our VA social workers, there was less time for the process. This will remain a priority for FY 2011	Discharge upgrade	A partnership has been developed with the Veterans Benefits Administration (VBA) which has helped Homeless Veterans expedite their claims for VA Service-Connected Disability. A partnership with local Veteran Service Organizations (VSO's) has aided in helping Veterans apply for a discharge upgrade. At this time, these partnerships with VBA and the VSO's seems to be adequate in addressing these needs.	Legal assistance for outstanding warrants/fines	Increased efforts have been made to provide assistance and direction to Veterans with legal problems. Veterans receive further education on how to best address outstanding warrants/fines. Veterans are also referred to our Veteran Justice Outreach (VJO) social worker for assistance as well.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

20	VA DOM White City, OR - 692	Drop-in center or day program	We addressed the need for a 24/7 drop-in site by collaborating with agency partners to have their staff identify and refer Veterans as soon as possible. Another new community point of contact has been created through our contract beds at the local sobering center; Veterans there are identified and referred as well. One of our VA Grant Per Diem programs also runs a drop-in center which is available Monday through Friday.	Family reconciliation assistance	In FY 2010, we worked diligently to identify families at risk of homelessness, especial those with Veterans returning from Iraq or Afghanistan. Salvation Army has built three new apartment buildings for families and has requested eight additional VA Grant and Per Diem beds at this facility. We are still waiting to hear if these have been approved. Salvation Army recently contracted with a private provider for weekly therapy for families and couples.	Emergency (immediate) shelter	The Medford Gospel Mission remains our resource for emergency, same-day beds. We also now have four contract beds, but they are frequently full and not available in an emergency. We have also changed policy at our facility to allow one-day stays for homeless in our inpatient if a bed is needed for a homeless Veteran outside regular business hours. This is for one night only (until they are able to connect with our homeless program). We do not believe we are at the ideal place but we are moving forward.
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	Emergency (immediate) shelter	Puget Sound was able to establish a community partnership to contract for 20 emergency beds. We worked to establish a second contract in Pierce County without success. We will make a strong effort in 2011 to get beds in Pierce and Snohomish Counties.	Long-term, permanent housing	This year we have housed an additional 236 Veterans through Section 8 vouchers from HUD-VASH and the local Housing Access and Services Program (HASP). We worked with community partners to refer clients to Veteran set-asides in the community. We will need to work harder this year to ensure more suburban areas have the support and VA staffing they need to use VASH allocations,	Transitional living facility or halfway house	Several non-profits won VA Grant and Per Diem funding to add a total of 96 beds. This will increase our capacity by more than 50% once all of these beds become operational.
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	Emergency (immediate) shelter	The number of emergency shelter beds has not increased significantly from last year and is still our number one priority. We are now working to establish a more viable contracting process which could assist with emergency beds in six counties in rural and costal areas. The presence of VASH and our outreach efforts in these areas has built a stronger infrastructure for community collaborative opportunities.	Long-term, permanent housing	The number of VASH vouchers increased by 70 with an additional 75 more for FY 2011. We are working with the community to develop specialty housing such as multi-family and Housing First.	Dental care	Our homeless program has been very active throughout the year in sending in referrals for Veterans who qualify under the Homeless Veteran Dental Program (HVDP). Restorative care continues to be provided to eligible Veterans from our VA Grant and Per Diem program. Roseburg VA has hired a dental person specifically for the HVDP program.
20	VAMC Boise, ID - 531	Dental care	This year we were able to work with VA Primary Care providers to assist us in making referrals to the VA Dental Clinic on behalf of Veterans who were not otherwise eligible for care. We found that our VA Dental Clinic was willing to provide a one-time course of treatment for some homeless Veterans if their primary care providers identified this as a health need. We also increased dental services provided at our stand down by collaborating with a local dental college. The college provided free screenings at the Stand Down and low-cost follow-up care.	Long-term, permanent housing	We utilized all 40 HUD-VASH vouchers that were allocated to our VA. We were successful in transitioning some of our VA Grant and Per Diem participants into project-based Section 8 housing.	Eye care	We work with primary care providers who have assisted us in referring Veterans to the VA Eye Clinic for eye exams. We have continued to work with LensCrafters Corporation to obtain vouchers for free eye glasses. Free eye exams and vouchers for eye glasses were provided to Veterans at our stand down this year.
20	VAMC Portland, OR - 648	Emergency (immediate) shelter	Our site continues to lack immediate/emergency shelter for Veterans and their families who may need same-day assistance. We continue to work with local homeless coalitions and planning committees to develop additional emergency shelter and identify new or untapped community resources. One possible fruitful collaboration may be with faith-based shelters to provide very short-term emergency beds for Veterans who are on wait lists for VA permanent housing.	Long-term, permanent housing	Our FY 2009 goal has been reached; we have increased the number of permanent housing placements by 50%. We presently have 165+ permanent housing slots as a result of our HUD-VASH voucher allotment.	Transitional living facility or halfway house	We have increased the number of VA Grant and Per Diem beds in rural areas by 30%. This was made possible through the development of community partnerships -- in particular, offering outreach and support for grant applicants at the local public housing authorities.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

20	VAMC Spokane, WA - 668	Long-term, permanent housing	In FY 2009, we had 13 beds available for Veterans; since then we have added an additional 95 beds. Permanent housing continues to be our #1 need even as we bring beds online in the community. A Section 8 voucher through HUD-VASH is the most flexible option and provides choice for the Veteran. We will continue to seek additional beds in the upcoming year.	Dental care	We have agreements for dental care in Idaho and Northeast Washington at non-VA clinics. The Homeless Veterans Dental Program has provided care for our VA Grant and Per Diem participants. In addition, our VA dentists have been going to our large stand down events to provide evaluations for acute dental needs. We then work with local providers and refer the Veterans to community resource. Our biggest unmet need is for 108 Veterans in our supported housing programs. There is a definite need to have funds which will provide for the same level of care as those in other VA homeless programs.	Emergency (immediate) shelter	We have established contacts with new shelters in Wenatchee, Washington, Coeur d'Alene, Idaho, and Pullman, Washington. Staff outreach to surrounding areas and refer Veterans to these shelters. We will continue to grow our presence in the area for the remainder of FY 2011. Plans are to eventually establish a continuum of care throughout our service area: from shelter to permanent housing.
20	VAMC Walla Walla, WA - 687	Emergency (immediate) shelter	We are in the process of developing informal agreements with existing shelters with the goal of increased access for our Veterans. Our team will advocate for new resources or think of creative utilization of existing resources to meet this need. We will actively search for community providers who may be interested in using the Healthcare for Homeless Veterans (HCHV) Residential Contract funds to provide immediate shelter.	Transitional living facility or halfway house	In the area of transitional housing, we are working closely with the Columbia Basin Veterans Coalition who will open a new 6-bed transitional housing program in the coming months.	Long-term, permanent housing	We lobbied for more HUD-VASH vouchers. The result of these efforts in FY 2010 were 50 new vouchers in Tri-Cities, give new vouchers in Yakima and three new staff.
21	VA Central California HCS, CA - 570	Emergency (immediate) shelter	We have expanded service and housed more Veteran's with the increased funding -- particularly more female Veterans.	Long-term, permanent housing	We have housed 55 Veterans in Fresno County and will house 15 more by October (using all of our 70 HUD-VASH vouchers).	Transitional living facility or halfway house	We housed more Veterans during this fiscal year and provided more services. We introduced a successful program to house 290 ex-offenders.
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	Long-term, permanent housing	This year we will add 200 more HUD-VASH vouchers for a total of 460. We continue to request vouchers to expand our HUD-VASH Program.	Emergency (immediate) shelter	We recently started a new emergency housing contract in Sacramento with ten beds. In addition, we are in the process of contracting with another facility for five medical respite beds. We expect these to be ready December 2010.	Transitional living facility or halfway house	We currently have two programs that have received VA Grant and Per Diem (GPD) awards and are working to become operational. We will work with each program closely with the hopes that they will be operational in 2011, adding an additional 70 beds. We also work with our existing GPD providers to make sure they are operating at a high occupancy. Finally we encourage potential GPD partners to attend our technical trainings on how to apply.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	Emergency (immediate) shelter	At the end of FY 2009, VA Palo Alto Health Care System had only six HCHV (Healthcare for Homeless Veteran) residential contract beds. Now in FY 2010, we are finalizing contracts and now have a total of 41. Many of these contracts are "pilot programs" we intend to expand upon in FY 2011, depending on additional funding from VA Central Office. We are now able to provide emergency housing to Veterans needing medical respite, Veterans with families (includes child care), and Veterans in outer and underserved parts of our catchment area.	Long-term, permanent housing	The HUD-VASH program is designed to house the chronically homeless, so over the next five years VA Palo Alto Health Care System proposes to expand this program to over 1,000 vouchers. We have received funding for 250 additional vouchers in FY 2010, bringing us to over 500. We propose to add 250 vouchers again in FY 2012 and FY 2013 to meet the need for our chronically homeless. We are also considering creating a project-based arrangement in Monterey to take advantage of the large number of empty homes available through a partnership we have established with Pinnacle Housing. We plan to dedicate vouchers to every county in our catchment area, build flexibility to port vouchers into rural areas, and partner with a MHICM-RANGE (Mental Health Intensive Case Management-Rural Access Network for Growth Enhancement) to provide efficient case management to rural Veterans.	Transitional living facility or halfway house	We continued to develop new formal relationships and deepen our existing informal relationships. Recent and current activities: 1. Developed new formal Healthcare for Homeless Veterans (HCHV) contracts with five agencies and augmented one existing contract 2. Working with a new GPD contract and with another scheduled for April (two new GPD programs for FY 2011) 3. Working with a variety of agencies to encourage and support them in applying for the myriad VA and other Federal grants available.
21	VA Sierra Nevada HCS, NV - 654	Long-term, permanent housing	Continue with placements in the HUD-VASH program. Continue to seek low-income, affordable housing and work with landlords to reduce the rent and waive deposits.	Emergency (immediate) shelter	Currently working on finalizing a contract for 20 emergency beds at the local shelter. Will continue to work on the development of informal and formal agreements with local emergency shelter and transitional living providers.	Transitional living facility or halfway house	We hosted a grant writing workshop to assist local providers in writing grants for the VA Grant and Per Diem Program. We currently have three providers who have applied for capital grants and have received conditional letters for second submissions. Continue to collaborate with community agencies to obtain transitional living for our Veterans.
21	VAM&ROC Honolulu, HI - 459	Long-term, permanent housing	In FY 2010, 143 HUD-VASH vouchers were filled in the Hawaiian Islands and in Guam. Twenty of these vouchers were project-based and issued to Veterans under Cloudbreak Development LTD.	Emergency (immediate) shelter	Utilizing our 5-bed hoptel, 60 homeless Veterans were sheltered upon discharge from the psychiatric inpatient unit in FY 2010. Of these, 54 successfully transitioned into a permanent home.	Transitional living facility or halfway house	There was no increase in the number of VA Grant & Per Diem beds at US Vets or at The Salvation Army in Guam this year. Through HCHV (Health Care for Homeless Veterans) Residential Treatment Contracts, ten beds on Maui for transitional housing were secured at Maui Economic Concerns of the Community.
21	VAMC San Francisco, CA - 662	Emergency (immediate) shelter	Proposed "911" shelter still unavailable. We will continue to advocate for low-demand, "safe haven" residential programs in San Francisco.	Long-term, permanent housing	We received more housing vouchers.	Transitional living facility or halfway house	We received 100 VA Grant and Per Diem beds in FY 2011.
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE and VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)	Long-term, permanent housing	The VASH program currently has over 1,000 participants, over 40 staff, and relationships with seven public housing authorities. Contract social workers were converted to VA employees, promoting staff retention. Office space and securing laptops remains an issue.	Transitional living facility or halfway house	Barracks "safe haven" program opened in FY 2010 with 40 beds. New programs targeting OIF/OEF (Operation Iraqi Freedom/Operation Enduring Freedom) Veterans (New Directions Chris' House, Volunteers of America Hollywood) also opened.	Services for emotional or psychiatric problems	Many VA Grant and Per Diem programs have altered their admission criteria to accept Veterans who are dually diagnosed and/or are on restricted medications (e.g., pain killers). This has helped reduce the waiting lists for existing programs serving Veterans with such characteristics.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

22	VA Southern Nevada HCS - 593	Emergency (immediate) shelter	Emergency beds have increased from six to nine. Contracts have been submitted to address immediate housing need and the outcome is pending.	Help with transportation	Obtaining funds for bus passes remains problematic. We are very dependent on donations made to Volunteer Service and by community partners. With encouragement from VA liaisons, VA Grant and Per Diem programs have expanded and/or initiated transportation services to assist Veterans getting to appointments.	Help developing social network	During FY 2010, several community organizations assisted with securing furniture and/or funds for Veterans moving into stable housing. HELP of Southern Nevada, Women's Development Center, Rescue Mission, Hope Link, and North Las Vegas Elks have provide vouchers for furniture, moving expenses and some assistance for overdue utilities. The Southern Nevada Regional Housing Authority has proposed submitting a grant to obtain funds for assistance with rental deposits, moving expenses, furniture and utilities.
22	VAMC Loma Linda, CA - 605	Emergency (immediate) shelter	Emergency shelter is an ongoing problem in San Bernardino County. We have enlisted the help of two U.S. Congressman's offices and other local government entities to work on this critical need for Veterans. Riverside County continues to add shelter beds and there seems to sufficient shelter space there for individuals and families.	Long-term, permanent housing	Permanent housing through HUD-VASH will increase to 215 beds during FY 2011. We have worked hard to encourage both San Bernardino and Riverside Counties to apply for vouchers when the funding is made available. Riverside County also has set-aside Section 8 vouchers for Veterans in addition to the HUD-VASH program.	Dental care	We will continue to promote access to dental services under the Homeless Veterans Dental Program (HVDP). The outreach social workers have identified low cost dental care in the community but will seek out providers for free preventive dental care. They will also work with local universities to seek free and low cost dental care for Veterans.
22	VAMC Long Beach, CA - 600	Long-term, permanent housing	We received additional 250 HUD-VASH vouchers for 2010	Emergency (immediate) shelter	We have received funding for emergency beds. Expected start-up time is January 2011.	Dental care	A new VA Grant and Per Diem program is starting in early FY 2011 which will make participants eligible for care under the Homeless Veteran Dental Program.
22	VAMC San Diego, CA 664	Long-term, permanent housing	We are meeting the need through our HUD-VASH program and received an additional 250 vouchers for 2010	Dental care	Dental services will expand upon approval of our VA Grant and Per Diem beds in October 2010 with eligible Veterans receiving care under the Homeless Veteran Dental Program (HVDP).	Emergency (immediate) shelter	We received funding to develop central emergency beds. Expected start time will be in January 2011.
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	Long-term, permanent housing	HUD/VASH has successfully housed many of our identified chronically homeless Veterans from the counties that our vouchers serve. But for the four Indian reservations that we serve, the lack of housing and "doubled up" families continue to be major problem.	Re-entry services for incarcerated Veterans	We recently appointed a Veteran Justice Outreach (VJO) staff that will address re-entry issues.	Glasses	Pennington County Community Health has been filling VA optical prescriptions at no cost for homeless Veterans.
23	VAH&ROC Sioux Falls, SD - 438	Transitional living facility or halfway house	Local agency has applied for VA Grant and Per Diem funding. They have not been notified yet of the result.	Long-term, permanent housing	We have been able to increase HUD-VASH vouchers from 35 in the previous year to 90.	Legal assistance for child support issues	We have added a Veteran Justice Outreach (VJO) case manager who has been networking with the legal community.
23	VAM&ROC Fargo, ND - 437	Long-term, permanent housing	We expanded our HUD-VASH program to one additional site, and contract residential programming to one more site.	Legal assistance for outstanding warrants/fines	We hired a Veteran Justice Outreach specialist to coordinate efforts.	Dental care	We successfully expanded our Homeless Veteran Dental Program (HVDP).
23	VAMC Minneapolis, MN - 618, and Superior, WI	Long-term, permanent housing	We have 215 HUD-VASH vouchers total and work with two public housing authorities. We have issued 170 total vouchers and 73% of these are currently being used by Veterans in their own apartments (including the most recent allocation). We will continue to work closely with our partners in regards to other resources and community options as well.	Help with finding a job or getting employment	We have a strong relationship with our work therapy programs. We've developed partnerships with the Department of Labor (DOL) and have a plan for providing workshops to enhance job search for homeless Veterans. We continue to work with MACV (Minnesota Assistance Council for Veterans) and their job club and other resources via their DOL Homeless Veterans Reintegration Program grant.	Drop-in center or day program	Our Psychosocial Rehabilitation and Recovery Center (PRRC) is up and running. We are able to utilize and make referrals for our homeless Veterans. We will continue to work closely together. Homeless staff have increased group options, including two community integration groups, a Wellness Recovery Action Plan (WRAP) group and orientation groups. We are also planning to start social skills training and anger management groups.

Appendix 5: VA Community Initiatives: Status of FY 2010 Action Plans

23	VAMC St. Cloud, MN - 656	Emergency (immediate) shelter	Our primary shelter is now completely staffed, thus allowing for all of the beds to be utilized. We have not seen our churches, or other community providers, assist in providing shelter during the summer months. We do plan to continue to stay involved in community meetings and discuss the on-going concerns with the lack of emergency shelter not only in St. Cloud, but the surrounding areas, as well.	Transitional living facility or halfway house	The Housing Coalition has completely closed their doors due to financial reasons. Therefore, we have seen a great decrease in our transitional housing. The community has attempted to pull together in an attempt to purchase some of the housing that was left after the closure of this organization. We will continue to stay involved in speaking with community members about concerns about the low number of transitional beds available in our area.	Long-term, permanent housing	In the city of St. Cloud we have been working closely with our local housing authority to completely utilize the 35 HUD-VASH vouchers our VA was allotted. We have been able to use all of our vouchers to date. We have also been working closely with the Central Minnesota Re-Entry Project to find permanent housing for our incarcerated Veterans, as well as Veterans who have felonies on their records.
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	Emergency (immediate) shelter	We hired a contract residential social worker in July 2010 who is in the process of locating a local provider for emergency beds. We will continue to add additional contact residential beds.	Welfare payments	Have worked to develop and maintain relationships with local and state agencies/programs that can assist Veterans and their families with rental assistance, utility assistance, furniture and other required services.	Legal assistance for outstanding warrants/fines	Working to develop our Veteran Justice Outreach program and get additional information out concerning this program, and develop contacts within the jail system.
23	VA Nebraska Western Iowa (VAMC Grand Island - 597A4 VAMC Lincoln - 597, and VA Omaha- 636)	Emergency (immediate) shelter	Due to the shortage of shelter beds available specifically for Veterans, we are working successfully with three nonprofit agencies to establish contract beds. This include 12 beds in Omaha, 10 in Lincoln, and five in Grand Island. The Omaha contract was put in place in August 2010 while the Lincoln and Grand Island contracts are pending final approval.	Transitional living facility or halfway house	A technical assistance training was held at the Lincoln VA in January 2010 with seven agencies in attendance. Three agencies applied for beds this year. We continue to recruit for providers in rural areas where there are little or no resources for Veterans.	Help getting needed documents or identification	We have been working with Volunteers of America (VOA) to develop supportive housing for Veterans. VOA is working with a developer to create 75 units with co-located services.
23	VAMC Iowa City, IA - 584	Long-term, permanent housing	We continue to ask for more HUD-VASH vouchers. We also continue to work with our HUD Continuum of Care group to develop more housing.	Dental care	We just had our second VA Grant and Per Diem program open their doors so more Veterans will be able to access care under the Homeless Veterans Dental Program. We have reached out to our community providers in regards to dental assistance. We will be meeting with them in the next couple of weeks.	Emergency (immediate) shelter	Approximately 50 letters were sent out to various providers in our community to establish agreements for emergency housing. We have heard back from two of those 50. We will be meeting with them soon.

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
1	VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA	VA disability/pension	We are collaborating on a case-by-case basis with the Coordinator of Homeless Services for the VA Expedited Claims Adjudication Initiative (ECA). We have had joint visits with homeless Veterans, case managers and the Coordinator to assure education, access and rapid completion of the adjudication process. This joint collaboration has decreased adjudication time and has increased homeless Veterans financial ability to access permanent housing.
1	VA Connecticut HCS (VAMC Newington and VAMC West Haven)	Long-term, permanent housing	We have cultivated non-profit community based agencies to help build permanent supportive housing for Veterans in urban and rural locations. Well before the implementation of HUD-VASH, our VA seeded numerous projects and partnerships throughout Connecticut for affordable and supportive housing. These efforts are coming to fruition in the opening of dozens of new housing units for Veterans. In 2010, three new housing developments opened in Hamden, Bridgeport, and Norwalk. We have played a lead role in mentoring some housing providers. We have provided numerous resources to "jump start" these projects. In other cases we have participated in existing housing projects, ensuring set-asides for Veterans. We currently have 150 units in the planning and development pipeline.
1	VAM&ROC Togus, ME - 402	Long-term, permanent housing	Our VA collaborated with Community Housing of Maine (CHOM) to develop permanent supported housing for homeless Veterans. The model includes effective communication and monitoring through VA case management and regular house meetings with residents, VA and CHOM staff. Financial issues are addressed through mechanisms like flexible payments for deposits, and the opportunity for residents to work on the grounds to earn funds for rent. Residents are placed in Veteran only apartment buildings which fosters peer support.
1	VAM&ROC White River Junction, VT - 405	None	None
1	VAMC Manchester, NH - 608	None	None
1	VAMC Northampton, MA - 631 (Leeds)	Long-term, permanent housing	Local HUD-VASH case managers have exceeded housing targets by building successful partnerships with the local community housing authority.
1	VAMC Providence, RI - 650, Bristol, CT	None	None
2	VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)	None	None
2	VAMC Albany, NY - 500	Welfare Payments	We have developed a pilot program with local county departments of social services programs to provide Veteran/Veteran families expedited services to assist with housing, food stamps benefits, and birth certificates.
2	VAMC Canandaigua, NY - 528A5, Rochester, NY	None	None
2	VAMC Syracuse, NY - 670	None	None
2	VAMC Bath, NY	None	None
3	VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	None	None

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
3	VA New Jersey HCS (VAMC East Orange - 561 and VAMC Lyons - 561A4)	Long-term, permanent housing	We have continued to work closely with a faith-based group to support their renovation a church in their community to provide permanent housing for homeless Veterans. The Reformed Church of Highland Park has a history of using their own property to provide housing to young women aging out of the foster care system. Based upon this success, we supported them in securing funding though the New Jersey Housing and Mortgage Finance Agency, and testified before the local zoning board on several occasions to facilitate variances required for this renovation. We also participated in several focus groups and other meetings with their congregation and concerned members of their community. This year we collaborated with the local Community Mental Health Center as they negotiated with the Church to provide case management services to support the local Section 8 vouchers obtained for the program. We provided them with education regarding the unique mental health needs of homeless Veterans and helped evaluate Veterans for the program. We look forward to expanding these initiatives through other faith-based groups in New Jersey. Churches are good potential partners for collaboration. Churches can leverage the equity in their excess property to receive support for these projects. They also share with the VA a common mission to "serve the underserved."
3	VAMC Bronx, NY - 526, VA New York Harbor HCS (VAMC Brooklyn - 630A4 and VAMC New York - 630) and VA Hudson Valley HCS (VAMC Castle Point - 620A4 and VAH Montrose - 620)	None	None
3	VAMC Northport, NY - 632	Child Care	A Veterans Child Care Support Program is now in the developmental stage. The program will allow Veterans to utilize child care to enable them to attend healthcare appointments, meetings to obtain benefits and other resources, and educational and employment-seeking activities. The child care would be provided through vouchers distributed by the local county childcare council, the actual provider location would be determined by Veteran preference and need. Funding for the program will be provided by donations from various Veterans Service Organizations.
4	VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)	None	None
4	VAM&ROC Wilmington, DE - 460	None	None
4	VAMC Altoona, PA - 503	None	None
4	VAMC Butler, PA - 529	None	None
4	VAMC Clarksburg, WV - 540	None	None

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
4	VAMC Coatesville - 542	Long-term, permanent housing	Our VA was awarded a total of 175 Section 8 vouchers for the HUD-VA supported housing (HUD-VASH). The program has enabled chronically disabled Veterans on fixed income the assistance needed to maintain permanent housing through reduced rent and a case management assisting them. The case manager helps them maintain treatment connection with a VA medical center, and helps Veterans maintain their independent living through frequent visits and intervention when needed. The program began placing Veterans in November of 2008, and to date there are approximately 165 Veterans placed in permanent housing in Chester, Delaware, Montgomery, and Bucks counties (the Veterans by choice opted to port their voucher to surrounding counties and are case managed by VA staff members). By November of 2010, six formerly homeless Veterans will have maintained permanent housing for two years, 20 Veterans will have maintained housing for 18 months, and 82 formerly homeless Veterans will have maintained permanent housing for one year. The HUD-VASH program operates in partnership with county Public Housing Authority (Chester and Delaware). The HUD-VASH team has also collaborated with many agencies to obtain resources to set up formerly homeless Veterans in permanent housing. Uwchlan Township (Chester County) has donated a storage space for furniture donations; Collingdale American Legion donates furniture, "house warming" baskets, cleaning supplies and other set up items. Raymour and Flanagan Furniture donates gently used furniture; a Veterans Service Organization member in Delaware County has donated a large truck trailer for storage of furniture donations.
4	VAMC Erie, PA - 562	None	None
4	VAMC Lebanon, PA - 595	None	None
4	VAMC Philadelphia, PA - 642	Guardianship (financial)	We recently applied for and received a \$5,000 grant from VA Central Office for money management education. This program is in coordination with a community partner who will administer the curriculum.
4	VAMC Wilkes-Barre, PA - 693	None	None
5	VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)	Long-term, permanent housing	For long-term, permanent housing, we continue to use our HUD-VASH vouchers. The number of vouchers for Baltimore and Perry Point is now 320. Veterans needing case management are referred to our HUD-VASH team, who assess their needs for housing and case management. All HUD-VASH participants are assigned a case manager who will work with them throughout the housing process (addressing credit issues, finding a suitable apartment, obtaining furniture and food, etc.) Once housed, all Veterans continue to receive case management to promote their ongoing success.
5	VAMC Martinsburg, WV - 613	None	None
5	VAMC Washington, DC - 688	Long-term, permanent housing	We received 245 HUD/VASH voucher in 2009. We have housed 234 of homeless veteran using the housing voucher. We have worked closely with the local housing authorities to achieve this goal. We have also contracted with the Department of Health and Human Service to locate, house and case manage to most chronically homeless Veterans in Washington DC.
6	VAMC Asheville, NC - 637	Job Training	Asheville Buncombe Community Christian Ministry, (ABCCM) Green Jobs, funded by a federal stimulus grant to Opportunities Industrialization Centers of America, will serve people living in targeted Asheville neighborhoods where poverty rates are 15% or higher. To be eligible, adults living in these targeted areas must be unemployed or qualify based on low-income or barriers to employment such as lack of high school diploma or criminal background. Those who are motivated to succeed may be enrolled in short-term training, certification and job placement services in one of five careers: Weatherization Certified Technician, Biofuels Technician, Solar Thermal Certified Installer, Building Analyst and LEED (Leadership in Energy and Environmental Design) Green Associate. Even though this program is open to anyone in the community, Veterans are being referred as appropriate.

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
6	VAMC Beckley, WV - 517	Long-term, permanent housing	We received 35 HUD-VASH vouchers and allocated them to homeless Veterans within the allotted time frame. We are requesting 25 more vouchers. The Raleigh County Housing Authority and the Raleigh County Community Action Association were both able to assist in housing our veterans. The Salvation Army also assisted Veterans by providing furniture, household item and food as needed.
6	VAMC Durham, NC - 558	Job Training	The Homeless Program partnered with Wake County Government, a recipient of the Homeless Veterans Reintegration Program (HVRP) grant to enroll individuals from a VA Grant and Per Diem program and the local shelter in an employment readiness training program. Because the training program was located in a nearby city and not easily accessible by public transportation during the scheduled class times, the VA Grant and Per Diem agency provided transportation for the Veterans. All interested GPD residents attended the one- week program and some were selected to participate in the employment assistance program upon graduation. This grant has since been awarded to Step-Up Ministries and there are plans to hold a second series of trainings in Durham to be more accessible to homeless Veterans in the Durham area. Step-Up has hired an employment specialist who will be located at the local Urban Ministries Shelter and will work closely with the VA Homeless Program team.
6	VAMC Fayetteville, NC - 565	Job Training	Our homeless outreach social worker has developed a unique relationship with certain Veteran-friendly business owners within the local community looking to hire Veterans. As a result in many cases we are able to successfully place homeless Veterans in need of work directly into an employment situation.
6	VAMC Hampton, VA - 590	Long-term, permanent housing	The in-home case management program for homeless and formerly homeless families in Norfolk has helped to stabilize very high-risk families. they provide access to financial assistance and to highly trained low ratio case management that provides financial assistance and follows each family from the shelter to permanent housing and continues to work with the family for the entire first year that they are housed. This team has helped to house and stabilize many homeless families that have multiple challenges including dual diagnoses.
6	VAMC Richmond, VA - 652	VA disability/pension	HCHV staff have become more sophisticated about the VA Disability Process through on-going training with Veteran Benefit Administration (VBA) staff. Our Regional Homeless Benefits Coordinator has assisted us with client identification and applications. Staff from the Virginia Department of Veteran Services has also assisted with the process of understanding eligibility criteria and screening for benefits.
6	VAMC Salem, VA - 658	Job Training	VAMC has partnered with TAP (Total Action Against Poverty) This Valley Works which received a Department of Labor grant to establish an employment training program for homeless Veterans. The program intends to have 60 homeless Veterans employed by the end of 2011. To date, 18 homeless Veterans have been admitted into the program and six are now employed.
6	VAMC Salisbury, NC - 659	Long-term, permanent housing	Community Links in Charlotte has worked very closely with our program to place Veterans into HUD Shelter Plus Care Housing. This program has worked to address the need of long-term, permanent housing throughout the community for homeless Veterans and non-veterans. Many of the Veterans that have been referred to the Shelter Plus Program have maintained stable housing.
7	VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)	None	None
7	VAMC - Augusta, GA - 509	None	None
7	VAMC Atlanta, GA - 508 (Decatur, GA)	Legal assistance for child support issues	Fatherhood Recovery Initiative Program: we collaborate with the Georgia Office of Child Support Services (Fatherhood Program) and the Georgia Law Center for the Homeless to provide homeless Veterans assistance with child support payments. The goals are to help homeless Veterans resolve child support and child access issues that may become a barrier to their successful re-integration into civilian life; to improve child support payments and parents' contact with their children; and to improve emotional and financial support for children.

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
7	VAMC Birmingham, AL - 521	SSI/SSD Process	We have established an excellent working relationship with our Social Security Administration (SSA) liaison. At the present time our staff and clients have a clear understanding of the process to follow in order to get a claim processed and benefits awarded. For example, several Veterans have received their Social Security benefits which enabled them to moving into HUD-VASH housing.
7	VAMC Charleston, SC - 534	Long-term, permanent housing	Our VA HUD-VASH Program has a good working relationship with Myrtle Beach Housing Authority. VA staff recently screened 30 Veterans at two housing authority sign-up sessions, and six Veterans now have vouchers.
7	VAMC Columbia, SC - 544	None	None
7	VAMC Dublin, GA - 557	SSI/SSD Process	We work directly with the SSI/SSD adjudicator to advocate for Veteran applications and ensure all needed documentation has been provided for review.
7	VAMC Tuscaloosa, AL - 679	Long-term, permanent housing	In terms of permanent housing, the best practice implemented has involved demonstrating the need for additional HUD-VASH and HUD Shelter Plus Care slots through community education and involvement. This has been in conjunction with developing mutually beneficial relationships with landlords and VA, and mobilizing community services to assist Veterans in maintaining stable housing (e.g., community based education on homelessness among Veterans, extensive outreach to the homeless population). Also we have create a housing search team to identify permanent housing resources by contacts with faith-based organizations, civic organizations, women's groups, property owners, and a variety of other entities in the community to locate housing. Housing search teams often include staff, homeless and formerly homeless Veterans, and concerned citizens. The teams often drive around rural and urban areas to identify suitable, and affordable housing.
8	VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)	None	None
8	VAH Tampa, FL - 673	None	None
8	VAMC Bay Pines - 516	Legal assistance for child support issues	In FY 2010, we developed a partnership with the Pinellas County Public Defender. The County provided two legal assistance and education groups per month for residents of our Domiciliary. This program began in July 2010, and to date, 21 Veterans have received information and/or legal assistance.
8	VAMC Miami, FL - 546	SSI/SSD Process	We have established a strong relationship with our local social security office and we now have a representative of the SSA coming to our office to provide direct services to homeless veterans. The social Security Office recognizes the difficulties in communicating important claims information with the homeless by mail or phone. By providing this service in our homeless program office, they are able to engage clients more easily and provide better follow-up services. We have been able to help veterans untangle complex problems with their social security disability issues and have a cooperative relationship with the SSA. Dozens of veterans have been helped by this process. Using the same philosophy and model, we have established a relationship with our county Veterans Services office and we are working with them to process VA claims for Service-connection and Non-service-Connected Pensions.

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
8	VAMC West Palm Beach, FL - 548	Long-term, permanent housing	The West Palm Beach VA Medical Center HUD-VASH Program has been identified as a best practice. The HUD-VASH Program attributes its success to the commitment and professional relationships both with internal and external stakeholders. The HUD-VASH Team has an excellent relationship with VA Voluntary Services. This relationship has served as a primary source for homeless HUD-VASH Veterans to receive needed donated furniture and housing items. In addition to providing donated goods, Voluntary Services has also demonstrated an important role in assisting with coordination of HUD-VASH annual events (HUD-VASH Picnic and HUD-VASH Holiday Event) and linkages with community organizations and charities. The HUD-VASH Team, with the collaboration of Voluntary Services and the Marine Corps, sponsor an annual HUD-VASH Holiday Toy drive for our homeless Veterans with dependents. This event has been a success and is held in a festive scene at the WPB Fisher House annually. An annual HUD-VASH picnic is hosted and funded by the American Legion and Purple Heart Association. Over sixty participants, their families, and the West Palm Beach Public Housing Authority attended the event and were recognized for their contributions. Our HUD-VASH team has also successfully fostered key relationships with several community providers to access available HUD Homeless Prevention and Rapid Re-housing Program (HPRP). These funds were specifically designated for homeless persons to receive assistance with utility and rental deposits. Through the generous efforts of our community partners, the HUD-VASH program has received over \$5,000.00 in monetary assistance provided to our Veterans. The facility Medical Center Director is also very active in the community as a member of the Palm Beach County Homeless Advisory Board. HUD-VASH's relationship with the VA Compensated Work Therapy (CWT) program is also immeasurable. CWT provides vocational education and job training and boosts participants' sense of self worth. Currently, 30% of Veterans enrolled in HUD-VASH have secured employment through the efforts of CWT.
8	VAMC San Juan, PR - 672	Job Training	We will increase our referrals to the VA Compensated Work Therapy and other government agencies, like the local Department of Labor programs by 70% to train and place more homeless Veterans into jobs.
8	VAMC Orlando, FL-675	None	None
9	VAMC Huntington, WV - 581	None	None
9	VAMC Lexington, KY - 596	None	None
9	VAMC Louisville, KY - 603	None	None
9	VAMC Memphis, TN - 614	None	None
9	VAMC Mountain Home, TN - 621	None	None

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
9	VAMC Nashville, TN - 626 (Nashville and Murfreesboro)	Long-term, permanent housing	In partnership with the City of Nashville's Metropolitan Homelessness Commission (MHC), our VA is implementing a Vulnerable Veterans-Intensive Community Supportive Services (ICSS) program. The goal of this project is to provide permanent supportive housing to vulnerable Veterans on the streets who are not currently engaged in housing services provided by our VA. This need was identified through a recent local homeless Vulnerability Index study of 670 individuals that identified 81 Veterans at risk to die on the streets soon if not offered housing. The ICSS project features a Housing First approach that quickly places Veterans into housing who would not meet usual housing program requirements (e.g., sobriety, medication compliance). Veterans will receive ICSS through MHC partners and housing subsidies through our HUD-VA Supported Housing (VASH) program. ICSS involves: aggressive case management (15:1 client-to-staff ratio) and weekly engagement; assistance in navigating the VASH eligibility/application process; identification and removal of barriers to housing (e.g., obtaining identification, resolving past utility debts); housing search and move-in assistance; and long-term follow-up. Typical VA requirements for VASH (like mandatory drug and alcohol treatment and medication compliance) will be waived. Of course, Veterans will be encouraged to utilize VA services once they are housed.
10	VAMC Chillicothe, OH - 538	None	None
10	VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)	None	None
10	VAMC Cleveland, OH - 541, (Brecksville, OH)	None	None
10	VAMC Dayton, OH - 552	None	None
10	VAOPC Columbus, OH - 757, (Grove City, OH)	Long-term, permanent housing	During FY 2009, a partnership was established with a project-based permanent supportive housing program, National Church Residences. This has increased our capacity for supportive housing placement outside of HUD-VASH. Our collaboration with National Church Residences has provided safe, secure and affordable housing to chronically homeless Veterans who have had difficulty with placement into housing provided by private landlords through the HUD-VASH program.
11	Toledo, OH, Outpatient Clinic	Long-term, permanent housing	Our HUD-VASH program has worked hard to provide permanent supportive housing opportunities for Veterans throughout our 15 county/two state catchment area. We have worked collaboratively with the following housing commissions: Jackson, Ann Arbor, Flint, Lucas Metropolitan, and Michigan State Housing Development Authority. We are able to port veterans to their location of choice within our VA catchment area.
11	VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)	None	None
11	VAMC Battle Creek, MI - 515	SSI/SSD Process	The Battle Creek VAMC worked in collaboration with the Social Security Administration Office in Battle Creek to staff an SSA Clinic at the Battle Creek VA. The Clinic is open every Tuesday from 8AM-12PM. This project has been extremely instrumental in ensuring that eligible Veterans apply and receive their SSI/SSD benefits more timely. Since the inception of the clinic on July 22, 2008, 459 SSD Clinic appointments have been made. Once the Veterans have provided the Social Security Administration Office with all of the required documentation for their claims these claims are usually processed within 7-10 days.
11	VAMC Danville, IL - 550	None	None

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
11	VAMC Detroit, MI - 553	Long-term, permanent housing	In FY10 150 homeless veterans signed leases and moved into one bedroom apartments at Piquette Square in Detroit. This veteran only building also has support services attached to it in the form of case managers, vocational assistance, community supportive services onsite, and coordination with VA staff for medical care. Piquette Square was a collaborative effort between Southwest Housing Solutions, Southwest Counseling Solutions, HUD, MSHDA, local businesses, and multiple Veteran Service Organizations. Donations of furniture and household goods made it possible for veterans to move in and be comfortable from the first day there. Food was donated so that all apartments came with basic food items to last 2 weeks. The 150 th lease was signed by July 31, 2010 so no data is yet available on the outcomes but anecdotally, our veterans reports that they are very comfortable in their apartments, they appreciate the day to day support of other veterans, they are utilizing the supportive services, and are grateful for this opportunity.
11	VAMC Indianapolis - 583	None	None
11	VAMC Saginaw, MI - 655	None	None
12	VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)	Legal assistance for child support issues	Hines HCHV program was one of ten Office of Child Support Enforcement (OCSE) pilot programs known as the Child Support Initiative. Partners include: the American Bar Association represented locally by the John Marshall Law School, Health Care and Family Services (HFS), Office of the Illinois Attorney General and Hines VA. There are five primary goals ultimately aimed at helping Veterans overcome homelessness by increasing their income leading to opportunities to obtain and/or sustain independent community housing. To date, Hines has referred 22 Veterans with most cases in an "action status". Numerous Veteran driver's licenses have been restored, Veteran bank accounts have been unfrozen, modifications to Veterans child support court orders have been made, and thousands of dollars in State debt have been forgiven. Veterans have expressed high levels of satisfaction and appreciation for the assistance they have received through this initiative.
12	VAH Madison, WI - 607	None	None
12	VAMC Iron Mountain, MI - 585	Guardianship (financial)	A homeless Veteran in our catchment area had a long history of arrests and jail time for vagrancy, disorderly conduct, etc. Previously, we have not been able to engage Veteran in services necessary to obtain safe and affordable permanent housing. VA staff (homeless, Veteran Justice Outreach), the local assistant prosecutor, and King Veterans Assistance Program (VAP) Grant and Per Diem staff worked toward assisting individual with developing a plan and follow-through to obtain services through a long-term residential treatment program and securing a financial guardian (payee) to manage funds and work toward assisting Veteran with obtaining permanent housing upon discharge from the King VAP GPD program.
12	VAMC Milwaukee, WI - 695	Long-term, permanent housing	Center for Veterans Issues, Ltd., a long-time transitional housing provider in Wisconsin, has begun construction of a 52-unit apartment building which will provide affordable permanent supportive housing to veterans in Milwaukee. Project completion is projected for Spring of 2011.
12	VAMC North Chicago, IL - 556	None	None
12	VAMC Tomah, WI - 676	None	None
15	VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)	None	None
15	VAH Columbia, MO - 543	Long-term, permanent housing	The HUD VASH program at our VA continues to have success in placing homeless Veterans in permanent housing. The HUD VASH program and Columbia Housing Authority (public housing) have issued all FY 2008 and FY 2009 vouchers.
15	VAM&ROC Wichita, KS - 452	None	None

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
15	VAMC Kansas City, MO - 589	None	None
15	VAMC Marion, IL - 609	None	None
15	VAMC Poplar Bluff, MO - 647	Long-term, permanent housing	We had a CHALENG Stand Down committee of dedicated staff who meet, plan, and work toward making Veterans lives better.
15	VAMC St. Louis, MO - 657	SSI/SSD Process	We have been working with a St. Louis Social Security Administration office and have been exploring ways to simplify the application process for Veterans. It is helpful for Veterans to have a case manager present at the time of their interview. We are exploring the possibility of doing this through telecommunication.
15	VAMC Topeka - 677	SSI/SSD Process	Kansas has been able to get SOAR (SSI/SSDI Outreach, Access, and Recovery) training for staff in many area of the state which equips these staff to help Veterans and other non-veterans become much more effective with obtaining SSI/SSD awards in a much shorter time. This is certainly one of the bright spots in the social services arena for the last 12 months.
16	VA Central Arkansas Veterans HCS 598	Long-term, permanent housing	During FY 2011, Little Rock will implement Project STAY. This project is funded through a seed grant from the National Center on Homelessness Among Veterans. This project is a partnership between our VA, St. Francis House, and Scipio A. Jones Alumni Association. The project will use clinical interventions and therapeutic incentives to promote permanent housing stability.
16	VA Gulf Coast HCS - 520, Biloxi, MS, Pensacola, FL	None	None
16	VAMC Alexandria, LA - 502	None	None
16	VAMC Fayetteville, AR - 564	Long-term, permanent housing	We received 35 HUD-VASH Vouchers and implemented a program in Japer County, Missouri. We have issued 25 vouchers with 17 Veterans housed at this time. We currently have all 35 vouchers for Washington County, Arkansas issued with 32 Veterans housed. We will receive an additional 25 vouchers for Washington County.
16	VAMC Houston, TX - 580	Long-term, permanent housing	We have two very strong and highly successful long-term permanent housing programs for homeless Veterans: the Shelter Plus Care (S+C) program and the HUD-VASH program. Through the programs we provide housing and case management services for approximately 800 Veterans in the greater Houston, Beaumont, and Galveston areas. At this time the programs are staffed by a program coordinator, a social work associate, and 19 social workers/case Managers. The S+C program started in 1994 and provides services for 63 Veterans and their family members. The program is run in conjunction with the Harris County Community Services Development (HCCSD) program. Since 1994 the S+C program has assisted Veterans with purchasing homes, remaining sober from alcohol and drugs, and obtaining stable employment. The HUD-VASH program is run in conjunction with the Houston Housing Authority and HCCSD. Each HUD-VASH case manager is assigned an agency to provide outreach services to. This has expanded our outreach efforts in the greater Houston area from 12 sites in 2009 to 22 sites this year and has allowed us to maintain much more regular contact with the agencies. As a result, we are getting referrals from areas where we seldom saw very many Veterans, such as Northwest Harris County.
16	VAMC Jackson, MS - 586	None	None
16	VAMC New Orleans, LA - 629	None	None
16	VAMC Oklahoma City, OK - 635	None	None
16	VAMC Shreveport, LA - 667	None	None
16	VAMC Muskogee, OK-623 (Tulsa, OK)	None	None

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
17	VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674 and VAMC Waco - 674A4), Austin	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.
17	VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)	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
17	VA South Texas Veterans HCS (VA OPC Corpus Christi, TX - 671BZ)	None	None
17	VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671), Corpus Christi, TX	None	None
18	EI Paso VA HCS, TX - 756	Long-term, permanent housing	We have the only HUD Shelter Plus Care Program in the VISN. We contract with Integrity Management for 15 units that house chronically mentally ill Veterans. We completed our first year of operation in May 2010. This is a very difficult population to serve, and it involves very intensive case management as well as maintaining good rapport with the housing authority and, especially, with the management company. It was a very difficult first year, but we have had good success in maintaining our Veterans in housing.
18	VA New Mexico HCS - 501	SSI/SSD Process	We have had success collaboration with our local SOAR (SSI/SSDI, Outreach, Access, and Recovery). SOAR is a Social Security Administration program. Non-profit providers are trained by SSA in compiling all the information needed for Supplemental Security Income Benefits/Social Security Disability Insurance applications. There a local SSA office that accepts these applications which are then expedited. Here in Albuquerque, a local staff from a VA Grant and Per Diem provider has been trained in this process. It has proved to be a valuable asset to assist Veterans out of homelessness.
18	VA Northern Arizona HCS - 649	Long-term, permanent housing	Twenty-five (25) HUD-VASH vouchers have been awarded to the Flagstaff area. Housing can begin as soon as staff is hired, which should be by November 2010
18	VA Southern Arizona HCS - 678	Legal assistance for outstanding warrants/fines	We established a Veterans Court.
18	VAMC Amarillo, TX - 504	Long-term, permanent housing	Our HUD-VASH Coordinator held monthly meetings with VASH Veterans that were housed. She took donations of household goods and held drawings for these items at the monthly meetings. It improved Veteran turnout and helped them furnish their new homes.
18	VA West Texas HCS - 519	Long-term, permanent housing	We have initiated the HUD/VASH program and have hired staff to administer the program. We anticipate needing additional vouchers for FY 2011.

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
18	VAMC Phoenix, AZ - 644	Long-term, permanent housing	Project H3: Home, Health, and Hope (Arizona Coalition to End Homelessness) identified one of our Veterans as being the most vulnerable and needed immediate housing placement. Due to history of sexual offense, HUD-VASH was not able to place him. Working with community providers and H3 project, housing was provided for this Veteran.
19	VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT	Long-term, permanent housing	Of 70 HUD-VASH vouchers issued between 2008-2009, 66 vouchers have placed veterans into permanent housing which is a 94% housed rate. This reflects a best practice of working closely with the homeless Veteran as he/she is engaged in the housing search/lease up process.
19	VA Southern Colorado HCS, CO-567	Job Training	Our VA Compensated Work Therapy Program has a case manager who is assigned to assist residents of our HCHV (Healthcare for Homeless Veterans) Contract housing facility, the Crawford House. This includes regularly scheduled meetings for training and job referral.
19	VAM&ROC Cheyenne, WY - 442	None	None
19	VA Eastern/Southern Colorado HCS, CO (VAMC Denver - 554)	Long-term, permanent housing	In January 2010, homeless outreach workers from Denver community agencies surveyed individuals living outdoors, administering a Vulnerability Index developed by Common Ground. Chronic/terminal medical conditions, mental health/substance use disorder problems, and length of time on the street were assessed. "Vulnerability" was defined as likely to die homeless on the street within seven years. Fifty-six Veterans were identified and our VA got involved in March. Identified Veterans were screened for service eligibility. Then, 24 chronically homeless, vulnerable Veterans were targeted by the HUD-VASH program. Two VA case managers engaged and enrolled these Veterans. They worked closely with community outreach providers to expedite enrollment into VASH. The Denver Housing Authority participated in this effort and existing community resources were readily available to help Veterans obtain the legal documentation necessary to obtain a Housing Choice voucher. HPRP (HUD Homeless Prevention and Rapid Re-housing Program) funds were available along with support from the City and County of Denver to help secure apartment application fees, first month's rent, security deposits, furniture, and temporary housing. Currently 20 identified vulnerable homeless Veterans are either housed or in the process of securing permanent housing.
19	VAMC Grand Junction, CO - 575	None	None
19	VAMC Salt Lake City, UT - 660	Long-term, permanent housing	Our VA is starting its first Supported Housing Program. One of the homeless staff LCSW's has been assigned to spend up to 20/hrs a week developing this program. This program will be a VA housing option in addition to Healthcare for Homeless Veterans, VA Grant & Per Diem, and HUD-VASH. Like the HUD-VASH, the Supported Housing Program provides ongoing case management services to homeless Veterans. Emphasis is placed on helping Veterans find permanent housing and providing clinical support needed to keep veterans in permanent housing. Staff in these programs operate without benefit of the specially dedicated Section 8 HUD-VASH housing vouchers and secure permanent housing and assistance through local means (i.e., tax credit & senior housing). We have 40-50 Veterans in our interest pool on any given day. Many of these Veterans are stable and have income but need support in securing subsidized permanent housing. The following are some of the areas our Supported Housing staff will be focusing on: developing relationships with landlords/property managers in efforts to accept Veteran tenants with criminal histories, problems with debt and credit, etc.; learning more about local rental rates, openings, application and move-in procedures; offering clinical support /case management as needed; developing a referral system from the other VA homeless housing programs.
19	VAMC Sheridan, WY - 666	Long-term, permanent housing	We have implemented a number of measures to support Veteran success in HUD-VASH. Travel vouchers provided by Wyoming Independent Living allowed Veterans to travel for job training purposes as well as anything affiliated with employment. We have HUD-VASH support group and VASH bowling league to promote peer support and social skill development. We have a partnership with the Marna M Kuehne Foundation with grant money used for food at the HUD-VASH support groups and Holiday meals.
20	VA Alaska HCS & RO - 463	None	None

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
20	VA DOM White City, OR - 692	None	
20	VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA	Long-term, permanent housing	Seattle King County voters approved a Veterans and human services levy that provides capital and service dollars to non-profits and housing developers that target Veterans in their community. This special funding provides an incentive for non-profit housing providers to work to serve Veterans. Because of this incentive we have been able to partner with four new supported housing projects and have been able to house more Veterans in addition to our VASH participants..
20	VA Roseburg HCS, OR - 653 (Eugene, OR)	None	None
20	VAMC Boise, ID - 531	Long-term, permanent housing	Our best practice utilized community partners to provide safe/decent emergency housing with supportive services to Veterans who are homeless and are being discharged from VA inpatient units. A local faith-based organization has offered (at no cost to the Veteran or the VA) housing in 19 single room occupancy units (SRO). In addition to receiving housing, these Veterans receive meals and case management with the goal of helping the veteran obtain SSI benefits or employment. Since the inception of this program in April 2010, Six Veterans have obtained permanent housing and 2 veterans have obtained full time employment.
20	VAMC Portland, OR - 648	None	None
20	VAMC Spokane, WA - 668	None	None
20	VAMC Walla Walla, WA - 687	None	None
21	VA Central California HCS, CA - 570	Long-term, permanent housing	Veterans were housed rapidly in Fresno County. Classic systems issues are beginning to be addressed in both counties. A HUD Shelter Plus Care program has started in Fresno County and grown tremendously. There have been no cases of Veterans being evicted from any permanent housing that has been secured. Anecdotally, some Veterans attribute their success to effective VA case management.
21	VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)	None	None
21	VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA	Long-term, permanent housing	VA Palo Alto Health Care System's catchment area covers ten counties. The two most southern counties, Monterey and Santa Cruz, have each received 35 HUD-VASH vouchers. Providing homeless services in these far reaching areas can be challenging due to their distance from the main medical center in Palo Alto. Our two VASH case managers have teamed with our VA Grant and Per Diem/Healthcare for Homeless Veterans nurse case manager. Together, they have developed a "Housing Resource Group" in both counties and are able to quickly transition Veterans from emergency housing (HCHV residential contract beds) into transitional housing (GPD), and permanent housing (HUD-VASH). The empirical evidence of this team's collaborative has yet to be determined, but based on anecdotal evidence, this best practice will soon be duplicated in other counties in our catchment area.
21	VA Sierra Nevada HCS, NV - 654	None	None
21	VAM&ROC Honolulu, HI - 459	None	None
21	VAMC San Francisco, CA - 662	None	None

Appendix 6: Best Practice Examples from FY 2010

VISN	VA Facility - 2010 Name	Best Practice	Narrative
22	VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE and VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)		Veteran to Home Project 60 (VHP60) is a partnership between VA, the L.A. County Department of Mental Health and private nonprofit agencies. Targeting 60 high-risk, chronically homeless Veterans for collaborative intervention (housing and treatment) VHP60 uses integrated inter-agencies supportive services teams (VA and community staff). These teams identify high-risk homeless Veterans, place these Veterans into safe housing (HUD-VASH) and case manage them. VA and community partners provide: medical, mental health, and substance abuse treatment; vocational rehabilitation and assistance in securing benefits; and other ancillary services.
22	VA Southern Nevada HCS - 593	Legal assistance for outstanding warrants/fines	We have a working relationship with an attorney (Veteran) who has assisted us in resolving a few "fugitive felon" cases. Also, The Veteran Justice Outreach (VJO) Specialist has continued to work closely with the courts. Through his efforts, the courts are considering developing a Veterans court. This court will be able to address more specific needs of the Veteran and devise a more intensive treatment plan.
22	VAMC Loma Linda, CA - 605	Legal assistance for outstanding warrants/fines	We are working with the local courts and public defender office for addressing outstanding warrants and fines. We have been successful in assisting Veterans in receiving treatment in lieu of incarceration and community service in lieu of fines. Our success has also resulted in more Veterans with legal issues seeking and engaging in VA treatment.
22	VAMC Long Beach, CA - 600	Guardianship (financial)	Recent literature supports the need for improved management of financial resources for homeless Veterans. According to the 2009 CHALENG Survey, 10,701 consumers interviewed nationwide ranked financial support number five among the top domains of need. The CHALENG report notes that although Veterans perceptions of unmet needs often varies depending on where they are at within the homeless continuum (literally homeless, residing in transitional housing, currently in permanent housing) credit counseling remained in the top ten domains of unmet need. Providers also ranked credit counseling, as one of the highest areas of need (CHALENG, 2010.) The Long Beach HCHV program was recently awarded a national seed grant for "Wiping the Slate Clean: Debt Repair for Previously Homeless Vets" It is a two-tiered program that will provide basic financial literacy workshops and long-term assistance with credit repair. The program was developed as a collaboration with the Consumer Credit Counseling Service of Orange County (CCCSOC), a HUD-approved credit counseling organization.
22	VAMC San Diego, CA - 664		
23	VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)	None	None
23	VAH&ROC Sioux Falls, SD - 438	None	None
23	VAM&ROC Fargo, ND - 437	None	None
23	VAMC Minneapolis, MN - 618, and Superior, WI	None	None
23	VAMC St. Cloud, MN - 656	None	None
23	VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)	None	None
23	VA Nebraska Western Iowa (VAMC Grand Island - 597A4 and VAMC Lincoln - 597)	VA disability/pension	The VA Nebraska-Western Iowa Health Care System and the Lincoln Veterans Benefits Administration (VBA) partnered this year to identify and expedite homeless Veteran claims by sharing referrals and locating Veterans to move claims along. This resulted in the Lincoln VBA finishing first in the nation for processing homeless Veterans claims with an average of 78 days to completion.
23	VAMC Iowa City, IA - 584	None	None

Appendix 7: CHALENG Points of Contact by VISN

COMMUNITY HOMELESSNESS ASSESSMENT, LOCAL EDUCATION AND NETWORKING GROUPS (CHALENG) FOR VETERANS - VAMC/VAOPC						
Name	Title/Program	Facility/Station Number	Address	City/State/Zip	Phone	Fax
VISN 1						
Karen Guthrie, MSW	Homeless Veterans Coordinator	VA Medical Center -523	150 S. Huntington Ave.	Boston, MA 02130	617-699-2522	857-364-4477
John Sullivan	Homeless Veterans Coordinator	VA Community Care Center	114 Orange Ave.	West Haven, CT 06516	203-479-8043	203-931-4068
Patricia Albert-Dehetre	Homeless Veterans Coordinator	VA Medical & Regional Office -402	One Veterans Center MDP 116A	Augusta, ME 04330	207-623-8411 ext. 5658	207-623-5784
Jesse H. Vazzano	Homeless Coordinator	Edith N. Rogers Vet. Hosp. -518	200 Springs Road	Bedford, MA 01730	781-687-2705	781-687-3179
Karen Guthrie, MSW	Homeless Veterans Coordinator	VA Medical Center -525	940 Belmont Street	Brockton, MA 02401	508-583-4500 ext. 1122	508-583-4500 ext. 2592
Robert Carroll	Homeless Veterans Coordinator	VA Medical Center -631	421 North Main Street	Leeds, MA 01053	413-584-4040 ext.2136	413-582-3178
Lisa C. Jacobus	Homeless Program Coordinator	VA Medical Center -608	718 Smyth Road	Manchester, NH 03104	603-624-4366 ext.3622	603-626-6576
William D. Hart, LICSW	Homeless Veterans Program Coord.	VA Medical Center -650	Davis Park	Providence, RI 02907	401-273-7100	401-254-2076
Kathleen Browne	Homeless Veterans Program Coord.	VA Med. & Regional Office -405	215 North Main Street	White River Junction, VT 05009	802-655-1356	802-296-5150
John Sullivan	Homeless Veterans Service Coord.	VA Medical Center -627	555 Willard Ave	Newington, CT 06111	203-479-8043	860-667-6842
William D. Hart, LICSW	Veterans Transitional Supportive Program.	Rhode Island Veterans Home	480 Metacom Ave	Bristol, RI 02809	401-254-8447	401-254-2076
VISN 2						
James Peluso	Homeless Coordinator	Samuel Stratton VA Med Ctr -500	170 Ontario Street	Albany, NY 12206	518-626-5158	518-462-3099
Rose Whedbee	BH OPT Clinic Manager	VA Medical Center -514	Argonne Avenue	Bath, NY 14810	607-664-4308	
Elizabeth Louer-Thompson	HCHV Coordinator	VA Outpatient Clinic	465 Westfall Rd	Rochester, NY 14620	585-463-2612	
Kristen Weese	HCHV Coordinator	VA Medical Center -528	3495 Bailey Ave.	Buffalo, NY 14215	716-862-5855	716-883-8420
Robert Van Keuren	Network 2 Homeless Veterans Prog Coord	VA Medical Center -532	400 Fort Hill Avenue	Canandaigua, NY 14424	716-393-7413	716-393-7629
Adam Ormsby	HCHV Coordinator/SCI Coord.	VA Medical Center -670	800 Irving Avenue	Syracuse, NY 13210	315-425-4428	315-425-4406
VISN 3						
Adrina Campbell, LCSW	HCHV Coordinator	Bronx VA Medical Center -526	130 W. Kingsbridge Rd.	Bronx, NY 10468	718-584-9000 ext. 3710	718-679-3363
Emily Kalb, LCSW	Coordinator, Project TORCH	VA NY Harbor HCS-527	40 Flatbush Ave. Ext., 8th Fl.	Brooklyn, NY 11201	718-439-4345	718-439-4356
see Paul Stolz below		VA Hudson Valley HCS		Castle Point, NY 12511-9999		
Paul Stolz, LMSW	Homeless Veterans Coordinator	VA Hudson Valley HCS	P. O. Box 100 Bldg 52, Albany Post Rd	Montrose, NY 10548	914-737-4400 ext. 3740	914-788-4371
See Emily Kalb above		VA Medical Center -630	423 E. 23rd St.	New York, NY 10010		
Greg Curran, LCSW	HCHV Coordinator	VA Medical Center -632	79 Middleville Road	Northport, NY 11768	631-261-4400 ext. 2204	631-266-6029
Donna Branca, LCSW	Homeless Program Coordinator	VA New Jersey HCS-561/561A4	151 Knollcroft Rd., Bldg 57	Lyons, NJ 07939	908-647-0180 ext.4983	908-604-5850
VISN 4						
Mary F. Pilarski, RN	Homeless Coordinator	VA Medical Center -645	7180 Highland Drive	Pittsburgh, PA 15205-1297	412-365-5273	412-365-5795
Tracy C. Polk, MSW	Homeless Veterans Coordinator	VA Medical & Regional Office -460	1601 Kirkwood Highway	Wilmington, DE 19805	302-994-2511	302-633-5482
Karen Vislosky	Homeless Veterans Coordinator	James E. Van Zandt VAMC -503	2907 Pleasant Valley Blvd.	Altoona, PA 16602	814-943-8164 ext. 7640	814-940-7898
Daniel Slack, SW	Homeless Coordinator	VA Medical Center -529	325 New Castle Road	Butler, PA 16001-2480	724-285-2439	724-477-5038
Phyllis Hartman, MSW, LCSW	Homeless Veterans Program	VA Medical Center -542	1400 Black Horse Hill Rd	Coatesville, PA 19320	610-384-7711, 5134	610-383-0283
Laryssa Stolar, SW	HCHV Coordinator	VA Medical Center -562	135 East 38th	Cerie, PA 16504	814-860-2481	814-456-5464
Keisha D. Kerr, LSW	Homeless Veterans Coordinator	VA Medical Center -595	1700 S. Lincoln Avenue	Lebanon, PA 17042	717-272-6621	717-228-5972
Stephen C. Bennett, LCSW	HCHV Coordinator	VA Medical Center -642	University & Woodland Avenues	Philadelphia, PA 19104	215-823-5800 ext.5506	215-823-4040
David Warke, SW	HCHV Coordinator	VA Medical Center -693	1111 East End Blvd.	Wilkes-Barre, PA 18711	570-824-3521 ext. 7956	570-821-7299
Tammy M. Fumich, MSW, LGSW	Homeless Coordinator	Louis A. Johnson VAMC -540	1 Medical Center Drive	Clarksburg, WV 26301	304-623-3461 ext. 3583	304-626-7726
VISN 5						
Anne Kollman, LISW-C	Homeless Veterans Program/HUD VASH Mgr.	VA Medical Center -512	10 North Greene Street	Baltimore, MD 21201	410-642-2411 ext.5005	410-605-7926
Anne Kollman, LISW-C	Homeless Veterans Program/HUD VASH Mgr.	VA Maryland HCS -512a5	Bldg 1 H	Perry Point, MD 21902	410-642-2411 ext.5005	410-642-1852
Kevin Morton, LICSW	Homeless Veterans Coordinator	VA Medical Center -688	50 Irving Street, NW	Washington, DC 20422	202-745-8000 ext. 6892	202-745-8629
Jason A. Malcy, Ph.D.	DCHV Manager	VAMC, 'Domiliary 502' -613	510 Butler Ave.	Martinsburg, WV 25401	304-263-0811 ext. 4659	304-264-3989

Appendix 7: CHALENG Points of Contact by VISN

Name	Title/Program	Facility/Station Number	Address	City/State/Zip	Phone	Fax
VISN 6						
Bob Williamson, MSW	Homeless Veterans Program Coordinator	VA Medical Center -558	508 Fulton Street	Durham, NC 27703	919-286-0411. 6045	919-416-5834
Allison Haberfield	Homeless Veterans Program Coordinator	VA Medical Center -637	1100 Tunnel Road	Asheville, NC 28805	828-298-7911 ext.5335	828-299-5804
Edgar C. Norwood	Acting HCHV Coordinator/GPD Liaison	VA Medical Center -565	2300 Ramsey Street	Fayetteville, NC 28301	910-488-2120 ext.5679	910-482-5163
Hattie Johnson, SW	HCHV Coordinator	VA Medical Center -659	1601 Brenner Avenue, Bldg 11.	Salisbury, NC 28144	704-638-9000 ext.3699	704-638-3329
Martha Chick-Ebey, MSW	HCHV Coordinator	VA Medical Center -590	100 Emancipation Road	Hampton, VA 23667	757-722-9961 ext. 1285	757-726-6035
Raymond Patterson, SW	HCHV Coordinator	Hunter Holmes McGuire VAMC -652	1201 Broad Rock Blvd.	Richmond, VA 23249	804-675-5000 ext.4191	804-675-5346
Debra Swain-Elliott, LCSW	Homeless Veterans Coordinator	VA Medical Center -658	1970 Roanoke Boulevard	Salem, VA 24153	540-982-2463 ext.2525	540-224-1904
William Workman, SW	Homeless Veterans Coordinator	VA Medical Center -517	200 Veterans Avenue	Beckley, WV 25801	304-255-2121 ext.4480	304-255-2431
VISN 7						
Calvin Scott	HCHV Coordinator	VA Medical Center	2675 N. Martin Street, Bldg 700	East Point, GA 30344	404-321-6111 ext.7437	404-327-4028
Beverly A. Knighten	Homeless Veterans Program Coordinator	VA Medical Center -509	1 Freedom Way	Augusta, GA 30904	706-733-0188 ext. 7426	706-481-6749
Michael Bland, SW	Dom. Chief. Homeless Program	Carl Vinson VAMC -557	1826 Veterans Blvd.	Dublin, GA 31021	478-272-1210 ext.2189	478-277-2874
Willie Fields, LCSW	Coordinator, Homeless Veterans Program	VA Medical Center -521	700 South 19th St.	Birmingham, AL 35205	205-933-8101 ext.6751	205-939-4585
see Marguerita High below		VA Medical Center -619	215 Perry Hill Road	Montgomery, AL 36109-3798	334-727-0550	334-724-6764
Jackie Hill-Gordon	Homeless Veterans Program	VA Medical Center -679	3701 Loop Road East	Tuscaloosa, AL 35404	205-554-2000 ext.2737	205-554-3556
Marguerita High	HCHV Coordinator	VA Medical Center -680	2400 Hospital Road	Tuskegee, AL 36083	334-727-0550 ext.5403	334-724-6764
Linda M. Williams, RN	HCHV Coordinator	Ralph H. Johnson VAMC -534	109 Bee Street	Charleston, SC 29401-5799	843-789-7953	843-853-9167
Margaret Battle	Grant & Per Diem Liaison	WJB Dorn Vets. Hospital -544	6439 Garners Ferry Rd.	Columbia, SC 29209-1639	803-776-4000 ext. 7445	803-695-7962
VISN 8						
Carrie E. Meo-Omens, LCSW	Homeless Veteran Coordinator	VA Medical Center -516	10000 Bay Pines Blvd.	Bay Pines, FL 33744	727-398-6661 ext.4711	727-318-1264
Vianne Marchese	Homeless Veteran Coordinator	VA Medical Center -573	1601 Southwest Archer	Gainesville, FL 32608	352-376-1611 ext.7461	352-376-7901
see Vianne Marchese above	Homeless Coordinator	VA Medical Center -594	801 South Marion Street	Lake City, FL 32025-5898		
Beth Wolfsohn, LCSW	Homeless Program Coordinator	VA Medical Center -546	1201 NW 16th Street	Miami, FL 33125	305-541-5864 ext. 143	305-541-8614
Wendy Hellickson, LCSW	HCHV Coordinator	James A. Haley Vets Hosp -673	10770 N. 46th Street	Tampa, FL 33617	813-979-3559	813-228-2857
Carla Paula Dasilva, LCSW	Homeless Coordinator	W. Palm Beach VAMC -548	7305 N. Military Trail	West Palm Beach, FL 33410	561-422-8262	561-442-5309
Daniel Aponte-Ramos, MSW	Homeless Veteran Coordinator	VA Medical Center -672	10 Casia St.	San Juan, PR 00921-3201	787-641-7582 ext. 12327	787-641-4398
Heather S. Gallagher, LCSW	Homeless Veteran Coordinator	VA Medical Center - 675	5201 Raymond Street	Orlando, FL 32803	321-397-6614	
VISN 9						
Suzanne T. Jenkins	Homeless Veterans Program	VA Medical Center -626	1310 24th Ave., South	Nashville, TN 37212-2637	615-873-7619	615-321-6353
Ovul Ince, SW	Homeless Veterans Program	VA Medical Center -614	1030 Jefferson Avenue	Memphis, TN 38104	901-523-8990 ext.5152	901-577-7427
James Forgey	HCHV/DCHV Coordinator	VA Medical Center -621	James H. Quillen, VAMC	Mountain Home, TN 37684	423-979-2844	423-979-2812
Randy Moler	GPD Liaison	VA Medical Center -596	1101 Veterans Drive	Lexington, KY 40502	859-233-4511 ext.3607	859-281-3984
Brian A. Alexander, LCSW	Grant & Per Diem Liaison	VA Medical Center	800 Zorn Ave	Louisville, KY 40206	502-587-8122	502-583-1991
LeeAnn Bills	HCHV Coordinator	VA Medical Center -581	1540 Spring Valley Drive	Huntington, WV 25704	304-429-6755 ext.3711	
VISN 10						
Kathleen Penman	Homeless Program Coordinator	VAMC Building 4116A(B)	10000 Brecksville Road (181B)	Brecksville, OH 44141	440-526-3030 ext. 7036	440-546-2897
Amy Combs, Clinical SW	Homeless Coordinator	VA Medical Center -538	17273 State Route 104	Chillicothe, OH 45601	740-773-1141	740-772-7051
Iola Green, MSSW	HCHV Coordinator	VA Med. Ctr. -539	1000 S. Ft. Thomas Ave.	Ft. Thomas, KY 41075	859-572-6226	606-572-6222
Edith Darden	Homeless Program Coordinator	VA Medical Center -552	4100 West 3rd Street	Dayton, OH 45428	937-268-6511 ext.2463	937-267-5314
John Roszkowski	Homeless Program Coordinator	VA Outpatient Clinic -757	543 Taylor Avenue	Columbus, OH 43203	614-257-5211	614-253-7961
VISN 11						
Shawn Dowling	Homeless Program Coordinator	VA Medical Center -506	2215 Fuller Road(F118)	Ann Arbor, MI 48108	734-845-3127	734-769-7412
Shelia Williams, LMSW	Homeless Program Coordinator	VA Medical Center	4646 John R. Street	Detroit, MI 48201	313-576-1000 ext.64602	313-576-1074
Daleth C. Jean-Jules	HCHV Coordinator	VA Medical Center -515	5500 Armstrong Rd.	Battle Creek, MI 49037-7314	269-966-5600 ext.31648	269-223-5287
Mary K. Richards, SW	HCHV Coordinator	Aleda E. Lutz VAMC -655	1500 Weiss Street	Saginaw, MI 48602	989-497-2500 ext.11773	
Jennifer Gerrib, LCSW	Grant & Per Diem Liaison	Illiana VA Health Care System-550	1900 East Main Street	Danville, IL 61832	217-554-3411	217-554-4813
Naomi R. Nicastro	Homeless Program Coordinator	VAMC NIHCS Ft. Wayne Campus	2121 Lake Ave.	Ft.Wayne, IN 46805	260-426-5431 ext.71662	260-421-1029
Deb Walls, LCSW	HCHV Coordinator	Richard L. Roudebush VAMC -583	2669 Cold Spring Road, B	Indianapolis, IN 46222	317-988-3198	317-988-1854
Linda Webb, LISW	HCHV Program Coordinator	Toledo CBOC-506GA	3333 Glendale Avenue	Toledo, OH 43614	419-213-7524	419-213-7631

Appendix 7: CHALENG Points of Contact by VISN

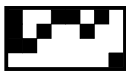
Name	Title/Program	Facility/Station Number	Address	City/State/Zip	Phone	Fax
VISN 12						
Michael Gates	Homeless Veterans Coordinator	Jesse Brown VAMC-536/578	820 South Damen	Chicag, IL 60612	312-569-6929	708-202-8425
Stephanie James, MSW,LCSW	Homeless Veterans Coordinator/VJO	VA Medical Center -556	3001 Greenbay Road	North Chicago, IL 60064	224-610-4836	224-610-3844
Nicole Foster-Holdwick	Homeless Prgoram Coordinator	VA Medical Center -585	325 East "H" Street	Iron Mountain, MI 49801	906-774-3300 ext.32541	906-779-3147
Timothy C. Koerber	Homeless Coordinator	Wm. S. Middleton Vets Hosp. -607	2500 Overlook Terrace	Madison, WI 53705	608-256-1901 ext.11139	608-280-7025
Barbara Gilbert	HCHV Coordinator	VA Medical Center -695	3330 W. Wells Street	Milwaukee, WI 53208	414-342-2224	414-342-2207
Cindi A. Groskreutz, SW	Homeless Veterans Coordinator	VA Medical Center -676	500 E. Veterans Parkway	Tomah, WI 54660	608-372-3971 ext.6778	608-372-7792
William Baxter, LCSW	HCHV Coordinator	Edward Hines Jr. VAMC	500 South 5th Avenue	Hines, IL 60141-5050	708-202-4961	708-202-4954
VISN 15						
Okon Dale	Homeless Veterans Coordinator	VA Medical Center -589	4801 Linwood Blvd.	Kansas City, MO 64128-2295	816-861-4700 ext.57587	816-922-3317
Katherine S. Burnham, MSW	Homeless Veterans Program Coord.	Harry S. Truman Vets. Hosp. -543	800 Hospital Drive (BHSL)	Columbia, MO 65201	573-814-6244	573-814-6493
Vickie Eich, SW	Homeless Veterans Coordinator	VA Eastern Kansas HCS-Leavenworth	4101 S. 4th St. Tfway	Leavenworth, KS 66048	913-682-2000 ext. 52401	913-758-4149
Adam Coleman, LCSW	Homeless Veteran Coordinator/Clinical Sup.	VA Medical Center -609	2401 West Main Street	Marion, IL 62959	618-997-5311 ext.54463	618-993-4172
Kristina Bowlby, MSW	Homeless Veterans Coordinator	John J. Pershing VAMC	1500 N. Westwood Blvd.	Poplar Bluff, MO 63901	573-686-4151	573-778-4156
Joanne Joseph, LCSW, C-SWHC	HCHV Coordinator, SW Supervisor	STL VA Hope Recovery Center	515 N. Jefferson	St. Louis, MO 63103	314-652-4100 ext.55472	314-289-9547
Randy Crandall	Homeless Coordinator	Colmery-O'Neil VAMC -677	2200 Gage Boulevard	Topeka, KS 66622	785-350-3111 ext.52090	785-350-4368
Judith A. Epperson, SW	HCHV Coordinartor	VA Medical & Regional Office -452	5500 E. Kellogg	Wichita, KS 67218	316-651-3684	316-634-3075
VISN 16						
Jaudon Presson	Chief, Social Work Service	VA Medical Center -586	1500 E. W. Wilson Dr.	Jackson, MS 39216	601-362-4471 ext.5504	601-368-4094
Rena Powell	HCHV Coordinator	VA Medical Center -502	P.O.Box 69004	Alexandria, LA 71306-9004	318-473-0010 ext. 2796	318-483-5177
Susan Guilory	Acting HCHV Coordinator	VA Medical Center -520	400 Veterans Ave.	Biloxi, MS 39531	228-523-5683	
Brian McAnally, LCSW	HCHV Coordinator/Grant & Per Diem Liaison	VA Medical Center -564	1100 N. College Avenue	Fayetteville, AR 72703	479-444-4004	501-587-5994
Derrick Morrison, LCSW	Homeless Veterans Program Coord.	VA Medical Center -580	2002 Holcombe Blvd.	Houston, TX 77030	713-791-1414	
Estella L. Morris, Ph.D	Prog. Mgr. Comprehensive Hmls. Ctr.	VA Medical Center	1101 W. 2nd Street	Little Rock, AR 72204	501-257-4499	501-257-4240
Kenneth Rocky, MSW	HCHV Coordinator	VA Medical Center -629	1601 Perdido Street	New Orleans, LA 70146	504-568-0811 ext 3620	504-589-5919
Margaret L. Griffing, SW	Homeless Program Coordinator	Overton Brooks VA Med Ctr -667	510 East Stoner Avenue	Shreveport, LA 71101-4295	318-990-4402	318-841-4784
Linda Carpenter-Rhodes, MSW, LCSW	Homeless Veterans Coordinator	VA Medical Center -635	1140 NW 32nd	Oklahoma City, OK 73118	405-456-1779	405-290-1777
Christina Perez-Lanik	Homeless Coordinator	VA Medical Center	10159 E. 11th St. #100	Tulsa, OK 74128	918-610-2015	918-835-5760
Christina Perez-Lanik	Homeless Coordinator	VA Muskogee	1011 Honor Heights	Muskogee, OK 74401	918-680-3758	
Susan M. Guillory, SW	Homeless Veterans Program Coordinator	VA Medical Center	400 Veterans Ave.	Biloxi, MS 39531	228-523-5998	
VISN 17						
Helosie Ferguson, MSW, MPH	VISN 17 Network Homeless Coordinator	VA Medical Center, North Texas	4500 Lancaster Rd.	Dallas, TX 75216	214-462-4546	214-857-1123
Tammy L. Wood	HCHV Coordinator	VA Medical Center, North Texas	4504 Bronze Way	Dallas, TX 75236	214-467-1863	
Tammy L. Wood	HCHV Coordinator	Sam Rayburn Mem Vet Ctr-522	1201 E. 9th Street	Bonham, TX 75418	903-583-6233	903-583-6687
Steve Shomion	HCHV Coordinator	S. TX Vets. Health Care Sys. -671	4073 Medical Drive, Fairhaven Ctr.	San Antonio, TX 78229	210-949-9005	210-949-9771
Paula Wood, LCSW	HCHV Coordinator	VA Medical Center -685	1901 Veterans Memorial Drive	Temple, TX 76504	254-743-1261	254-754-9346
Andrew Miller	HCHV Coordinator	VA Outpatient Clinic	2901 Montopolis Drive	Austin, TX 78741	512-653-6844	512-389-7111
Amanda Doemland, LCSW	HCHV Coordinator	Corpus Chrsti, Outpatient Clinic 122	5283 Old Brownsville Rd	Corpus Christi, TX 78405	361-806-5600 ext.62236	361-806-5604
Linda E. Saucedo, SW	HCHV Coordinator	VA Medical Center	300 W. Rosedale	Ft. Worth, TX 76104	817-255-7123	817-255-7166
VISN 18						
Michael A. Leon, LCSW	HCHV Coordinator	Carl T. Hayden VAMC -644	650 E. Indian School Rd.	Phoenix, AZ 85012	602-277-5551ext. 7656	602-222-6521
Jeff Doyle	Homeless Coordinator	VA Medical Center -501	1501 San Pedro, SE.	Albuquerque, NM 87120	505-265-1711 ext.5922	505-256-2723
Virginia Sartini, SW	HCHV Coordinator	VA Medical Center -504	6010 Amarillo Blvd., W.	Amarillo, TX 79106	806-355-9703 ext.7522	806-356-3794
Shad Barrows	Homeless Program Coordinator	VA Medical Center West Texas-519	300 Veterans Blvd.	Big Spring, TX 79720-5500	432-263-7361 ext. 7059	432-268-5086
Joel A. Arriguacci, SW	Homeless/CWT Program Coord.	VA Health Care Center -756	5001 N. Piedras St.	El Paso, TX 79903-4211	915-564-6139	915-564-7867
John J. Shebek, SW	Homeless Veterans Coordinator	VA Medical Center -649	500 Highway 89 North	Prescott, AZ 86313	928-445-4860 ext.6380	928-776-6176
Clarissa Garcia	Homeless Veterans Coordinator	Southern Arizona VA HCS -678	3601 S. 6th Avenue Bld 66	Tucson, AZ 85723	520-792-1450 ext.5412	520-629-4725

Appendix 7: CHALENG Points of Contact by VISN

Name	Title/Program	Facility/Station Number	Address	City/State/Zip	Phone	Fax
VISN 19						
Colleen Cronin, SW	G&PD Liaison	VA Medical Center -554	1055 Clermont Street	Denver, CO 80220	303-399-8020 ext.3478	303-393-4656
Larry W. Melka, MSW	HCHV Program Coordinator	VA Medical Ctr. -442	2360 E. Pershing Blvd.	Cheyenne, WY 82001	307-778-7353	307-778-7812
Mark Annas, LCSW	HUD VASH Case Manager	VA Med. & Regional Of. Ctr. -436	3687 Veterans Drive	Fort Harrison, MT 59636	406-447-6410	406-447-7333
Monroe Jack Freeman, LCSW	Homeless Program Coordinator	Colorado Springs VA Clinic	25 North Spruce	Colorado Springs, CO 80905	719-667-5588	719-667-4462
Lisa Strauss, LCSW	Homeless Coordinator	VA Medical Center -575	2121 North Avenue	Grand Junction, CO 81501	970-242-0731 ext.2723	970-256-8905
see Mark Annas, above		VA Medical Center -617	210 S. Winchester	Miles City, MT 59301		
Lance Fromm, CSW	Homeless Veterans Program Coord.	VA Medical Center -660	500 Foothill Blvd.	Salt Lake City, UT 84148	801-582-1565 ext.4619	801-584-2507
Scott Tomosovic, LCSW	Homeless Veterans Coord./G&PD Liaison	VA Medical Center -666	1898 Fort Road	Sheridan, WY 82801	307-672-3473 ext. 3296	307-672-1911
VISN 20						
Peggy M. Kuhn	Homeless Program Coordinator (Portland)	VA Medical Center -648	1601 E. Fourth Plain Blvd.Bldg.18,Rm1	Vancouver, WA 98661	360-696-4061 ext.33839	360-737-1424
Jermiah Newbold, LCSW	HCHV Outreach	VA Medical Center & Regional Office	3001 C Street	Anchorage, AK 99503	907-273-4017	907-273-4049
Jill Vanheel	Homelessness Coordinator	VA Medical Center -531	500 West Fort Street	Boise, ID 83702	208-422-1000 ext.7806	202-422-1241
David Strain, LCSW	HCHV Coordinator	VA Medical Center	2400 River Rd.	Eugene, OR 97404	541-345-5395 ext.3002	541-345-7063
Katherine Gerard	HCHV Coordinator	VA Puget Sound HCS	1660 S. Columbian Way	Seattle, WA 98108	206-277-3260	206-589-4064
John Davis	HCHV Coordinator	VA Medical Center -668	4815 N. Assembly	Spokane, WA 99205	509-462-2500 EXT.4002	509-353-2709
Chris Oliver	HCHV Coordinator	VA Medical Center - (326)	77 Wainwright Drive	Walla Walla, WA 99362	509-525-5200 ext.22690	509-527-6113
Laura Janus, SW	HCHV Coordinator	VA Domiciliary-692	8495 Crater Lake	White City, OR 97503	541-826-2111 ext.3772	
VISN 21						
Michael J. Martin, LCSW	HCHV Coordinao	VA Medical Center	401 Third Street (122)	San Francisco, CA 94107	415-551-7309	415-861-0323
Carolyn S. Hughes, PhD, LCSW	Chief, Social Work Service/HCHV Coord.	VA Medical Center -570	2615 E. Clinton Avenue	Fresno, CA 93703	559-225-6100 ext.5671	559-228-6903
Emily Kobashigawa, SW	Homeless Program Coordinao	VA Pacific Islands HCS	459 Patterson Road	Honolulu, HI 96819-1522	808-433-0063	808-433-0392
see Rachael Sanders below		VA Medical Center -599	4951 Arroyo Road	Livermore, CA 94550		
Tracy Cascio, SW	Homeless Program Coordinao	Oakland Army Base	2502 W . 14th St.	Oakland, CA 94607	510-587-3405	510-587-3420
Rachael M. Sanders	Homeless Program Coordinao	VA Palo Alto HCS	795 Willow Road, Bldg 334	Menlo Park, CA 94025	650-493-5000 ext. 23005	650-617-2787
Paula Rowles, LCSW	Coordinator HCHV/GPD Liaison	VA Medical Center -654	1000 Locust Street	Reno, NV 89502	775-328-1761	775-328-1403
Tracy Cascio, SW	Homeless Program Coordinao	VANCHCS-Social Work Service (122)	150 Muir Road	Martinez, CA 94553	925-372-2420	925-372-2501
VISN 22						
Mechel Stanley, RN	Homeless Veterans Program. Coord.	VA Medical Center -600	5901 East 7th Street	Long Beach, CA 90822	562-826-8473	562-826-8000
Marcia Evans, RN, MSN	Homeless Program Coordinator	c/o CBOC	P.O. Box 360001	N. Las Vegas, NV 89036	702-636-3000 ext.6056	702-636-4078
Susann Adams, LCSW	Homeless Vetreans Program Coordinator	VA Medical Center -116A	11201 Benton Street	Loma Linda, CA 92354	909-825-7084 ext.2388 Pager #7382	909-422-3186
Joetta Brown Higgins, MSW	Homeless Veterans Coord/Site Manager	Los Angeles Ambulatory Care Clinic	351 E. Temple Street	Los Angeles, CA 90012-3328	213-253-2677 ext. 4766	213-253-5555
Yolanda P. Sidoti, LCSW	Homeless Veterans Program	VA Mission Valley Outpatient Clinic	8810 Rio San Diego Drive. Suite 2200	San Diego, CA 92108	619-400-5163	619-400-5159
see Michelle Wildy below		Sepulveda Ambulatory Care Clinic	16111 Plummer Street	Sepulveda, CA 91343		
Michelle Wildy, LCSW	Chief, Community Care	VA Greater Los Angeles HCS	11301 Wilshire Blvd.	Los Angeles, CA 90073	310-268-3385	310-268-4743
VISN 23						
Jonelle Draughn, LICSW	Acting Program Coord/G&PD Liaison	VA Medical Center -618	One Veterans Drive	Minneapolis, MN 55417	612-467-1702	612-467-5971
Diana Hall	Homeless Veterans Coordinator	VA Med. & Regional Office -437	2101 North Elm Street	Fargo, ND 58102	701-239-3700, ext.3150	701-237-2642
Linda Chlecq, SW	Homeless Veterans Coordinator	VA Medical Center -568	113 Comanche Road	Fort Meade, SD 57741	605-490-2404	605-347-7204
Linda Chlecq, SW	Homeless Veterans Coordinator	VA Medical Center -579	500 N. 5th Street	Hot Springs, SD 57747	605-745-2022	605-745-2056
Candice Cummings, SW Exec.	Homeless Coordinator	VA Medical Center	2501 W 22nd St.	Sioux Falls, SD 57117-5046	605-336-3230 ext. 6135	605-373-4119
McGuinness, Denis J., MSW, LICSW	HCHV Coordinator	VA Medical Center -656	4801 Veterans Drive	St. Cloud, MN 56303	320-255-6480	320-255-6378
Michael Johnson	Homeless Program Coordinator	VAMC, NWIHS -636	4101 Woolworth Avenue	Omaha, NE 68105	402-943-5574	402-977-5684
Kimberly S. Neal, MSW	HCHV Coordinator	VA Medical Center -555	3600 30th Street, Bldg.5. Rm.124	Des Moines, IA 50310-5774	515-699-5999 ext.4036	515-699-5465
Janelle Brock, MSW, LCSW	HCHV Coordinator	VA Medical Center -574	2201 N. Broadwell Ave.	Grand Island, NE 68803-2196	308-382-3660 ext.9-2059	
Sarah E. Oliver, SW	Homeless Coordinator	VA Medical Center -584	601 Highway 6 West	Iowa City, IA 52246	563-370-1779	563-370-1779
see Kimberly Neal above	Homeless Program Coordinator	VA Central Iowa HCS -592	3600 30th Street	Knoxville, IA 50138		
Joe P. Heatherly SW	Homeless Coordinator	VA Medical Center -597	600 South 70th Street	Lincoln, NE 68510	402-489-3802 ext. 6980	

FY 2010 CHALENG Survey: HOMELESS VETERANS OR FORMERLY HOMELESS VETERANS

42176



Name (optional): _____
 City: _____ State: _____
Please use a dark pen. Thank you for your participation!

1. Where are you living now?

- Homeless (on streets, in shelter, car)
- VA Domiciliary
- Grant and Per Diem or other Transitional housing program
- Permanent Housing (including VASH and Section 8)

2. Have you been homeless for the past 12 months?

- Yes
- No

3. Have you been homeless at least four times in the past three years?

- Yes
- No

4. NEEDS (ALL PARTICIPANTS COMPLETE) - Please rate the following needs of homeless veterans in your community area.

Unmet	1	2	3	4	5	Met
	Rating - Please shade one circle per line					
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Assistance with personal hygiene
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Food
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Clothing
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Immediate shelter (an emergency place to stay)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Transitional living facility or halfway house
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Long-term, permanent housing
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Detoxification from substances
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Treatment for substance abuse
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Services for emotional or psychiatric problems
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Treatment for dual diagnosis
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Family counseling
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Medical services
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Women's health care
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Help with medication
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Drop-in center or day program
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. AIDS/HIV testing/counseling
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. TB testing and treatment
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Legal assistance to help restore a driver's license
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Hepatitis C testing

									22

Unmet ← → Met

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Dental care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Eye care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Glasses
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. VA disability/pension
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Welfare payments
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. SSI/SSD process
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Guardianship (financial)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Help managing money
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Job training
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Help with finding a job or getting employment

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Help getting needed documents or identification
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31. Help with transportation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32. Education
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33. Child care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34. Family reconciliation assistance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35. Discharge upgrade
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36. Spiritual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37. Re-entry services for incarcerated veterans
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38. Elder health care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39. Credit counseling
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40. Legal assistance for child support issues
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41. Legal assistance for outstanding warrants/fines
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42. Help developing social network

5. Which three needs from NEEDS question #4 (1-42) are the most important for your VA/community to work on now?

Example: Food=02

6. General Assessment Questions

VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?

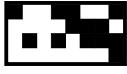
Not Accessible ← → Highly Accessible

1 2 3 4 5

VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with other non-VA or community agencies serving homeless veterans.

Not Able ← → Highly Able

1 2 3 4 5



6713

USE A DARK-COLORED PEN. THANK YOU FOR HELPING US IMPROVE OUR SERVICES TO VETERANS!

Shade Circles Like This--> ●
Not Like This--> ○

For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Today's date: _____

Name: _____

Agency name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Email: _____

1. Are you a homeless or formerly homeless veteran? (check only one if applicable)

- Homeless/Veteran
- Formerly/Homeless/Veteran

2. Title Category/Your Program Function (please check one):

- Executive/TopLevelManager(ExecutiveDirector,CEO,Commander)
- Administrative/Mid-LevelManager(ProgramCoordinator,ProgramSupervisor)
- Clinician (social worker, case manager, nurse, outreach worker, doctor, CSO, LVER, DVOP, VDOP)
- ElectedGovernmentOfficialorrrepresentative
- BoardMember
- Other (financial officer, attorney, police officer, office manager, admin staff, planning staff, etc.)

3. As part of Executive Order 13198, we are collecting information for the Federal Faith-Based and Community Initiative. In your opinion, is the agency you represent for CHALLENGE a faith-based organization? (please check one)

- No
- Yes
- Not Sure
- Not representing an agency

4. Personal Involvement in CHALLENGE: I have been involved with CHALLENGE for:

- 11 years or more
- 6-10 years
- 1-5 years
- < 1 year

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Leave blank

--	--	--	--	--	--	--	--	--	--

5. Please select the choice that best describes the facility you are from (CHECK ONLY ONE)

- VAMedicalCenter
- VARegionalOffice
- VA OutpatientClinic
- VetCenter
- VISN
- VACentralOffice
- VANationalCemetaryAdmin(NCA)
- StateDepartmentofVeteransAffairs
- VeteranServiceOrganization
- NonProfitCommunityAgency
- PrivateForProfitCommunityAgency
- DepartmentofDefense(DOD)
- DepartmentofLabor(DOL)
- HousingandUrbanDevelopment(HUD)
- SocialSecurityAdministration(SSA)
- DepartmentofAgriculture(USDA)
- OtherFederalGovernmentAgency
- OtherStateGovernmentAgency
- LocalGovernmentAgency
- CorrectionalAgency
- Other

6. COMMUNITY FEEDBACK, PART I (ALL PARTICIPANTS COMPLETE)

General Assessment Questions
Please shade one circle per line

VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?

	Not	↔	Highly	
	Accessible		Accessible	
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.

	Not	↔	Highly	
	Able		Able	
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE TURN OVER AND COMPLETE OTHER SIDE

7. NEEDS (ALL PARTICIPANTS COMPLETE) - Please rate the following needs of homeless veterans in your community. This is an assessment of unmet/met needs based on all local resources (VA and non-VA).

UNMET ←	MET →	Rating - Please shade one circle per line			
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Assistance with personal hygiene
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Food
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Clothing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Immediate shelter (an emergency place to stay)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Transitional living facility or halfway house
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Long-term, permanent housing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Detoxification from substances
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Treatment for substance abuse
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Services for emotional or psychiatric problems
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Treatment for dual diagnosis
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Family counseling
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Medical services
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Women's health care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Help with medication
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Drop-in center or day program
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. AIDS/HIV testing/counseling
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. TB testing and treatment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Legal assistance to help restore a driver's license
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Hepatitis C testing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Dental care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Eye care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Glasses
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. VA disability/pension
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Welfare payments
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. SSI/SSD process
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Guardianship (financial)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Help managing money
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Job training
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Help with finding a job or getting employment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Help getting needed documents or identification
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31. Help with transportation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32. Education
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33. Child care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34. Family reconciliation assistance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35. Discharge upgrade
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36. Spiritual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37. Re-entry services for incarcerated veterans
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38. Elder health care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39. Credit counseling
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40. Legal assistance for child support issues
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41. Legal assistance for outstanding warrants/fines
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42. Help developing social network

	2	2
--	---	---

8. Which three needs from NEEDS question 7 (1-42) are the most important for you to work on now?

Example: Food=02

0	2
---	---

 1.

--	--

 2.

--	--

 3.

--	--

9. COMMUNITY FEEDBACK, PART II (IMPORTANT: VA STAFF SKIP)

We are interested in the amount of collaboration between VA and other government and community agencies. Please let us know to what extent your agency and the VA have set up or implemented each of the following strategies:

- 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.

Strategy - Please shade one circle per line **None** **1** **2** **3** **4** **High**

Interagency Coordinating Body - The VA and your agency meet formally to promote access to services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-location of Services - The VA and your agency's services are in one location.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-Training - Training that involves both the VA and your agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interagency Agreements/ Memoranda of Understanding - Agreements between the VA and your agency to coordinate services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interagency Client Tracking Systems/Management Information Systems - Shared computer tracking systems that link the VA and your agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pooled/Joint Funding - Combining of funds from the VA and your agency to create new services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uniform Applications, Eligibility Criteria, and Intake Assessments - Standardized forms to apply for services both at the VA and your agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interagency Service Delivery Team/Provider Coalition - Team comprised of VA and agency staff to assist clients with multiple needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consolidation of Programs/Agencies - Combining programs in order to integrate service delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible Funding - Flexible funding used to get additional resources to further systems integration e.g. contingency/emergency fund, or a fund to purchase unavailable services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
System Integration Coordinator - A staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>