

CHALENG 2010 Survey Results Summary

VISN: 21

Site: VA Central California HCS, CA - 570

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: Not available

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: Not available

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	6
Transitional Housing Beds	20
Permanent Housing Beds	210

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

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	Yes
Transitional Housing Beds	Yes
Permanent Housing Beds	Yes

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 5.
Number of provider (VA and non-VA) participants: 10.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.80	3.00	3.74
Food	4.20	3.11	3.86
Clothing	3.20	3.22	3.62
Emergency (immediate) shelter	4.00	2.67	3.55
Transitional living facility or halfway house	3.80	2.78	3.45
Long-term, permanent housing	1.80	2.89	2.90
Detoxification from substances	3.60	3.00	3.69
Treatment for substance abuse	4.40	3.11	3.84
Services for emotional or psychiatric problems	4.20	3.22	3.71
Treatment for dual diagnosis	4.00	3.00	3.51
Family counseling	3.60	2.78	3.11
Medical services	4.40	3.67	4.04
Women's health care	3.60	3.22	3.17
Help with medication	4.00	3.33	3.87
Drop-in center or day program	1.60	2.22	3.15
AIDS/HIV testing/counseling	3.40	3.22	3.63
TB testing and Treatment	4.40	3.11	3.90
Legal assistance to help restore a driver's license	2.40	2.33	2.87
Hepatitis C testing	4.20	3.22	3.70
Dental care	1.20	2.33	2.91
Eye care	1.40	3.00	3.38
Glasses	1.60	2.89	3.35
VA disability/pension	3.00	3.11	3.14
Welfare payments	3.00	2.78	2.80
SSI/SSD process	2.50	2.78	2.95
Guardianship (financial)	2.25	2.89	2.84
Help managing money	1.80	2.89	3.13
Job training	2.00	2.89	2.96
Help with finding a job or getting employment	1.25	2.67	3.02
Help getting needed documents or identification	4.00	2.89	3.50
Help with transportation	3.60	2.67	3.31
Education	3.20	2.78	3.19
Child care	1.60	2.44	2.64
Family reconciliation assistance	1.80	2.56	2.73
Discharge upgrade	2.75	2.89	2.96
Spiritual	3.50	3.22	3.55
Re-entry services for incarcerated veterans	2.80	2.33	2.94
Elder health care	3.75	2.89	3.11
Credit counseling	1.75	2.67	2.85
Legal assistance for child support issues	2.75	2.44	2.70
Legal assistance for outstanding warrants/fines	1.50	2.44	2.75
Help developing social network	2.50	2.78	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.17	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.17	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.17	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.17	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.60	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.00	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.17	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.83	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.67	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.00	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.83	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.50	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.67	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.67	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Emergency (immediate) shelter	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.

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

2. FY 2010 Best Practice Example

Long-term, permanent housing	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.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	Keep existing male and female beds open if we receive additional funding as we did this year. Continue to have female beds open as needed.
Long-term, permanent housing	Incorporate HUD-VASH substance use disorder specialist position, continue to work on challenges that more rural counties present in housing, continue to expand HUD Shelter Plus Care program in Fresno County, expand collaborative network for housing.
Transitional living facility or halfway house	Continue to work at reducing homeless numbers by transitioning out Veterans into other more permanent housing faster and having more options available..

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

CHALENG 2010 Survey Results Summary

VISN: 21

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

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 40

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 4

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	35
Transitional Housing Beds	154
Permanent Housing Beds	260

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 91.
Number of provider (VA and non-VA) participants: 56.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.16	2.98	3.74
Food	3.91	3.11	3.86
Clothing	3.82	3.04	3.62
Emergency (immediate) shelter	3.88	2.69	3.55
Transitional living facility or halfway house	3.65	2.81	3.45
Long-term, permanent housing	3.51	2.24	2.90
Detoxification from substances	3.88	2.77	3.69
Treatment for substance abuse	4.04	3.09	3.84
Services for emotional or psychiatric problems	3.89	2.98	3.71
Treatment for dual diagnosis	3.71	2.86	3.51
Family counseling	3.38	2.58	3.11
Medical services	4.20	3.52	4.04
Women's health care	3.59	3.10	3.17
Help with medication	4.04	3.12	3.87
Drop-in center or day program	3.67	2.79	3.15
AIDS/HIV testing/counseling	4.00	3.08	3.63
TB testing and Treatment	4.12	3.25	3.90
Legal assistance to help restore a driver's license	3.44	2.50	2.87
Hepatitis C testing	3.96	3.31	3.70
Dental care	2.78	2.33	2.91
Eye care	3.85	2.79	3.38
Glasses	3.81	2.73	3.35
VA disability/pension	3.40	3.21	3.14
Welfare payments	3.28	3.02	2.80
SSI/SSD process	3.66	2.90	2.95
Guardianship (financial)	3.37	2.73	2.84
Help managing money	3.60	2.57	3.13
Job training	3.29	2.76	2.96
Help with finding a job or getting employment	3.19	2.80	3.02
Help getting needed documents or identification	4.05	2.80	3.50
Help with transportation	3.37	2.57	3.31
Education	3.42	3.02	3.19
Child care	3.16	2.20	2.64
Family reconciliation assistance	3.19	2.35	2.73
Discharge upgrade	3.31	2.69	2.96
Spiritual	3.78	3.06	3.55
Re-entry services for incarcerated veterans	3.33	2.51	2.94
Elder health care	3.33	2.84	3.11
Credit counseling	3.13	2.35	2.85
Legal assistance for child support issues	3.00	2.41	2.70
Legal assistance for outstanding warrants/fines	3.29	2.45	2.75
Help developing social network	3.60	2.64	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.47	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.61	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.73	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.84	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.14	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.11	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.50	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.86	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.78	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.28	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.11	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.72	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.54	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.14	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	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.

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

2. FY 2010 Best Practice Example

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

Long-term, permanent housing	Continue to expand HUD-VASH Program.
VA disability/pension	Network with current county Veterans service officer, Veterans Benefits Administration and service organizations to make sure that Veterans are receiving access.
Dental care	Track our Homeless Veteran Dental Program to maximize our current capacity; once our homeless dental clinic is maximized, meet with VA Dental Service chief to consider contracts (possibly using lag funds).

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

CHALENG 2010 Survey Results Summary

VISN: 21

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

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 70

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 20

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	41
Transitional Housing Beds	218
Permanent Housing Beds	530

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants:
234. Number of provider (VA and non-VA) participants: 87.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.94	2.90	3.74
Food	3.99	3.45	3.86
Clothing	3.74	3.25	3.62
Emergency (immediate) shelter	3.82	2.54	3.55
Transitional living facility or halfway house	3.79	2.49	3.45
Long-term, permanent housing	2.86	1.95	2.90
Detoxification from substances	3.73	2.48	3.69
Treatment for substance abuse	3.95	2.79	3.84
Services for emotional or psychiatric problems	3.98	2.81	3.71
Treatment for dual diagnosis	3.74	2.72	3.51
Family counseling	3.03	2.59	3.11
Medical services	4.33	3.21	4.04
Women's health care	3.05	3.08	3.17
Help with medication	4.24	3.01	3.87
Drop-in center or day program	3.62	2.31	3.15
AIDS/HIV testing/counseling	3.87	3.05	3.63
TB testing and Treatment	4.16	3.32	3.90
Legal assistance to help restore a driver's license	3.06	2.37	2.87
Hepatitis C testing	3.99	3.10	3.70
Dental care	3.14	2.29	2.91
Eye care	3.48	2.62	3.38
Glasses	3.47	2.70	3.35
VA disability/pension	3.08	3.06	3.14
Welfare payments	2.71	2.83	2.80
SSI/SSD process	3.07	2.92	2.95
Guardianship (financial)	2.74	2.69	2.84
Help managing money	3.26	2.60	3.13
Job training	2.97	2.72	2.96
Help with finding a job or getting employment	3.04	2.63	3.02
Help getting needed documents or identification	3.68	2.81	3.50
Help with transportation	3.61	2.59	3.31
Education	3.36	2.84	3.19
Child care	2.80	2.36	2.64
Family reconciliation assistance	2.85	2.30	2.73
Discharge upgrade	3.02	2.58	2.96
Spiritual	3.71	3.00	3.55
Re-entry services for incarcerated veterans	3.33	2.49	2.94
Elder health care	3.17	2.74	3.11
Credit counseling	2.96	2.44	2.85
Legal assistance for child support issues	2.99	2.24	2.70
Legal assistance for outstanding warrants/fines	2.97	2.28	2.75
Help developing social network	3.49	2.68	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	2.81	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	2.97	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.34	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.83	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.74	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.88	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.49	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.43	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.77	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.86	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.69	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.42	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.36	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.62	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Emergency (immediate) shelter	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.

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

2. FY 2010 Best Practice Example

Long-term, permanent housing	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.
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	<p>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.</p>
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>The HUD-VASH program is designed to house the chronically homeless, so over the next five years we propose to build 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 have developed a staffing plan that will allow us to use existing space already dedicated to the homeless programs with some space used in the community. The model we are building will allow for an increase in the staff to patient ratio in this program, thus allowing us to reduce the total number of case managers needed with each new allotment of vouchers. 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. If we create this, we will need to focus considerable effort on the creation of employment opportunities in that area. We will enlist the VA Compensated Work Therapy program to assist in this venture, potentially including new staffing (expected in FY 2011) dedicated to Monterey. We plan to dedicate vouchers to every county in our catchment area (five remaining), build flexibility to port vouchers into rural areas, and partner with a Mental Health Intensive Case Management-Rural Access Network for Growth Enhancement to provide efficient case management to rural Veterans.</p>
<p>Transitional living facility or halfway house</p>	<p>Late last year, VA Palo Alto Health Care System hosted a two-day workshop by the Technical Assistance Collaborative and invited over 40 agencies to participate in learning more about VA Grant and Per Diem (GPD) funding opportunities. Our Homeless Program staff at the VA Palo Alto Health Care System provided approximately seven letters of support for local non-profits applying for GPD. The announcement of the new GPD Programs is pending, but we are hopeful that our efforts to support our community partners will lead to a wider array of transitional housing beds in our health care system.</p>
<p>Emergency (immediate) shelter</p>	<p>At the end of Fiscal Year 2009, VA Palo Alto Health Care System had only six Health Care for Homeless Veterans residential contract beds. 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 Central Office. Our Health Care System currently offers "Housing Resource Groups," at eight of its ten locations. In 2011 our increased staffing will allow us to provide this group at all ten sites. This group has shown to be a successful way to increase access to emergency, transitional, and permanent housing.</p>

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

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2010 Survey Results Summary

VISN: 21

Site: VA Sierra Nevada HCS, NV - 654

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 28

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

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	19
Permanent Housing Beds	180

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 47.
Number of provider (VA and non-VA) participants: 45.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.81	3.18	3.74
Food	3.74	3.00	3.86
Clothing	3.51	3.34	3.62
Emergency (immediate) shelter	3.50	2.55	3.55
Transitional living facility or halfway house	3.33	2.40	3.45
Long-term, permanent housing	2.90	2.13	2.90
Detoxification from substances	3.68	2.93	3.69
Treatment for substance abuse	3.97	3.02	3.84
Services for emotional or psychiatric problems	3.73	2.85	3.71
Treatment for dual diagnosis	3.50	2.73	3.51
Family counseling	3.14	2.50	3.11
Medical services	4.37	3.63	4.04
Women's health care	3.13	3.13	3.17
Help with medication	3.88	3.18	3.87
Drop-in center or day program	3.49	2.73	3.15
AIDS/HIV testing/counseling	3.77	3.30	3.63
TB testing and Treatment	3.89	3.43	3.90
Legal assistance to help restore a driver's license	2.67	2.41	2.87
Hepatitis C testing	3.81	3.32	3.70
Dental care	2.18	1.85	2.91
Eye care	2.89	2.13	3.38
Glasses	2.80	2.23	3.35
VA disability/pension	3.10	3.30	3.14
Welfare payments	2.49	2.83	2.80
SSI/SSD process	2.82	2.93	2.95
Guardianship (financial)	2.25	2.60	2.84
Help managing money	2.83	2.56	3.13
Job training	2.76	2.55	2.96
Help with finding a job or getting employment	2.92	2.58	3.02
Help getting needed documents or identification	3.61	2.85	3.50
Help with transportation	3.35	2.55	3.31
Education	2.92	2.90	3.19
Child care	2.54	2.50	2.64
Family reconciliation assistance	2.63	2.53	2.73
Discharge upgrade	3.00	2.73	2.96
Spiritual	3.12	3.08	3.55
Re-entry services for incarcerated veterans	2.73	2.41	2.94
Elder health care	2.90	2.90	3.11
Credit counseling	2.59	2.78	2.85
Legal assistance for child support issues	2.86	2.38	2.70
Legal assistance for outstanding warrants/fines	2.59	2.51	2.75
Help developing social network	2.68	2.73	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.41	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.58	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.19	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.74	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.71	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.73	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.51	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.38	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.50	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.82	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.66	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.41	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.37	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.71	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	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.

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

2. FY 2010 Best Practice Example

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

Long-term, permanent housing	Continue to make placements in HUD-VASH in areas that have received vouchers including Washoe County, Nevada Rural Housing Authority and Placer Housing Authority in Auburn, CA and surrounding areas. Continue to seek low income affordable housing and negotiate lower rents with landlords. Work with HPRP and seek resources for deposit waivers. Continue to monitor number of Veterans seeking long-term permanent housing.
Dental care	Continue to offer dental services to those qualifying in Grant and Per Diem and Residential Treatment Contract. Collaborate with community providers offering dental services such as the Health Access of Washoe County (Outreach Clinic).
Emergency (immediate) shelter	In process of finalizing contract with the City of Reno and VOA for 20 Emergency Housing beds. To be completed by end of October 2010.

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

CHALENG 2010 Survey Results Summary

VISN: 21

Site: VAM&ROC Honolulu, HI - 459

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

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

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

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

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 50

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	2
Transitional Housing Beds	235
Permanent Housing Beds	143

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 37.
Number of provider (VA and non-VA) participants: 78.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.81	3.29	3.74
Food	4.00	3.57	3.86
Clothing	3.92	3.50	3.62
Emergency (immediate) shelter	4.11	2.93	3.55
Transitional living facility or halfway house	3.88	3.00	3.45
Long-term, permanent housing	3.03	2.80	2.90
Detoxification from substances	4.42	3.08	3.69
Treatment for substance abuse	4.39	3.35	3.84
Services for emotional or psychiatric problems	3.67	3.19	3.71
Treatment for dual diagnosis	3.45	3.06	3.51
Family counseling	3.11	2.87	3.11
Medical services	4.06	3.48	4.04
Women's health care	3.17	3.10	3.17
Help with medication	4.24	3.31	3.87
Drop-in center or day program	2.94	2.66	3.15
AIDS/HIV testing/counseling	3.20	3.23	3.63
TB testing and Treatment	4.34	3.58	3.90
Legal assistance to help restore a driver's license	2.76	2.70	2.87
Hepatitis C testing	3.61	3.19	3.70
Dental care	3.32	2.75	2.91
Eye care	3.61	2.93	3.38
Glasses	3.50	2.94	3.35
VA disability/pension	2.79	3.31	3.14
Welfare payments	3.45	3.06	2.80
SSI/SSD process	2.91	3.09	2.95
Guardianship (financial)	2.58	2.78	2.84
Help managing money	3.56	2.76	3.13
Job training	3.15	3.07	2.96
Help with finding a job or getting employment	3.38	3.05	3.02
Help getting needed documents or identification	3.88	2.88	3.50
Help with transportation	3.53	2.63	3.31
Education	2.80	2.82	3.19
Child care	2.64	2.34	2.64
Family reconciliation assistance	2.89	2.58	2.73
Discharge upgrade	2.87	2.73	2.96
Spiritual	3.21	3.03	3.55
Re-entry services for incarcerated veterans	3.04	2.63	2.94
Elder health care	2.89	2.87	3.11
Credit counseling	3.24	2.53	2.85
Legal assistance for child support issues	2.71	2.57	2.70
Legal assistance for outstanding warrants/fines	2.79	2.56	2.75
Help developing social network	3.00	2.81	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.51	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.42	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.13	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.68	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.77	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.12	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.63	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.52	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.68	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.88	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.86	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.47	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.53	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.65	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	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.

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

2. FY 2010 Best Practice Example

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

Emergency (immediate) shelter	Fifty emergency bed vouchers dispersed throughout our catchment area at the cost of \$40/day. Projected cost of request for funding: \$730,000.
Transitional living facility or halfway house	To establish 12 step-down beds for post-hospitalization and socialization of Veterans with chronic and severe mental illnesses in rural communities. Capitol funding request of \$350,000, preferred provider is Mental Health Kokum with over 30 years of experience in case management and networking with the State of Hawaii, the Hawaii State Hospital, the Family Courts and the Adult Mental Health Division.
Spiritual	The response from previously homeless Veterans indicated a large void in counseling and spiritual support within the community at Barber's Point Supportive Independent Living Program. The goal here is to enhance the entire community by infusing certified peer specialists to engage Veterans in a therapeutic community and to develop accountability to one another through self-governance. At the same time the entire Homeless Team will be relocating to Kalaeloa. This means that we will be able to offer extended clinic hours, render clinical support to the 220 residents and avail ourselves to the larger Kalaeloa Community.

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

CHALENG 2010 Survey Results Summary

VISN: 21

Site: VAMC San Francisco, CA - 662

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 22

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 30

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	45
Transitional Housing Beds	154
Permanent Housing Beds	505

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 15.
Number of provider (VA and non-VA) participants: 29.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.62	2.96	3.74
Food	3.62	3.44	3.86
Clothing	2.92	3.30	3.62
Emergency (immediate) shelter	3.08	2.80	3.55
Transitional living facility or halfway house	3.69	3.22	3.45
Long-term, permanent housing	2.50	2.16	2.90
Detoxification from substances	2.42	2.65	3.69
Treatment for substance abuse	2.92	3.04	3.84
Services for emotional or psychiatric problems	3.77	2.96	3.71
Treatment for dual diagnosis	3.27	2.90	3.51
Family counseling	3.31	2.96	3.11
Medical services	3.77	3.87	4.04
Women's health care	2.73	2.78	3.17
Help with medication	3.77	3.27	3.87
Drop-in center or day program	2.00	3.30	3.15
AIDS/HIV testing/counseling	3.92	3.27	3.63
TB testing and Treatment	4.00	3.55	3.90
Legal assistance to help restore a driver's license	2.83	2.90	2.87
Hepatitis C testing	4.45	3.77	3.70
Dental care	2.36	2.17	2.91
Eye care	2.69	2.67	3.38
Glasses	2.57	2.67	3.35
VA disability/pension	3.25	3.55	3.14
Welfare payments	3.33	3.10	2.80
SSI/SSD process	2.58	3.21	2.95
Guardianship (financial)	2.77	2.65	2.84
Help managing money	3.38	2.65	3.13
Job training	3.15	3.27	2.96
Help with finding a job or getting employment	3.08	3.48	3.02
Help getting needed documents or identification	3.75	3.67	3.50
Help with transportation	2.62	2.52	3.31
Education	2.69	3.39	3.19
Child care	2.75	2.16	2.64
Family reconciliation assistance	2.36	2.33	2.73
Discharge upgrade	2.83	3.43	2.96
Spiritual	3.54	3.20	3.55
Re-entry services for incarcerated veterans	2.08	2.67	2.94
Elder health care	2.92	2.77	3.11
Credit counseling	2.77	2.50	2.85
Legal assistance for child support issues	2.09	2.38	2.70
Legal assistance for outstanding warrants/fines	2.18	2.41	2.75
Help developing social network	2.92	3.04	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.48	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.70	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.81	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.10	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.10	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.90	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.90	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.15	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.00	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.45	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.17	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.00	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.80	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.95	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

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.

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

2. FY 2010 Best Practice Example

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

Long-term, permanent housing	Advocate for more HUD-VASH vouchers in both San Francisco and underserved remote rural areas.
Transitional living facility or halfway house	1) Advocate for increase of transitional living or halfway houses in rural, underserved areas. 2) Advocate for additional VA Grant and Per Diem liaisons and contract coordinators.
Dental care	Advocate for dental clinics or fee basis funding to rural, underserved areas.

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