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

CHALENG 2010 Survey Results Summary

VISN: 9

Site: VAMC Huntington, WV - 581

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: 30

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	12
Permanent Housing Beds	70

***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: 19. Number of provider (VA and non-VA) participants: 46.)

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.)	4.32	3.13	3.74
Food	4.42	3.61	3.86
Clothing	3.68	3.42	3.62
Emergency (immediate) shelter	4.32	3.33	3.55
Transitional living facility or halfway house	3.35	3.07	3.45
Long-term, permanent housing	3.78	2.93	2.90
Detoxification from substances	3.47	2.64	3.69
Treatment for substance abuse	3.40	2.84	3.84
Services for emotional or psychiatric problems	3.38	3.07	3.71
Treatment for dual diagnosis	3.44	2.84	3.51
Family counseling	3.29	2.81	3.11
Medical services	4.11	3.77	4.04
Women's health care	2.50	2.95	3.17
Help with medication	4.41	3.11	3.87
Drop-in center or day program	4.60	3.30	3.15
AIDS/HIV testing/counseling	3.29	3.07	3.63
TB testing and Treatment	4.13	3.44	3.90
Legal assistance to help restore a driver's license	2.33	2.61	2.87
Hepatitis C testing	3.00	3.39	3.70
Dental care	1.76	2.59	2.91
Eye care	2.71	2.80	3.38
Glasses	2.88	2.82	3.35
VA disability/pension	2.75	3.57	3.14
Welfare payments	2.71	3.50	2.80
SSI/SSD process	3.36	3.32	2.95
Guardianship (financial)	2.58	3.05	2.84
Help managing money	3.19	3.07	3.13
Job training	2.80	3.39	2.96
Help with finding a job or getting employment	3.18	3.50	3.02
Help getting needed documents or identification	4.41	3.39	3.50
Help with transportation	4.39	2.96	3.31
Education	3.29	3.48	3.19
Child care	3.00	2.36	2.64
Family reconciliation assistance	3.00	2.57	2.73
Discharge upgrade	2.64	3.07	2.96
Spiritual	3.81	3.14	3.55
Re-entry services for incarcerated veterans	3.08	2.77	2.94
Elder health care	3.00	3.02	3.11
Credit counseling	3.31	2.84	2.85
Legal assistance for child support issues	2.79	2.77	2.70
Legal assistance for outstanding warrants/fines	2.77	2.64	2.75
Help developing social network	2.92	3.00	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?	3.79	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.84	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.	2.71	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.21	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.32	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.	2.61	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.64	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.56	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.65	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.18	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.97	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.	1.76	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.	1.82	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.	1.79	1.89

***Scored of non-VA community agency representatives who completed Participant Survey.**
****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).**

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	We 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.

***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

3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	Utilization of eight contract beds to be awarded in October 2010. Request for additional beds if funding is available.
Treatment for substance abuse	Continue to make referrals for inpatient and outpatient substance abuse treatment through VAMC. Utilization of Healing Place and other community based treatment programs. Request for substance use disorder specialist to be added to Health Care for Homeless Veterans team for increased availability to meet needs of those diagnosed with and/or requesting services/treatment for substance abuse.
Transitional living facility or halfway house	Anticipate award of two VA Grant and Per Diem programs with a total of 35 beds in two separate regions of the catchment area. Increase participation in community homeless coalitions/task forces to educate community providers about the application process for VA Grant and Per Diem.

***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: 9

Site: VAMC Lexington, KY - 596

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: 3

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: 1

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	0
Transitional Housing Beds	108
Permanent Housing Beds	95

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

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 91. Number of provider (VA and non-VA) participants: 32.)

Need Ranking (1=Need Unmet .... 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.73	2.63	3.74
Food	3.92	3.66	3.86
Clothing	3.99	3.56	3.62
Emergency (immediate) shelter	3.84	3.22	3.55
Transitional living facility or halfway house	3.72	2.94	3.45
Long-term, permanent housing	2.84	2.34	2.90
Detoxification from substances	3.96	3.19	3.69
Treatment for substance abuse	4.05	3.31	3.84
Services for emotional or psychiatric problems	3.71	3.28	3.71
Treatment for dual diagnosis	3.34	3.06	3.51
Family counseling	3.31	2.65	3.11
Medical services	3.89	3.63	4.04
Women's health care	3.19	2.72	3.17
Help with medication	3.82	3.34	3.87
Drop-in center or day program	3.08	2.22	3.15
AIDS/HIV testing/counseling	3.60	3.38	3.63
TB testing and Treatment	3.93	3.53	3.90
Legal assistance to help restore a driver's license	2.70	1.88	2.87
Hepatitis C testing	3.46	3.00	3.70
Dental care	2.69	2.94	2.91
Eye care	3.16	3.03	3.38
Glasses	3.24	2.97	3.35
VA disability/pension	2.99	3.38	3.14
Welfare payments	2.84	2.94	2.80
SSI/SSD process	2.95	3.06	2.95
Guardianship (financial)	2.91	2.52	2.84
Help managing money	3.11	2.50	3.13
Job training	3.08	2.56	2.96
Help with finding a job or getting employment	3.33	2.88	3.02
Help getting needed documents or identification	3.43	2.50	3.50
Help with transportation	3.30	2.56	3.31
Education	3.09	3.03	3.19
Child care	2.74	2.34	2.64
Family reconciliation assistance	2.89	2.41	2.73
Discharge upgrade	3.04	2.47	2.96
Spiritual	3.52	2.72	3.55
Re-entry services for incarcerated veterans	3.04	2.25	2.94
Elder health care	3.11	2.47	3.11
Credit counseling	2.81	2.19	2.85
Legal assistance for child support issues	2.56	2.09	2.70
Legal assistance for outstanding warrants/fines	2.60	2.03	2.75
Help developing social network	2.92	2.65	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?	3.65	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.08	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.	2.92	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.38	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.08	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.36	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.36	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.96	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.	1.88	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.	2.48	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.24	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.	1.68	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.	1.64	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.	2.20	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*

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.

***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

3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Request expansion of HUD-VASH with an emphasis on housing for rural Veterans. Develop a better working relationship with the state of Kentucky specifically the Kentucky Housing Corporation to utilize current resources (HUD Shelter Plus Care) more effectively.
Emergency (immediate) shelter	The Lexington VAMC is in the process of developing a contract with a local provider for contract residential housing in the hopes of decreasing the amount of time a Veteran may be in a shelter.
Dental care	Work with community resources such as the Lexington Health Department and the University of Kentucky Dental Clinic and other local community resources and advocate for Veterans in obtaining needed dental care.

***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: 9

Site: VAMC Louisville, KY - 603

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: 33

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: 5

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	0
Transitional Housing Beds	116
Permanent Housing Beds	200

***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: 159. Number of provider (VA and non-VA) participants: 99.)

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.)	3.95	3.33	3.74
Food	4.14	3.76	3.86
Clothing	3.83	3.58	3.62
Emergency (immediate) shelter	4.00	3.64	3.55
Transitional living facility or halfway house	3.91	3.34	3.45
Long-term, permanent housing	3.29	2.99	2.90
Detoxification from substances	3.84	3.49	3.69
Treatment for substance abuse	3.99	3.72	3.84
Services for emotional or psychiatric problems	3.69	3.74	3.71
Treatment for dual diagnosis	3.55	3.33	3.51
Family counseling	3.24	3.09	3.11
Medical services	4.05	4.00	4.04
Women's health care	3.14	3.44	3.17
Help with medication	4.10	3.64	3.87
Drop-in center or day program	3.27	3.14	3.15
AIDS/HIV testing/counseling	3.54	3.65	3.63
TB testing and Treatment	4.20	3.98	3.90
Legal assistance to help restore a driver's license	3.30	2.84	2.87
Hepatitis C testing	3.68	3.59	3.70
Dental care	3.31	2.66	2.91
Eye care	3.63	2.97	3.38
Glasses	3.56	2.94	3.35
VA disability/pension	3.08	3.45	3.14
Welfare payments	2.70	3.12	2.80
SSI/SSD process	2.94	3.18	2.95
Guardianship (financial)	2.79	3.01	2.84
Help managing money	3.10	2.95	3.13
Job training	2.85	3.14	2.96
Help with finding a job or getting employment	3.02	3.14	3.02
Help getting needed documents or identification	3.67	3.27	3.50
Help with transportation	3.29	3.05	3.31
Education	3.23	2.95	3.19
Child care	2.74	2.54	2.64
Family reconciliation assistance	2.81	2.55	2.73
Discharge upgrade	2.88	2.94	2.96
Spiritual	3.63	3.36	3.55
Re-entry services for incarcerated veterans	2.91	3.03	2.94
Elder health care	2.94	3.07	3.11
Credit counseling	2.90	2.60	2.85
Legal assistance for child support issues	2.78	2.58	2.70
Legal assistance for outstanding warrants/fines	2.86	2.66	2.75
Help developing social network	3.36	2.88	3.14

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

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

1. Community Ratings of VA/Community Integration*

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

***Scores of non-VA community agency representatives who completed Participant Survey.**
****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).**

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

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.63	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.13	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.18	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.	2.42	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.	1.70	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.54	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.	1.63	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.	2.16	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.06	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.	1.66	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.	1.73	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.	1.81	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	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).

***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

3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Help with finding a job or getting employment	Unfortunately the current U.S. economy is the most significant barrier in this category. We will continue to provide Veterans with referrals to all known agencies identified as resources in last year's CHALENG Report (Disabled Veteran Outreach Program, Volunteers of America's Reintegration Program, Urban League, Nia Center, state of Kentucky Vocational Rehabilitation, Canaan Community Development, and CWT). The VAMC in Louisville will also be hiring Homeless Veteran Supported Employment Specialists, who will specifically assist homeless Veterans in pursuing employment.
Long-term, permanent housing	Although the advent of 200 HUD-VASH vouchers has greatly improved access to permanent housing in Louisville and nearby southern Indiana, not every Veteran is appropriate for or interested in this program. The Louisville Homeless Coalition recently compiled a list of fair-minded local landlords and HCHV has begun distributing this list to homeless Veterans. Some subsidized housing resources in the area that do not require the individual to be elderly or disabled also have been identified. www.kyrents.org is another resource we have been using of late that helps find affordable fair market housing. Also, rooming homes have historically been a housing option of choice for many Veterans due to their less strict criteria. Although we have been receiving less information about rooming homes than in the past, a community partner recently informed of a local landlord with 30 rooms for rent that frequently has openings. WE will also continue to work to identify other options for Veterans who desire this form of permanent housing.

***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: 9

Site: VAMC Memphis, TN - 614

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: 5

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	0
Transitional Housing Beds	135
Permanent Housing Beds	197

***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: 54. Number of provider (VA and non-VA) participants: 18.)

Need Ranking (1=Need Unmet .... 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.06	3.25	3.74
Food	3.94	3.41	3.86
Clothing	3.59	3.31	3.62
Emergency (immediate) shelter	3.71	2.76	3.55
Transitional living facility or halfway house	3.63	3.12	3.45
Long-term, permanent housing	3.10	2.56	2.90
Detoxification from substances	3.81	2.81	3.69
Treatment for substance abuse	4.00	3.18	3.84
Services for emotional or psychiatric problems	3.63	3.18	3.71
Treatment for dual diagnosis	3.29	3.00	3.51
Family counseling	2.98	3.20	3.11
Medical services	4.26	3.80	4.04
Women's health care	2.91	3.00	3.17
Help with medication	4.02	3.20	3.87
Drop-in center or day program	3.20	2.67	3.15
AIDS/HIV testing/counseling	3.65	3.38	3.63
TB testing and Treatment	4.04	3.54	3.90
Legal assistance to help restore a driver's license	2.57	2.57	2.87
Hepatitis C testing	3.65	3.43	3.70
Dental care	3.31	3.14	2.91
Eye care	3.85	3.53	3.38
Glasses	3.80	3.53	3.35
VA disability/pension	3.32	3.67	3.14
Welfare payments	2.66	3.13	2.80
SSI/SSD process	2.91	3.20	2.95
Guardianship (financial)	2.77	2.92	2.84
Help managing money	3.18	3.07	3.13
Job training	2.96	3.13	2.96
Help with finding a job or getting employment	2.98	2.93	3.02
Help getting needed documents or identification	3.57	3.13	3.50
Help with transportation	3.43	2.47	3.31
Education	3.49	3.20	3.19
Child care	2.76	2.80	2.64
Family reconciliation assistance	2.85	2.93	2.73
Discharge upgrade	3.13	3.00	2.96
Spiritual	3.79	3.29	3.55
Re-entry services for incarcerated veterans	2.93	3.07	2.94
Elder health care	3.28	3.00	3.11
Credit counseling	2.83	2.80	2.85
Legal assistance for child support issues	2.68	2.57	2.70
Legal assistance for outstanding warrants/fines	2.65	2.71	2.75
Help developing social network	3.37	3.00	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?	3.94	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.73	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.	2.94	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.69	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.19	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.	2.40	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.	1.47	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.87	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.13	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.	2.60	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.29	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.	1.67	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.	1.79	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*

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.

***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

3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	Inform and encourage the community agencies to apply for VA emergency contract bed funding in Memphis and also locations in Mississippi and Arkansas. Request funding to obtain free vouchers to local emergency housing programs to assist homeless Veterans while working on a more permanent placement or treatment. Create informal partnership with local emergency shelters to assist Veterans with placement.
Transitional living facility or halfway house	In Memphis we need Veteran-specific transitional beds for special needs population such as women with or without dependents, individuals with severe mental health diagnosis/dual diagnosis, and families. Inform community regarding the needs and encourage community programs to apply for VA Grant and Per Diem funding. Host a GPD grant writing workshop in Memphis. Create informative brochures and distribute the info through large email groups, Memphis library LINC info, and attending various community meetings.
VA disability/pension	Locate and create informal contracts with local service officers to assist our Veterans regarding benefits.

***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: 9

Site: VAMC Mountain Home, TN - 621

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: 20

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: 6

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	0
Transitional Housing Beds	90
Permanent Housing Beds	140

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

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 53. Number of provider (VA and non-VA) participants: 8.)

Need Ranking (1=Need Unmet .... 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.00	3.88	3.74
Food	4.32	4.88	3.86
Clothing	3.70	4.13	3.62
Emergency (immediate) shelter	4.17	3.86	3.55
Transitional living facility or halfway house	4.20	4.13	3.45
Long-term, permanent housing	2.83	2.75	2.90
Detoxification from substances	3.39	2.00	3.69
Treatment for substance abuse	4.06	3.13	3.84
Services for emotional or psychiatric problems	3.55	3.25	3.71
Treatment for dual diagnosis	3.43	2.63	3.51
Family counseling	2.90	2.88	3.11
Medical services	4.06	3.88	4.04
Women's health care	1.71	2.50	3.17
Help with medication	3.92	4.38	3.87
Drop-in center or day program	3.42	2.63	3.15
AIDS/HIV testing/counseling	3.28	4.00	3.63
TB testing and Treatment	4.08	4.38	3.90
Legal assistance to help restore a driver's license	2.77	2.88	2.87
Hepatitis C testing	3.78	3.50	3.70
Dental care	2.49	2.00	2.91
Eye care	3.46	3.50	3.38
Glasses	3.62	3.75	3.35
VA disability/pension	2.78	3.00	3.14
Welfare payments	2.31	2.63	2.80
SSI/SSD process	2.79	3.00	2.95
Guardianship (financial)	2.73	2.25	2.84
Help managing money	3.25	2.50	3.13
Job training	2.60	2.25	2.96
Help with finding a job or getting employment	2.92	2.88	3.02
Help getting needed documents or identification	3.70	3.88	3.50
Help with transportation	3.43	3.43	3.31
Education	2.96	2.63	3.19
Child care	2.30	1.63	2.64
Family reconciliation assistance	2.30	2.38	2.73
Discharge upgrade	2.98	2.86	2.96
Spiritual	4.02	3.43	3.55
Re-entry services for incarcerated veterans	3.07	2.38	2.94
Elder health care	3.04	2.75	3.11
Credit counseling	2.58	3.00	2.85
Legal assistance for child support issues	2.60	2.00	2.70
Legal assistance for outstanding warrants/fines	2.71	2.13	2.75
Help developing social network	3.21	3.63	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.57	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.43	3.55

***Scores of non-VA community agency representatives who completed Participant Survey.**
****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).**

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

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.29	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.86	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.	2.86	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.	1.86	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.29	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.14	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.	2.57	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.43	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.	1.57	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.	1.86	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.	2.00	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*

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

***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

3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	Explore possible contract residential beds providers in proximity to the VAMC and Knoxville OPC.
Treatment for dual diagnosis	1) A Substance Abuse Specialist position has been identified for the HUD-VASH Program. 2) Closer collaboration with the Domiciliary Substance Use Disorder Program to provide dual diagnosis treatment.
Job training	Expectation for two positions to be funded through the VA Compensated Work Therapy program to provide training and experience for homeless or formerly homeless Veterans.

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

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

CHALENG 2010 Survey Results Summary

VISN: 9

Site: VAMC Nashville, TN - 626 (Nashville and Murfreesboro)

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: 36

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: 2

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	8
Transitional Housing Beds	133
Permanent Housing Beds	300

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 86. Number of provider (VA and non-VA) participants: 26.)

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.)	4.20	3.08	3.74
Food	4.29	3.48	3.86
Clothing	3.90	3.04	3.62
Emergency (immediate) shelter	4.22	3.08	3.55
Transitional living facility or halfway house	4.44	3.68	3.45
Long-term, permanent housing	2.95	3.25	2.90
Detoxification from substances	4.19	3.52	3.69
Treatment for substance abuse	4.36	3.50	3.84
Services for emotional or psychiatric problems	3.68	3.72	3.71
Treatment for dual diagnosis	3.42	3.28	3.51
Family counseling	3.00	2.56	3.11
Medical services	4.24	3.72	4.04
Women's health care	2.95	3.48	3.17
Help with medication	4.14	3.44	3.87
Drop-in center or day program	3.60	3.16	3.15
AIDS/HIV testing/counseling	3.73	3.40	3.63
TB testing and Treatment	3.99	3.76	3.90
Legal assistance to help restore a driver's license	3.13	3.08	2.87
Hepatitis C testing	3.72	3.52	3.70
Dental care	3.13	3.40	2.91
Eye care	3.30	3.20	3.38
Glasses	3.13	3.00	3.35
VA disability/pension	3.16	3.44	3.14
Welfare payments	2.56	2.76	2.80
SSI/SSD process	2.73	2.92	2.95
Guardianship (financial)	2.54	2.83	2.84
Help managing money	3.39	3.13	3.13
Job training	3.23	3.12	2.96
Help with finding a job or getting employment	3.41	3.25	3.02
Help getting needed documents or identification	4.15	3.32	3.50
Help with transportation	3.85	3.00	3.31
Education	3.32	3.08	3.19
Child care	2.66	2.29	2.64
Family reconciliation assistance	2.51	2.50	2.73
Discharge upgrade	2.75	3.00	2.96
Spiritual	3.78	3.48	3.55
Re-entry services for incarcerated veterans	3.01	3.32	2.94
Elder health care	2.94	2.88	3.11
Credit counseling	2.57	2.91	2.85
Legal assistance for child support issues	2.70	2.63	2.70
Legal assistance for outstanding warrants/fines	2.81	2.80	2.75
Help developing social network	3.29	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?	3.43	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.86	3.55

***Scores of non-VA community agency representatives who completed Participant Survey.**
****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).**

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

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.00	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.86	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	3.29	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.17	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.57	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.	2.29	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.	2.71	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.14	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.29	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.83	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.	1.57	1.89

***Scored of non-VA community agency representatives who completed Participant Survey.**
****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).**

E. Action Plans: FY 2010 and FY 2011

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

Emergency (immediate) shelter	The $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.

***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	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.

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

3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	New Formal VA contract partnership with "Welcome Home Ministries INC" to provide eight new Veteran specific emergency/transitional beds.
Long-term, permanent housing	100 New HUD-VASH vouchers to be implemented in Davidson and Rutherford counties. New VASH staff to be hired. Continue to build and strengthen partnerships with area housing providers.
Job training	New Green Jobs Grant Funding ($300,000) in place at Operation Stand Down Inc. Service Center. Four new VA Compensated Work Therapy staff to be hired.

***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.**