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

CHALENG 2010 Survey Results Summary

VISN: 4

Site: VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)

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: 17

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	5
Transitional Housing Beds	116
Permanent Housing Beds	155

***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: 61. Number of provider (VA and non-VA) participants: 136.)

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.)	3.93	3.15	3.74
Food	4.03	3.34	3.86
Clothing	3.82	3.26	3.62
Emergency (immediate) shelter	3.83	3.19	3.55
Transitional living facility or halfway house	3.90	3.06	3.45
Long-term, permanent housing	3.18	2.85	2.90
Detoxification from substances	4.07	3.03	3.69
Treatment for substance abuse	4.03	3.17	3.84
Services for emotional or psychiatric problems	3.96	3.36	3.71
Treatment for dual diagnosis	3.47	3.08	3.51
Family counseling	3.06	2.99	3.11
Medical services	4.23	3.59	4.04
Women's health care	3.00	3.39	3.17
Help with medication	4.09	3.33	3.87
Drop-in center or day program	3.69	3.12	3.15
AIDS/HIV testing/counseling	3.62	3.25	3.63
TB testing and Treatment	3.89	3.34	3.90
Legal assistance to help restore a driver's license	3.14	2.94	2.87
Hepatitis C testing	3.85	3.18	3.70
Dental care	3.51	2.96	2.91
Eye care	3.72	3.02	3.38
Glasses	3.59	3.00	3.35
VA disability/pension	3.13	3.25	3.14
Welfare payments	2.77	3.18	2.80
SSI/SSD process	3.33	3.15	2.95
Guardianship (financial)	2.96	3.07	2.84
Help managing money	3.61	2.97	3.13
Job training	3.17	3.09	2.96
Help with finding a job or getting employment	3.45	3.08	3.02
Help getting needed documents or identification	3.66	3.16	3.50
Help with transportation	3.60	3.18	3.31
Education	3.46	3.15	3.19
Child care	2.33	2.97	2.64
Family reconciliation assistance	2.60	2.91	2.73
Discharge upgrade	2.98	3.15	2.96
Spiritual	3.74	3.34	3.55
Re-entry services for incarcerated veterans	2.72	2.99	2.94
Elder health care	3.18	3.20	3.11
Credit counseling	3.02	2.94	2.85
Legal assistance for child support issues	2.80	2.93	2.70
Legal assistance for outstanding warrants/fines	3.11	2.97	2.75
Help developing social network	3.42	3.07	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.	3.39	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.	2.62	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.34	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.38	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.	2.12	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.	2.27	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.	2.61	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.42	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.	2.17	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.	2.23	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.	2.24	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 155 HUD-VASH vouchers and are hiring two more social workers for case management.
Emergency (immediate) shelter	We have five contract residential beds; hoping to double that by 2011, and go up to 25 beds by 2013.
Transitional living facility or halfway house	A 10-bed VA Grant and Per Diem program will start in FY 2011.

***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 more HUD-VASH voucher and continue with placement and case management of homeless Veterans and their families into Section 8 permanent housing.
Emergency (immediate) shelter	Presently, we have five residential contract beds. These beds are filled and there is a waiting list. We need more contract residential beds, and hope to grow to a total of 25 beds by 2013. Also, we do have support of community providers at the general homeless community shelters, but these shelters fill quickly.
Credit counseling	Food is provided to our Veterans involved with the residential contract emergency housing program and in all but one of our VA Grant and Per Diem transitional housing programs. Extra effort will be made to assess our Veterans in HUD-VASH housing and one transitional housing site (that does not provide meals), to see if they have monies and resources for food. In addition, Veterans will be given more information and guidance with registering with the neighboring community food banks, and other resources for food, plus offering transportation assistance to get food. With Veteran responses, 62 Veterans completed surveys, 14 indicated food as an unmet need.

***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: 4

Site: VAM&ROC Wilmington, DE - 460

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: 10

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	26
Transitional Housing Beds	0
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: 4. Number of provider (VA and non-VA) participants: 44.)

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.)	4.25	3.27	3.74
Food	3.75	3.54	3.86
Clothing	4.25	3.46	3.62
Emergency (immediate) shelter	3.50	2.93	3.55
Transitional living facility or halfway house	2.25	2.88	3.45
Long-term, permanent housing	2.25	2.57	2.90
Detoxification from substances	4.00	2.95	3.69
Treatment for substance abuse	4.00	3.24	3.84
Services for emotional or psychiatric problems	4.25	3.31	3.71
Treatment for dual diagnosis	4.00	3.07	3.51
Family counseling	3.50	2.82	3.11
Medical services	4.00	3.69	4.04
Women's health care	3.00	3.32	3.17
Help with medication	4.00	3.31	3.87
Drop-in center or day program	2.00	2.69	3.15
AIDS/HIV testing/counseling	3.25	3.32	3.63
TB testing and Treatment	4.50	3.27	3.90
Legal assistance to help restore a driver's license	2.50	2.71	2.87
Hepatitis C testing	4.50	3.32	3.70
Dental care	2.00	2.98	2.91
Eye care	2.50	3.02	3.38
Glasses	2.50	3.05	3.35
VA disability/pension	3.00	3.31	3.14
Welfare payments	2.50	3.22	2.80
SSI/SSD process	3.50	3.17	2.95
Guardianship (financial)	3.00	2.78	2.84
Help managing money	3.25	2.76	3.13
Job training	2.75	2.93	2.96
Help with finding a job or getting employment	2.75	2.90	3.02
Help getting needed documents or identification	3.25	3.02	3.50
Help with transportation	3.75	2.90	3.31
Education	3.75	2.95	3.19
Child care	2.75	2.68	2.64
Family reconciliation assistance	3.00	2.63	2.73
Discharge upgrade	3.00	2.63	2.96
Spiritual	3.50	3.05	3.55
Re-entry services for incarcerated veterans	2.67	2.60	2.94
Elder health care	3.50	2.98	3.11
Credit counseling	2.50	2.88	2.85
Legal assistance for child support issues	2.75	2.68	2.70
Legal assistance for outstanding warrants/fines	2.50	2.63	2.75
Help developing social network	2.75	2.76	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?	3.23	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.29	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.	2.23	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.76	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.88	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.08	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.	1.76	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.64	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.	1.84	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.	1.80	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.	1.52	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.	1.68	1.89

***Scored of non-VA community agency representatives who completed Participant Survey.**
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E. Action Plans: FY 2010 and FY 2011

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

Transitional living facility or halfway house	A community provider in Southern New Jersey was awarded VA Grant and Per Diem funding to open a 48-bed facility. Two agencies applied for contract bed funds. If chosen as grantees the facilities will offer some needed supported housing. We have an enhanced networking/relationship with a community agency which provides emergency housing to incarcerated Veterans who would other wise be hard to place in transitional housing.
Long-term, permanent housing	Many homeless Veterans were successfully identified by our outreach and found eligible for the HUD-VASH program. We attended monthly landlord meeting(s) to educate landlords about VASH and other VA housing programs. Wilmington VA held a 2010 Homeless Summit (April 8-9) to promote awareness within the community about the VA Five Year Plan to End Veteran Homelessness.
Help with finding a job or getting employment	Referred Veterans to local non-VA employment resources (Department of Labor Homeless Veterans Reintegration Program) and Compensated Work Therapy Program/ Supportive Employment (CWT/SE) Programs. CWT Coordinator established formal contract with CITI Bank which will provide job readiness training, resume writing and employment opportunities for qualified Veterans.

***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	Increase bed availability with existing community providers in addition to creating new formal emergency bed agreements with community agencies in order to get Veteran's off the street and into adequate housing in a timely manner.
Transitional living facility or halfway house	Educate/recruit community providers to apply for VA grants. Enhance existing relationship with community providers who offer supportive housing for the homeless population in Delaware and Southern New Jersey.
Long-term, permanent housing	Continue to assist HUD-VASH coordinator in educating landlords about the need for more affordable housing options for homeless Veterans. Advocate internally for more HUD-VASH vouchers based on number of identified 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: 4

Site: VAMC Altoona, PA - 503

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: 10

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: 28

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	5
Transitional Housing Beds	6
Permanent Housing Beds	35

***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: 19. Number of provider (VA and non-VA) participants: 61.)

Need Ranking (1=Need Unmet .... 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.50	3.49	3.74
Food	3.72	3.78	3.86
Clothing	3.61	3.85	3.62
Emergency (immediate) shelter	1.74	2.84	3.55
Transitional living facility or halfway house	1.26	2.63	3.45
Long-term, permanent housing	1.42	2.63	2.90
Detoxification from substances	3.06	3.27	3.69
Treatment for substance abuse	3.06	3.40	3.84
Services for emotional or psychiatric problems	3.22	3.35	3.71
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AIDS/HIV testing/counseling	3.00	3.02	3.63
TB testing and Treatment	3.00	3.31	3.90
Legal assistance to help restore a driver's license	2.11	2.70	2.87
Hepatitis C testing	3.00	3.20	3.70
Dental care	1.39	2.80	2.91
Eye care	3.22	3.08	3.38
Glasses	3.28	3.04	3.35
VA disability/pension	2.88	3.47	3.14
Welfare payments	2.94	3.47	2.80
SSI/SSD process	2.78	3.45	2.95
Guardianship (financial)	2.83	3.04	2.84
Help managing money	2.56	2.98	3.13
Job training	2.61	3.22	2.96
Help with finding a job or getting employment	2.44	3.35	3.02
Help getting needed documents or identification	2.67	3.31	3.50
Help with transportation	2.06	3.13	3.31
Education	2.89	3.06	3.19
Child care	2.76	2.94	2.64
Family reconciliation assistance	2.17	2.70	2.73
Discharge upgrade	2.67	3.13	2.96
Spiritual	3.39	3.18	3.55
Re-entry services for incarcerated veterans	1.06	2.50	2.94
Elder health care	2.53	3.25	3.11
Credit counseling	1.94	2.80	2.85
Legal assistance for child support issues	2.44	2.73	2.70
Legal assistance for outstanding warrants/fines	1.83	2.62	2.75
Help developing social network	2.72	2.75	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.50	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.57	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.	1.60	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.83	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.	2.02	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.	1.30	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.30	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.	1.52	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.	1.79	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.81	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.	1.35	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.	1.51	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	At the local level, beds were increased to meet indentified need. Networking was established with local county Veteran directors to assist with transportation to local shelter.
Transitional living facility or halfway house	Promotion of the VA Grant and Per Diem program was active. Agencies were not interested due to low per diem rate. Contract for transitional housing was completed by Tomorrow's Hope for six beds beginning in June 2010.
Long-term, permanent housing	Thirty-five (35) vouchers were awarded to the County of Blair Redevelopment and Housing Authority (COBRHA). HUD-VASH case manager was hired in February 2010. So far, four Veterans are housed, three have vouchers, and 18 have been referred to COBRHA for the paperwork process. New housing specialist assists Veterans in locating housing.

***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	Continue to establish and expand relationships with shelters in our 14 county catchment area for immediate shelter.
Transitional living facility or halfway house	Contract is in place with Tomorrow's Hope, Coalport, PA for six beds. Additional funding for the transitional housing program would be required to meet the estimates of homeless Veterans identified through county agencies.
Long-term, permanent housing	HUD-VASH program is in progress. Among our participants, 14 are housed, 3 have vouchers, and 18 are referred to the housing authority and are in paperwork process.

***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: 4

Site: VAMC Butler, PA - 529

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: 5

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: 10

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	10
Permanent Housing Beds	35

***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: 6. Number of provider (VA and non-VA) participants: 35.)

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	3.57	3.74
Food	4.33	3.88	3.86
Clothing	4.33	3.72	3.62
Emergency (immediate) shelter	4.17	2.72	3.55
Transitional living facility or halfway house	4.00	2.81	3.45
Long-term, permanent housing	3.67	2.88	2.90
Detoxification from substances	4.33	3.31	3.69
Treatment for substance abuse	4.50	3.59	3.84
Services for emotional or psychiatric problems	4.33	3.66	3.71
Treatment for dual diagnosis	3.80	3.39	3.51
Family counseling	2.80	3.19	3.11
Medical services	3.83	4.03	4.04
Women's health care	3.00	3.50	3.17
Help with medication	3.67	3.63	3.87
Drop-in center or day program	3.80	3.47	3.15
AIDS/HIV testing/counseling	4.17	3.63	3.63
TB testing and Treatment	4.17	3.60	3.90
Legal assistance to help restore a driver's license	3.17	2.97	2.87
Hepatitis C testing	4.17	3.47	3.70
Dental care	3.50	2.93	2.91
Eye care	3.67	3.41	3.38
Glasses	3.67	3.41	3.35
VA disability/pension	2.80	3.62	3.14
Welfare payments	3.40	3.59	2.80
SSI/SSD process	3.60	3.41	2.95
Guardianship (financial)	3.20	3.17	2.84
Help managing money	2.80	3.10	3.13
Job training	2.80	3.58	2.96
Help with finding a job or getting employment	3.60	3.45	3.02
Help getting needed documents or identification	3.60	3.48	3.50
Help with transportation	2.83	3.10	3.31
Education	3.83	3.43	3.19
Child care	2.40	2.93	2.64
Family reconciliation assistance	2.20	2.83	2.73
Discharge upgrade	2.80	3.29	2.96
Spiritual	2.60	3.67	3.55
Re-entry services for incarcerated veterans	2.83	3.00	2.94
Elder health care	3.00	3.40	3.11
Credit counseling	2.20	3.14	2.85
Legal assistance for child support issues	2.20	3.04	2.70
Legal assistance for outstanding warrants/fines	2.40	2.90	2.75
Help developing social network	2.50	3.34	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?	3.96	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.75	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.	2.83	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.91	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.17	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.	2.52	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.	1.48	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.65	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.	2.48	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.22	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.	1.78	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.	2.09	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.	2.13	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 received contract housing funds which will be used to establish emergency housing in our catchment area.
Help with transportation	Progress has been made with transportation issues in our rural catchment area. The county Veteran representatives and the Disabled America Veterans (DAV) continue to work on the transportation issues. They have purchased more vans and recruited more drivers. There is a DAV transportation coordinator based at VA Butler to handle the scheduling of Veterans and their destination.
Long-term, permanent housing	The issue of permanent housing is being addressed by the provision of more HUD-VASH vouchers. We have doubled the amount of vouchers from last year and they will be utilized by VASH participants in two additional counties.

***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	The action to be taken for fiscal year 2011 is to follow-up with the awarded contract housing funds. We are in the process of re-submitting a solicitation to the community requesting the provision of beds by a community agency or entity. The program will provide emergency shelter for 60-90 days to homeless Veterans. This program will enable the Veteran to utilize VA services and transition to a VA Grant and Per Diem or permanent housing program.
Transitional living facility or halfway house	The action for fiscal year 2011 will be to follow-up with a previous submitted VA Grant and Per Diem request for funding of 15 beds. The GPD application was submitted by an already established transitional program that is looking to expand. We are also hosting a GPD application training by (TAC) Technical Assistance Collaborative.
Help managing money	The action for fiscal year 2011 is to establish financial education. VA Butler in conjunction with the Housing Authority Of Butler County has applied for grant seed money to introduce the (V.S.H.O.P.) Veteran Supported Housing Opportunities Program. This program is designed to educate the Veteran on all aspects of money management and has the goal of participants achieving home ownership. Veterans are housed in VA Butler Healthcare residential homeless programs temporarily, and once housing is acquired within Butler County (whether transitional, short term or long term) the Veteran can participate in the V. S.H.O.P program with additional financial 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: 4

Site: VAMC Clarksburg, WV - 540

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: 5

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: 9

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	2
Transitional Housing Beds	5
Permanent Housing Beds	60

***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: 16. Number of provider (VA and non-VA) participants: 44.)

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	3.38	3.74
Food	4.56	3.81	3.86
Clothing	4.19	3.79	3.62
Emergency (immediate) shelter	4.19	3.28	3.55
Transitional living facility or halfway house	3.63	3.14	3.45
Long-term, permanent housing	2.94	3.02	2.90
Detoxification from substances	3.93	3.12	3.69
Treatment for substance abuse	3.93	3.26	3.84
Services for emotional or psychiatric problems	4.07	3.57	3.71
Treatment for dual diagnosis	3.79	3.31	3.51
Family counseling	2.79	3.19	3.11
Medical services	4.33	3.81	4.04
Women's health care	2.91	3.55	3.17
Help with medication	4.00	3.55	3.87
Drop-in center or day program	2.69	3.21	3.15
AIDS/HIV testing/counseling	3.00	3.28	3.63
TB testing and Treatment	4.21	3.63	3.90
Legal assistance to help restore a driver's license	2.86	2.76	2.87
Hepatitis C testing	4.00	3.56	3.70
Dental care	2.13	2.74	2.91
Eye care	3.13	2.95	3.38
Glasses	3.25	3.05	3.35
VA disability/pension	3.13	3.41	3.14
Welfare payments	2.79	3.24	2.80
SSI/SSD process	2.79	3.46	2.95
Guardianship (financial)	2.62	3.29	2.84
Help managing money	3.20	3.33	3.13
Job training	3.29	3.39	2.96
Help with finding a job or getting employment	3.20	3.63	3.02
Help getting needed documents or identification	3.57	3.39	3.50
Help with transportation	3.81	3.12	3.31
Education	3.27	3.46	3.19
Child care	1.75	2.85	2.64
Family reconciliation assistance	1.82	3.17	2.73
Discharge upgrade	2.75	3.10	2.96
Spiritual	3.86	3.61	3.55
Re-entry services for incarcerated veterans	2.55	3.00	2.94
Elder health care	3.09	3.27	3.11
Credit counseling	2.83	3.27	2.85
Legal assistance for child support issues	2.18	2.90	2.70
Legal assistance for outstanding warrants/fines	2.27	2.66	2.75
Help developing social network	3.15	3.12	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?	4.19	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.33	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.	2.96	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.11	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.25	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.	2.00	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.11	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.	1.93	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.	2.59	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.48	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.	2.04	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.	2.22	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.	2.11	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*

Transitional living facility or halfway house	We hosted a VA Grant and Per Diem (GPD) training for interested applicants. Two new agencies applied for GPD funding and a proposal for a 5 -bed program (substance abuse treatment-focused) in Buckhannon, West Virginia is pending.
Re-entry services for incarcerated Veterans	A Re-entry specialist has been trained and is establishing ties in the community. A stronger relationship has been formalized with the federal halfway house, Bannum Place in Clarksburg, West Virginia. Formerly incarcerated Veterans are able to utilize VA medical center services, including the homeless program and Compensated Work Therapy.
Treatment for substance abuse	We continue to work with the VA substance abuse program to increase access for homeless Veterans. a proposal for a 5 -bed VA Grant and Per Diem transitional housing program (substance abuse treatment-focused) in Buckhannon, West Virginia is pending.

***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	Increase HUD-VASH vouchers for permanent housing. Continue to assist Veterans on VASH interest list in applying for housing outside of HUD-VASH. Concept: don't put all your eggs in one basket.
Treatment for substance abuse	Work with substance abuse treatment program at VAMC to try to get homeless Veterans quick access to the substance abuse program.
Transitional living facility or halfway house	Continue to work with community partners and educate them on the VA resources to increase homeless beds in the 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.**

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

CHALENG 2010 Survey Results Summary

VISN: 4

Site: VAMC Coatesville - 542

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: 6

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: 8

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	10
Transitional Housing Beds	275
Permanent Housing Beds	280

***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.**

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

Need Ranking (1=Need Unmet .... 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.40	3.78	3.74
Food	4.46	3.82	3.86
Clothing	4.08	3.64	3.62
Emergency (immediate) shelter	4.17	2.82	3.55
Transitional living facility or halfway house	3.88	2.61	3.45
Long-term, permanent housing	2.74	2.79	2.90
Detoxification from substances	4.53	3.43	3.69
Treatment for substance abuse	4.55	3.52	3.84
Services for emotional or psychiatric problems	4.35	3.57	3.71
Treatment for dual diagnosis	4.08	3.61	3.51
Family counseling	3.13	2.96	3.11
Medical services	4.60	3.78	4.04
Women's health care	3.20	3.74	3.17
Help with medication	4.31	3.52	3.87
Drop-in center or day program	3.52	3.26	3.15
AIDS/HIV testing/counseling	4.12	3.73	3.63
TB testing and Treatment	4.40	3.82	3.90
Legal assistance to help restore a driver's license	2.79	2.74	2.87
Hepatitis C testing	4.02	3.73	3.70
Dental care	3.82	2.87	2.91
Eye care	4.25	3.30	3.38
Glasses	4.19	3.23	3.35
VA disability/pension	3.26	3.23	3.14
Welfare payments	2.87	3.14	2.80
SSI/SSD process	2.73	2.95	2.95
Guardianship (financial)	2.59	2.71	2.84
Help managing money	3.30	2.96	3.13
Job training	3.24	3.26	2.96
Help with finding a job or getting employment	3.27	3.39	3.02
Help getting needed documents or identification	3.83	3.57	3.50
Help with transportation	3.91	2.78	3.31
Education	3.26	3.22	3.19
Child care	2.32	2.26	2.64
Family reconciliation assistance	2.62	2.78	2.73
Discharge upgrade	3.01	3.22	2.96
Spiritual	4.14	3.83	3.55
Re-entry services for incarcerated veterans	2.81	3.17	2.94
Elder health care	2.97	3.27	3.11
Credit counseling	2.81	2.91	2.85
Legal assistance for child support issues	2.63	2.50	2.70
Legal assistance for outstanding warrants/fines	2.86	2.55	2.75
Help developing social network	3.29	3.30	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?	3.40	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.30	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.	2.14	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.14	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.43	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.43	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.	1.29	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.14	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.57	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.86	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.57	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.	1.14	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.	1.43	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*

Long-term, permanent housing	Our HUD-VASH program was expanded by 70 additional Section 8 vouchers to add to the initial allocation of 105. To date, the program has utilized over 90% of the vouchers to place Veterans in permanent housing in both Chester and Delaware Counties. It is projected that an additional 25 Section 8 Vouchers will be allocated to the Delaware County Public Housing Authority to specifically serve Veterans who are diagnosed with serious mental illness and perhaps substance abuse issues. These vouchers will be utilized under a Housing First model of care.
Transitional living facility or halfway house	We were awarded a Healthcare for Homeless Veterans (HCHV) contract for transitional housing in FY 2010. The HCHV contract housing program specifically serves dually diagnosed Veterans who have a serious mental health disability, and a history of unemployment and chronic homelessness. The focus of the program is to utilize psychosocial rehabilitation strategies to teach Veterans recovery-based life skills in order to live independently in the community. The program contract was awarded to the Fresh Start Foundation in June of 2010. The program officially opened on July 16, 2010. The program serves up to 30 Veterans. In September of 2010, the Fresh Start Foundation was awarded an additional HCHV contract to open ten "flexible" beds in the same program for short-term transitional housing assistance for Veterans needing urgent housing. The purpose of the "flexible" beds is to assist Veterans in transition for short-term housing as they transition from one level of care to another, and to avoid short-term stays in community homeless shelters.
VA disability/ pension	VA will encourage its staff to continue making connections with the Veterans Benefits Administration counselors (e.g. via social workers, clerks, etc.) and distribute educational materials.

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

2. FY 2010 Best Practice Example

Long-term, permanent housing	Our VA was awarded a total of 175 Section 8 vouchers for the HUD-VA supported housing (HUD-VASH). The program has enabled chronically disabled Veterans on fixed income the assistance needed to maintain permanent housing through reduced rent and a case management assisting them. The case manager helps them maintain treatment connection with a VA medical center, and helps Veterans maintain their independent living through frequent visits and intervention when needed. The program

	began placing Veterans in November of 2008, and to date there are approximately 165 Veterans placed in permanent housing in Chester, Delaware, Montgomery, and Bucks counties (the Veterans by choice opted to port their voucher to surrounding counties and are case managed by VA staff members). By November of 2010, six formerly homeless Veterans will have maintained permanent housing for two years, 20 Veterans will have maintained housing for 18 months, and 82 formerly homeless Veterans will have maintained permanent housing for one year. The HUD-VASH program operates in partnership with county Public Housing Authority (Chester and Delaware). The HUD-VASH team has also collaborated with many agencies to obtain resources to set up formerly homeless Veterans in permanent housing. Uwchlan Township (Chester County) has donated a storage space for furniture donations; Collingdale American Legion donates furniture, "house warming" baskets, cleaning supplies and other set up items. Raymour and Flanagan Furniture donates gently used furniture; a Veterans Service Organization member in Delaware County has donated a large truck trailer for storage of furniture donations.

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

Emergency (immediate) shelter	Actions for this upcoming Fiscal Year 2011: CVAMC in collaboration with the Fresh Start Foundation proposed to open 10 "flexible transition beds" in the newly developed program at CVAMC called "Fresh Start-Independence Hall". The additional transition beds will be utilized for urgent need to assist Veterans for immediate housing needs and to keep Veterans out of community shelters. The use of the 10 "flex beds" will assist Veterans going forward in 2011. Use of the "flex beds" will be monitored and need assessed through 2011.
Long-term, permanent housing	Actions for this upcoming Fiscal Year 2011: CVAMC was awarded 25 additional section eight housing choice vouchers to work in collaboration with the Delaware County Public Housing Authority for fiscal year 2011. With the addition of 25 vouchers, the HUD-VA Supported Housing Program will be able to serve up to 200 Veterans and place 200 Veterans in long term permanent housing. CVAMC is projecting the need for additional HUD-VASH section eight vouchers in the upcoming years to create additional opportunities for permanent housing through 2012, 2013, and 2014.
Help with finding a job or getting employment	Actions for this upcoming Fiscal Year 2011: The compensated work therapy (CWT) program staff members are exploring options to assist Veterans remotely through computer programs related to resume building, interview strategies, developing job leads, and other related vocational assistance. Community contacts for potential employers will increase by participation in area business coalitions, outreach to local businesses, participation in the community business boards, and participation in the area chamber of commerce to foster a working relationship to develop job leads and future job prospects. The goal would be to increase community contacts in order to have more employment opportunities in the surrounding area as opposed to employing Veterans in temporary assignments through CWT at CVAMC.

***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: 4

Site: VAMC Erie, PA - 562

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: 12

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	0
Transitional Housing Beds	14
Permanent Housing Beds	60

***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: 19. Number of provider (VA and non-VA) participants: 38.)

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.)	4.35	3.63	3.74
Food	4.00	3.72	3.86
Clothing	4.06	3.94	3.62
Emergency (immediate) shelter	3.81	3.30	3.55
Transitional living facility or halfway house	3.36	3.42	3.45
Long-term, permanent housing	3.44	3.28	2.90
Detoxification from substances	4.38	3.59	3.69
Treatment for substance abuse	4.38	3.72	3.84
Services for emotional or psychiatric problems	4.54	3.94	3.71
Treatment for dual diagnosis	4.29	3.57	3.51
Family counseling	4.31	3.67	3.11
Medical services	4.65	4.09	4.04
Women's health care	4.00	3.63	3.17
Help with medication	4.24	3.88	3.87
Drop-in center or day program	4.21	3.88	3.15
AIDS/HIV testing/counseling	4.17	3.69	3.63
TB testing and Treatment	4.00	3.88	3.90
Legal assistance to help restore a driver's license	3.33	2.94	2.87
Hepatitis C testing	3.93	3.81	3.70
Dental care	3.00	3.34	2.91
Eye care	3.76	3.41	3.38
Glasses	3.88	3.50	3.35
VA disability/pension	3.73	3.66	3.14
Welfare payments	3.31	3.32	2.80
SSI/SSD process	3.33	3.32	2.95
Guardianship (financial)	3.67	3.00	2.84
Help managing money	3.54	3.19	3.13
Job training	3.62	3.47	2.96
Help with finding a job or getting employment	3.29	3.47	3.02
Help getting needed documents or identification	4.00	3.66	3.50
Help with transportation	4.24	3.63	3.31
Education	3.47	3.06	3.19
Child care	3.23	2.48	2.64
Family reconciliation assistance	3.33	2.91	2.73
Discharge upgrade	3.50	3.19	2.96
Spiritual	3.43	3.84	3.55
Re-entry services for incarcerated veterans	3.40	3.06	2.94
Elder health care	3.40	3.81	3.11
Credit counseling	3.46	2.97	2.85
Legal assistance for child support issues	3.20	2.59	2.70
Legal assistance for outstanding warrants/fines	3.17	2.59	2.75
Help developing social network	3.64	3.09	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?	4.17	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.24	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.	1.41	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.12	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.	2.53	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.	1.65	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.29	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.76	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.	2.24	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.	1.59	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.	1.76	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.	1.76	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	Our staff actively participate in all local homeless coalitions and local initiatives to advocate for the creation of more emergency beds.
Long-term, permanent housing	A VA MHICM-RANGE(Mental Health Intensive Case Management-Rural Access Network for Growth Enhancement) team is now in operation to address the needs of homeless Veterans in rural areas. This team will use community resources to address the need of permanent housing.
Transitional living facility or halfway house	There is now a local community agency providing transitional housing services for female Veterans.

***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*

Food	The Erie VAMC Homeless Care Team will continue to educate and collaborate with local food resources. There are roughly 24 food distribution sites as well as 10 soup kitchens in the local area surrounding the Erie VAMC. Each of the five counties served by the Erie VA have local food distribution and soup kitchen sites. Education will be implemented through formal and informal presentations along with providing each site with Homeless Care Team brochures.
Emergency (immediate) shelter	The Homeless Care Team will continue to make daily referrals to the 15 shelters located in the Erie catchment area. Efforts will be made to continue to educate and strengthen existing relationships with these community resources. This will be done through formal and informal presentations along with distribution of Homeless Care Team brochures. The shelters will continue to screen for Veteran status and refer all appropriate Veterans to our Health Care for Homeless Veterans Coordinator for additional services. Currently, all local shelters are at or near capacity. However, at least one shelter is willing to make special arrangements to allow Veterans to stay even if they are at full capacity. The Homeless Care Team will continue to actively participate in the county Home Team meetings to assist with the development of community resources.
Long-term, permanent housing	The Erie VAMC has recently expanded the HUD-VASH program from 35 to 60 Section 8 housing vouchers, available for use in 2011. The HUD-VASH program prioritizes Veterans who are chronically homeless, female Veterans, Veterans with dependent children, OEF/OIF (Operation Enduring Freedom/Operation Iraqi Freedom), and disabled Veterans. Permanent housing for those Veterans who do not fall into these categories have limited resources to obtain permanent housing. The Health Care for Homeless Veterans Coordinator will continue to network with different local community agencies such as the Homelessness Prevention Rapid Rehousing Program (HPRRP), the Greater Erie Community Action Committee (GECAC) and other local community agencies. Through the Enhanced Rural Access Network for Growth Enhancement (RANGE) program housing resources are being developed in the rural portion of the facilities catchment area.

***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: 4

Site: VAMC Lebanon, PA - 595

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: 50

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	49
Transitional Housing Beds	100
Permanent Housing Beds	125

***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: 32. 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.)	4.38	3.36	3.74
Food	4.56	3.65	3.86
Clothing	4.53	3.57	3.62
Emergency (immediate) shelter	4.38	2.92	3.55
Transitional living facility or halfway house	4.20	2.93	3.45
Long-term, permanent housing	2.59	2.76	2.90
Detoxification from substances	4.57	3.43	3.69
Treatment for substance abuse	4.63	3.68	3.84
Services for emotional or psychiatric problems	4.06	3.59	3.71
Treatment for dual diagnosis	3.97	3.17	3.51
Family counseling	3.55	3.11	3.11
Medical services	4.26	4.19	4.04
Women's health care	3.00	3.81	3.17
Help with medication	4.39	3.47	3.87
Drop-in center or day program	3.37	2.94	3.15
AIDS/HIV testing/counseling	4.34	3.36	3.63
TB testing and Treatment	4.32	3.49	3.90
Legal assistance to help restore a driver's license	3.61	2.63	2.87
Hepatitis C testing	4.19	3.58	3.70
Dental care	3.20	2.57	2.91
Eye care	3.90	3.15	3.38
Glasses	3.67	3.18	3.35
VA disability/pension	2.74	3.75	3.14
Welfare payments	2.29	3.58	2.80
SSI/SSD process	3.00	3.41	2.95
Guardianship (financial)	3.04	2.88	2.84
Help managing money	4.23	2.91	3.13
Job training	3.16	3.40	2.96
Help with finding a job or getting employment	3.35	3.49	3.02
Help getting needed documents or identification	4.52	3.53	3.50
Help with transportation	3.97	3.09	3.31
Education	3.25	3.15	3.19
Child care	2.76	2.62	2.64
Family reconciliation assistance	3.35	2.82	2.73
Discharge upgrade	3.23	3.13	2.96
Spiritual	4.32	3.70	3.55
Re-entry services for incarcerated veterans	3.45	3.15	2.94
Elder health care	3.00	3.71	3.11
Credit counseling	3.24	3.12	2.85
Legal assistance for child support issues	3.36	2.94	2.70
Legal assistance for outstanding warrants/fines	3.75	3.06	2.75
Help developing social network	3.93	2.97	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?	3.71	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.47	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.	2.28	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.93	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.90	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.	2.34	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.	1.29	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.	1.36	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.	2.04	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.03	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.	1.75	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.	1.66	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*

Transitional living facility or halfway house	The YWCA applied for VA Grant and Per Diem funding in York County. The YWCA is awaiting a decision on whether they were selected to receive the grant.
Long-term, permanent housing	Lebanon VA Medical Center is currently utilizing 55 HUD-VASH vouchers that were allocated in FY 2009.
Re-entry services for incarcerated Veterans	Lebanon VA Medical Center has a Veteran Justice Outreach (VJO) specialist . She has served about 80 Veterans in the area and has assisted Berks and Lancaster Counties with starting their own Veteran courts.

***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	Our Health Care for Homeless Veterans team will work closely with Compensated Work Therapy (CWT)/Community Reentry Unit (CRU)/ and Supported Employment (SE) programs to assist homeless Veterans in gaining marketable skills and preparing to enter the workforce. Additionally, HCHV will initiate outreach efforts with community agencies such as Pennsylvania CareerLink to explore resources/opportunities to provide jobs to homeless Veterans.
Transitional living facility or halfway house	The VA Grant and Per Diem Liaison is currently educating the local non-profits organizations about the GPD program. The Water Street Rescue Masson in Lancaster is working on applying for a GPD grant in Lancaster County.
Help with transportation	Our Health Care for Homeless Veterans team will initiate efforts to work closely with the local Disabled American Veterans to recruit volunteers. The Lebanon VA Medical Center is located in a rural setting. Transportation is a particular problem for Veterans seeking or traveling to employment . HCHV team will explore a "Vehicle for Change" (vehicle donation) program for this medical center.

***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: 4

Site: VAMC Philadelphia, PA - 642

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: 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	150
Permanent Housing Beds	245

***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: 14. Number of provider (VA and non-VA) participants: 69.)

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.)	3.91	3.50	3.74
Food	4.54	3.72	3.86
Clothing	4.15	3.67	3.62
Emergency (immediate) shelter	4.00	3.39	3.55
Transitional living facility or halfway house	4.36	3.27	3.45
Long-term, permanent housing	3.38	2.87	2.90
Detoxification from substances	4.00	3.75	3.69
Treatment for substance abuse	4.17	3.92	3.84
Services for emotional or psychiatric problems	3.77	3.82	3.71
Treatment for dual diagnosis	3.62	3.73	3.51
Family counseling	3.58	2.77	3.11
Medical services	4.08	4.13	4.04
Women's health care	3.33	3.52	3.17
Help with medication	3.91	3.71	3.87
Drop-in center or day program	4.14	3.63	3.15
AIDS/HIV testing/counseling	4.30	3.76	3.63
TB testing and Treatment	4.09	3.85	3.90
Legal assistance to help restore a driver's license	2.50	2.64	2.87
Hepatitis C testing	4.44	3.73	3.70
Dental care	3.69	2.81	2.91
Eye care	4.00	3.08	3.38
Glasses	3.31	3.05	3.35
VA disability/pension	3.00	3.42	3.14
Welfare payments	4.58	3.25	2.80
SSI/SSD process	3.20	3.14	2.95
Guardianship (financial)	3.00	3.02	2.84
Help managing money	3.33	2.88	3.13
Job training	3.33	3.00	2.96
Help with finding a job or getting employment	3.33	3.03	3.02
Help getting needed documents or identification	3.82	3.18	3.50
Help with transportation	4.15	2.88	3.31
Education	3.29	3.07	3.19
Child care	2.80	2.52	2.64
Family reconciliation assistance	3.09	2.53	2.73
Discharge upgrade	3.00	3.20	2.96
Spiritual	3.40	3.05	3.55
Re-entry services for incarcerated veterans	2.75	2.98	2.94
Elder health care	2.63	3.33	3.11
Credit counseling	2.82	2.59	2.85
Legal assistance for child support issues	2.75	2.63	2.70
Legal assistance for outstanding warrants/fines	2.63	2.69	2.75
Help developing social network	2.73	3.17	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?	3.68	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.68	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.	2.68	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.00	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.	2.46	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.	1.82	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.14	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.	2.11	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.	1.96	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.	1.78	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.	1.89	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.	1.96	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 distributed another 140 HUD-VASH vouchers in coordination with our local public housing authority. We hired six HUD-VASH case managers and are interviewing for four more at this time. We have also been given another 100 vouchers for Philadelphia and Camden Counties for a total of 345 HUD-VASH vouchers.
Transitional living facility or halfway house	We currently have 150 VA Grant and Per Diem transitional housing beds operating. This is 24 more than last year. There are approximately 165 more GPD beds being developed in the area of Philadelphia and Southern New Jersey.
Dental care	Seventy of 80 Veterans referred for VA Dental care utilized services

***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

Guardianship (financial)	We recently applied for and received a $5,000.grant from VA Central Office for money management education. This program is in coordination with a community partner who will administer the curriculum.

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

Long-term, permanent housing	We have placed 200 Veterans in permanent Housing(HUD-VASH) and 45 more are obtaining permanent housing .Our local public housing authorities have received 100 more HUD-VASH vouchers for this year. We also expect some community partners to apply for project -based vouchers this year.
Transitional living facility or halfway house	We currently have 150 transitional beds with approximately 165 in development thru the GVA rant & Per Diem program. VAMC Philadelphia is also planning to open a 40-bed Mental Health Rehabilitation and Recovery Treatment Program (MHRRTP) in FY 2011.
Job training	Two of our community partners have received Department of Labor (DOL) grants for training, education and jobs. We are working on opening a CWT-TR (VA Compensated Therapy Transitional Residence) for homeless Veterans as well.

***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: 4

Site: VAMC Wilkes-Barre, PA - 693

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: 12

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: 24

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	100
Transitional Housing Beds	60
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: 50. Number of provider (VA and non-VA) participants: 82.)

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.)	4.46	3.53	3.74
Food	4.26	3.81	3.86
Clothing	4.11	3.59	3.62
Emergency (immediate) shelter	3.98	3.50	3.55
Transitional living facility or halfway house	4.23	3.19	3.45
Long-term, permanent housing	3.02	2.87	2.90
Detoxification from substances	4.31	3.39	3.69
Treatment for substance abuse	4.22	3.48	3.84
Services for emotional or psychiatric problems	4.20	3.58	3.71
Treatment for dual diagnosis	3.82	3.41	3.51
Family counseling	3.57	3.14	3.11
Medical services	4.48	3.78	4.04
Women's health care	3.09	3.23	3.17
Help with medication	4.43	3.34	3.87
Drop-in center or day program	3.66	2.88	3.15
AIDS/HIV testing/counseling	4.21	3.33	3.63
TB testing and Treatment	4.11	3.39	3.90
Legal assistance to help restore a driver's license	2.77	2.79	2.87
Hepatitis C testing	3.90	3.36	3.70
Dental care	4.09	3.01	2.91
Eye care	4.15	3.08	3.38
Glasses	3.89	3.05	3.35
VA disability/pension	3.04	3.64	3.14
Welfare payments	3.37	3.44	2.80
SSI/SSD process	3.23	3.48	2.95
Guardianship (financial)	3.13	3.26	2.84
Help managing money	3.61	3.17	3.13
Job training	3.06	3.28	2.96
Help with finding a job or getting employment	3.30	3.24	3.02
Help getting needed documents or identification	4.02	3.39	3.50
Help with transportation	3.66	2.96	3.31
Education	3.45	3.23	3.19
Child care	2.76	2.68	2.64
Family reconciliation assistance	3.03	2.82	2.73
Discharge upgrade	3.17	3.06	2.96
Spiritual	4.00	3.38	3.55
Re-entry services for incarcerated veterans	2.88	2.84	2.94
Elder health care	3.16	3.41	3.11
Credit counseling	3.05	2.82	2.85
Legal assistance for child support issues	2.73	2.74	2.70
Legal assistance for outstanding warrants/fines	2.43	2.76	2.75
Help developing social network	3.53	3.11	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?	3.97	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.83	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.	2.37	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.84	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.94	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.	2.25	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.	1.72	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.73	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.	1.86	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.	2.23	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.93	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.	1.62	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.	1.56	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.	1.78	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 been working closely with local housing coalitions and landlords, and have been able to increase affordable permanent housing throughout our service area.
Help with transportation	Bus routes have expanded somewhat to reach several job sites in industrial areas. Several corporations have established their own transportation services that Veterans can use.
Job training	We have improved job placements for disabled Veteran by advocating with VA Vocational Rehabilitation and community employers. Veterans have also enrolled in a Workforce Investment Act (WIA) program through a partnership with Career Links. We have assisted homeless Veterans obtain financial aid to further their educations and job skills.

***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

Prepared by John Nakashima, Ph.D., MSW
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Health Care for Homeless Veterans (HCHV) staff will continue to work closely in conjunction with HUD-VASH staff, community housing partners, realtors, housing authorities and local landlords to advocate for and create new permanent safe, affordable housing units. Catholic Social Services (CSS), St. Stanislaus to open later this year and will create four new permanent apartments for homeless Veterans.
Transitional living facility or halfway house	Health Care for Homeless Veterans (HCHV) staff are currently working with our community provider, Catholic Social Services, to create 14 new transitional housing units to meet the needs of VA Grant and Per Diem clients -- particularly female Veterans with children and disabled Veterans.
Help with finding a job or getting employment	Health Care for Homeless Veterans (HCHV) staff continue to collaborate with VA Compensated Work Therapy (CWT) program staff to implement the proposed new homeless Veterans Supported Employment program which will assist homeless, unemployed Veterans seek, obtain and maintain competitive employment. HCHV staff will also work with CWT program staff to strengthen relationships with existing community and VA agency partners, as well as to foster new relationships with other community employment agencies.

***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.**