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

CHALENG 2010 Survey Results Summary

VISN: 19

Site: VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT

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: 24

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	23
Transitional Housing Beds	49
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	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: 39. 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.)	4.45	2.91	3.74
Food	4.66	3.76	3.86
Clothing	4.33	3.56	3.62
Emergency (immediate) shelter	4.24	2.29	3.55
Transitional living facility or halfway house	4.06	2.18	3.45
Long-term, permanent housing	2.69	1.94	2.90
Detoxification from substances	4.14	2.78	3.69
Treatment for substance abuse	4.17	3.13	3.84
Services for emotional or psychiatric problems	3.97	3.12	3.71
Treatment for dual diagnosis	3.80	3.03	3.51
Family counseling	3.33	2.97	3.11
Medical services	3.85	3.81	4.04
Women's health care	2.88	3.45	3.17
Help with medication	3.66	3.23	3.87
Drop-in center or day program	3.04	2.50	3.15
AIDS/HIV testing/counseling	3.84	3.43	3.63
TB testing and Treatment	4.04	3.63	3.90
Legal assistance to help restore a driver's license	2.54	2.10	2.87
Hepatitis C testing	3.50	3.52	3.70
Dental care	3.43	2.67	2.91
Eye care	3.33	2.55	3.38
Glasses	3.22	2.62	3.35
VA disability/pension	2.81	3.69	3.14
Welfare payments	2.48	3.37	2.80
SSI/SSD process	3.13	3.21	2.95
Guardianship (financial)	3.46	2.69	2.84
Help managing money	3.78	2.32	3.13
Job training	3.16	3.34	2.96
Help with finding a job or getting employment	3.49	3.84	3.02
Help getting needed documents or identification	3.88	3.43	3.50
Help with transportation	3.40	2.68	3.31
Education	3.73	2.93	3.19
Child care	3.05	2.43	2.64
Family reconciliation assistance	3.29	2.65	2.73
Discharge upgrade	3.38	3.16	2.96
Spiritual	3.97	3.62	3.55
Re-entry services for incarcerated veterans	3.22	2.48	2.94
Elder health care	3.48	2.96	3.11
Credit counseling	3.24	2.76	2.85
Legal assistance for child support issues	3.05	2.64	2.70
Legal assistance for outstanding warrants/fines	3.25	2.57	2.75
Help developing social network	3.34	2.63	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.14	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.31	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.	2.32	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.72	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.81	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.	1.38	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.57	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.04	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.	2.21	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.00	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.	1.58	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.	1.63	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.	1.93	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	Of 35 housing vouchers for Veterans in Billings, 33 have been leased up.
SSI/SSD process	Our plan was to collaborate with the local Social Security Administration office to develop protocols to help Veterans obtain Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) benefits. No progress has been made, however.
VA disability/ pension	All identified Veterans that could qualify for benefits have been referred to our business office and the Veterans Benefits Administration (VBA). We continue to collaborate with the VBA representative and schedule regular meetings to advocate for homeless Veterans.

***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	Of 70 HUD-VASH vouchers issued between 2008-2009, 66 vouchers have place veterans into permanent housing which is a 94% housed rate. This reflects a best practice of working closely with the homeless Veteran as he/she is engaged in the housing search/lease up process.

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

Long-term, permanent housing	Collaborate with the Department of Commerce to voucher/lease up 25 homeless Veterans primarily in the city of Missoula. Continue case management of 90 homeless Veterans throughout the state of Montana who have or will have voucher/leased up.
Transitional living facility or halfway house	Continue to provide outreach to communities in need of transitional housing such as Great Falls and Bozeman to formulate potential future partnerships for VA Grant and Per Diem
Legal assistance to help restore a driver's license	Develop protocol with the Montana Department of Motor Vehicles for homeless Veterans whose licenses have been revoked. Help the Veterans obtain legal services, if needed.

***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: 19

Site: VA Southern Colorado HCS, (Colorado Springs-567)

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: 50

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

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	15
Transitional Housing Beds	10
Permanent Housing Beds	74

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 9. Number of provider (VA and non-VA) participants: 25.)

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	3.14	3.74
Food	4.25	3.91	3.86
Clothing	2.75	3.55	3.62
Emergency (immediate) shelter	2.00	2.95	3.55
Transitional living facility or halfway house	2.57	2.36	3.45
Long-term, permanent housing	1.63	2.00	2.90
Detoxification from substances	2.88	2.86	3.69
Treatment for substance abuse	3.43	2.50	3.84
Services for emotional or psychiatric problems	2.88	2.18	3.71
Treatment for dual diagnosis	3.13	2.36	3.51
Family counseling	2.63	2.82	3.11
Medical services	2.50	3.30	4.04
Women's health care	3.00	3.05	3.17
Help with medication	4.00	2.95	3.87
Drop-in center or day program	2.63	2.45	3.15
AIDS/HIV testing/counseling	2.75	3.05	3.63
TB testing and Treatment	3.38	3.09	3.90
Legal assistance to help restore a driver's license	1.88	2.62	2.87
Hepatitis C testing	2.38	3.05	3.70
Dental care	1.50	2.10	2.91
Eye care	2.63	2.62	3.38
Glasses	2.50	2.67	3.35
VA disability/pension	2.00	3.09	3.14
Welfare payments	2.25	3.10	2.80
SSI/SSD process	2.13	2.67	2.95
Guardianship (financial)	1.88	2.33	2.84
Help managing money	2.38	2.52	3.13
Job training	2.50	2.57	2.96
Help with finding a job or getting employment	2.63	2.76	3.02
Help getting needed documents or identification	2.25	2.75	3.50
Help with transportation	2.38	2.29	3.31
Education	2.25	2.67	3.19
Child care	2.63	2.76	2.64
Family reconciliation assistance	2.63	2.52	2.73
Discharge upgrade	2.63	2.90	2.96
Spiritual	3.63	3.00	3.55
Re-entry services for incarcerated veterans	3.13	2.29	2.94
Elder health care	2.63	2.76	3.11
Credit counseling	2.43	2.38	2.85
Legal assistance for child support issues	2.00	2.48	2.70
Legal assistance for outstanding warrants/fines	2.13	2.38	2.75
Help developing social network	2.25	2.33	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?	3.10	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	2.90	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.	1.80	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.20	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.37	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.	1.25	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.	1.38	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.19	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.	1.13	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.50	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.50	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.	1.38	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.	1.63	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.	1.69	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*

Long-term, permanent housing	We did obtain 25 more HUD-VASH vouchers, with 1.5 FTEE (Full-Time Equivalent Employee). Two agencies applied for VA contract funding, but neither were accepted.
Dental care	Our dental clinic has increased the number of homeless Veterans seen. We were able to refer more Veterans to two agencies who do free or low-cost dental, especially dentures.
Job training	We have made more referrals to The Pikes Peak Workforce Center Incarcerated Veterans Transition Program (IVTP). IVTP assists Veterans with reintegration into the work force and the community. Our VA Compensated Work Therapy Program now has a case manager assigned for outreach to our contracted housing program to help Veterans with employment training and job referral.

***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

Job Training	Our VA Compensated Work Therapy Program has a case manager who is assigned to assist residents of our HCHV (Healthcare for Homeless Veterans) Contract housing facility, the Crawford House. This includes regularly scheduled meetings for training and job referral.

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

Long-term, permanent housing	1. Obtain more HUD-VASH vouchers. 2. Work with local agencies to obtain grants for Veteran-specific housing.
Transitional living facility or halfway house	Attempt to increase agencies participating in VA contract housing program.
Dental care	1. Coordinate with VA Dental Service to increase referrals for dental care. 2. Find local agencies which will assist with dental care.

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

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

CHALENG 2010 Survey Results Summary

VISN: 19

Site: VAM&ROC Cheyenne, WY - 442

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

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1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 13

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

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	0
Transitional Housing Beds	23
Permanent Housing Beds	130

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 13. Number of provider (VA and non-VA) participants: 34.)

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.)	3.82	3.38	3.74
Food	3.89	3.57	3.86
Clothing	3.20	3.55	3.62
Emergency (immediate) shelter	4.00	3.43	3.55
Transitional living facility or halfway house	3.40	3.38	3.45
Long-term, permanent housing	3.45	2.93	2.90
Detoxification from substances	3.44	3.27	3.69
Treatment for substance abuse	3.33	3.55	3.84
Services for emotional or psychiatric problems	3.67	3.60	3.71
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Eye care	2.40	3.32	3.38
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Help getting needed documents or identification	3.00	3.29	3.50
Help with transportation	2.22	3.14	3.31
Education	3.10	3.18	3.19
Child care	2.00	2.59	2.64
Family reconciliation assistance	2.00	2.71	2.73
Discharge upgrade	2.89	3.14	2.96
Spiritual	3.11	3.62	3.55
Re-entry services for incarcerated veterans	2.71	2.96	2.94
Elder health care	2.57	3.14	3.11
Credit counseling	2.43	2.85	2.85
Legal assistance for child support issues	3.29	2.64	2.70
Legal assistance for outstanding warrants/fines	3.00	2.61	2.75
Help developing social network	2.88	2.93	3.14

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

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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.**
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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.	1.90	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 received enough referrals to utilize all our FY 2010 HUD-VASH vouchers. We would like more for FY 2011 to satisfy need in northern Colorado.
Emergency (immediate) shelter	We have been notified that Catholic Charities in Ft. Collins will contract with VA under the HCHV (Healthcare for Homeless Veterans) Contract Residential Treatment Program -- though we do not know the number of beds. We would like to increase emergency bed resources through relationships with additional community agencies.
Transitional living facility or halfway house	We anticipate additional VA Compensated Work Therapy positions to assist Veterans with Supported Employment opportunities.

***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	We will have Health Care for Homeless Veteran contract residential beds available for FY 2011.
Long-term, permanent housing	We are hoping for additional HUD-VASH vouchers for FY 2011.
Help with finding a job or getting employment	We now have a VA Compensated Work Therapy program in operation and anticipate adding additional staff in FY 2011.

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

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

CHALENG 2010 Survey Results Summary

VISN: 19

Site: VA Eastern Colorado HCS (VAMC Denver - 554)

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: 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	210
Permanent Housing Beds	360

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

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.)	3.98	3.86	3.74
Food	4.05	3.64	3.86
Clothing	3.63	3.62	3.62
Emergency (immediate) shelter	4.02	3.43	3.55
Transitional living facility or halfway house	4.13	3.17	3.45
Long-term, permanent housing	2.97	2.57	2.90
Detoxification from substances	4.06	3.58	3.69
Treatment for substance abuse	4.19	3.82	3.84
Services for emotional or psychiatric problems	3.95	3.26	3.71
Treatment for dual diagnosis	3.73	3.14	3.51
Family counseling	3.24	2.82	3.11
Medical services	4.44	4.05	4.04
Women's health care	2.67	3.23	3.17
Help with medication	4.25	3.60	3.87
Drop-in center or day program	3.34	3.06	3.15
AIDS/HIV testing/counseling	3.80	4.00	3.63
TB testing and Treatment	4.12	4.17	3.90
Legal assistance to help restore a driver's license	3.00	2.58	2.87
Hepatitis C testing	3.98	4.13	3.70
Dental care	2.45	1.86	2.91
Eye care	3.48	2.43	3.38
Glasses	3.41	2.40	3.35
VA disability/pension	3.20	3.39	3.14
Welfare payments	2.40	2.94	2.80
SSI/SSD process	2.65	3.18	2.95
Guardianship (financial)	2.49	2.53	2.84
Help managing money	3.47	2.53	3.13
Job training	2.70	2.82	2.96
Help with finding a job or getting employment	3.00	2.70	3.02
Help getting needed documents or identification	3.77	3.13	3.50
Help with transportation	3.90	2.24	3.31
Education	3.27	3.00	3.19
Child care	2.41	2.09	2.64
Family reconciliation assistance	2.51	2.67	2.73
Discharge upgrade	2.51	2.63	2.96
Spiritual	3.42	3.29	3.55
Re-entry services for incarcerated veterans	2.67	2.84	2.94
Elder health care	2.84	2.69	3.11
Credit counseling	3.04	2.71	2.85
Legal assistance for child support issues	2.34	2.21	2.70
Legal assistance for outstanding warrants/fines	2.60	2.20	2.75
Help developing social network	3.51	2.74	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?	3.67	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.06	3.55

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

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

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.56	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.88	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.	3.20	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.47	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	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.	2.25	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.	3.25	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.80	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.	1.75	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.	2.33	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.	2.57	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 VA is working with three additional housing authorities related to HUD-VASH; 175 housing choice vouchers for Veterans have been allotted.
Help with finding a job or getting employment	We maintain partnerships with local Veteran-specific programs like Department of Labor Homeless Veterans Reintegration Program and VA Compensated Work Therapy to expand employment opportunities.
Dental care	Services available via the Homeless Veterans Dental Program have continued to NOT meet the needs of Veterans experiencing homelessness. Community partnerships linked to dental require contractual agreements which can not be initiated by Healthcare for Homeless Veterans (HCHV) staff and have not been pursued by VA Denver Dental Clinic staff despite multiple requests.

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

2. FY 2010 Best Practice Example

Long-term, permanent housing	In January 2010, homeless outreach workers from Denver community agencies surveyed individuals living outdoors, administering a Vulnerability Index developed by Common Ground. Chronic/terminal medical conditions, mental health/substance use disorder problems, and length of time on the street were assessed. "Vulnerability" was defined as likely to die homeless on the street within seven years. Fifty-six Veterans were identified and our VA got involved in March. Identified Veterans were screened for service eligibility. Then, 24 chronically homeless, vulnerable Veterans were targeted by the HUD-VASH program. Two VA case managers engaged and enrolled these Veterans. They worked closely with community outreach providers to expedite enrollment into VASH. The Denver Housing Authority participated in this effort and existing community resources were readily available to help Veterans obtain the legal documentation necessary to obtain a Housing Choice voucher. HPRP (HUD Homeless Prevention and Rapid Re-housing Program) funds were available along with support from the City and County of Denver to help secure apartment application fees, first month's rent, security deposits, furniture, and temporary housing. Currently 20 identified vulnerable homeless Veterans are either housed or in the process of securing permanent housing.

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

Long-term, permanent housing	We are in the process of hiring nine VASH case managers linked to 175 housing choice vouchers already allotted for 2010. We will continue to expand VASH capacity as we anticipate additional vouchers and explore community alternatives to VASH.
Emergency (immediate) shelter	Consult with VISN 19 Network Homeless Coordinator to explore options around securing emergency shelter beds that are for specifically for Veterans and their families.
Dental care	Continue to provide services under the Homeless Veteran Dental Program. Relatedly, explore strategy of contracting with a dental provider group for off-station services rather than fee-basing to individual dentists as a way to more efficiently utilize available funding.

***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: 19

Site: VAMC Grand Junction, CO - 575

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: 9

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 0

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 45. Number of provider (VA and non-VA) participants: 22.)

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.)	4.69	3.23	3.74
Food	4.51	4.00	3.86
Clothing	4.69	3.81	3.62
Emergency (immediate) shelter	4.71	3.59	3.55
Transitional living facility or halfway house	3.09	3.18	3.45
Long-term, permanent housing	4.47	3.05	2.90
Detoxification from substances	4.60	3.05	3.69
Treatment for substance abuse	4.67	3.23	3.84
Services for emotional or psychiatric problems	4.71	3.23	3.71
Treatment for dual diagnosis	4.47	3.00	3.51
Family counseling	4.16	3.24	3.11
Medical services	4.80	4.09	4.04
Women's health care	3.71	3.23	3.17
Help with medication	4.42	3.32	3.87
Drop-in center or day program	4.22	3.09	3.15
AIDS/HIV testing/counseling	4.40	3.50	3.63
TB testing and Treatment	4.38	3.45	3.90
Legal assistance to help restore a driver's license	3.18	2.45	2.87
Hepatitis C testing	4.53	3.41	3.70
Dental care	1.56	2.73	2.91
Eye care	2.58	3.41	3.38
Glasses	2.67	3.23	3.35
VA disability/pension	4.40	3.64	3.14
Welfare payments	4.29	3.41	2.80
SSI/SSD process	4.49	2.95	2.95
Guardianship (financial)	4.16	2.77	2.84
Help managing money	4.04	2.82	3.13
Job training	3.78	3.18	2.96
Help with finding a job or getting employment	3.67	3.45	3.02
Help getting needed documents or identification	4.22	3.27	3.50
Help with transportation	4.07	2.95	3.31
Education	4.09	2.95	3.19
Child care	3.49	2.82	2.64
Family reconciliation assistance	3.73	2.50	2.73
Discharge upgrade	3.76	2.90	2.96
Spiritual	4.58	3.38	3.55
Re-entry services for incarcerated veterans	3.58	2.91	2.94
Elder health care	3.87	3.00	3.11
Credit counseling	3.69	2.50	2.85
Legal assistance for child support issues	3.02	2.55	2.70
Legal assistance for outstanding warrants/fines	3.07	2.41	2.75
Help developing social network	4.13	2.50	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?	3.91	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.82	3.55

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

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

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

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.41	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.14	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.45	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	3.05	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.91	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.27	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.05	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.64	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.05	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.68	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.91	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.91	1.89

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

E. Action Plans: FY 2010 and FY 2011

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

Emergency (immediate) shelter	We are still attempting to identify a local agency that will contract with us to provide emergent beds. In FY 2010, one homeless shelter in town did increase the number of Veteran set-aside beds from eight beds to 12.
Transitional living facility or halfway house	Our community partner, Grand Valley Catholic Outreach, did apply for a Capital grant to build VA Grant and Per Diem transitional housing. We are waiting to hear if they were awarded the grant.
Long-term, permanent housing	We were awarded 25 more HUD-VASH vouchers in 2010. This brings us up to a total of 60 vouchers. If we continue to receive 25 vouchers for the next 3-4 years, we will be well on the road to achieving our goal of ending Veteran Homelessness in our area!

***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	Will continue to explore local agencies that would be able to meet the criteria and provide contract beds for our homeless Veterans. Grand Junction has only one homeless shelter and there are no others in the surrounding area. Will continue to work with the shelter to possibly expand the Veterans section on a contract basis. This was expanded from eight beds to 12 in FY 2010.
Transitional living facility or halfway house	Our community partner, Grand Valley Catholic Outreach, has submitted an application for a VA capital grant to build transitional housing. We are currently waiting to hear if this grant was awarded. If so, they will build 24 transitional housing units in Grand Junction. If this grant is not awarded, we will continue to work with our community partners to submit another grant application in FY 2011.
Dental care	If our community partner is awarded the capital grant, and starts a VA Grant and Per Diem program, we will be able to utilize the Homeless Veteran Dental Program and provide dental services for residents. We will continue to work with Marillac Clinic which does provide low-cost dental care for 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: 19

Site: VAMC Salt Lake City, UT - 660

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: 66

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 1

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	0
Transitional Housing Beds	165
Permanent Housing Beds	170

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

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.)	4.03	3.40	3.74
Food	4.07	3.77	3.86
Clothing	3.57	3.68	3.62
Emergency (immediate) shelter	3.79	2.76	3.55
Transitional living facility or halfway house	3.95	3.18	3.45
Long-term, permanent housing	2.93	3.11	2.90
Detoxification from substances	3.90	3.47	3.69
Treatment for substance abuse	4.05	3.51	3.84
Services for emotional or psychiatric problems	3.90	3.60	3.71
Treatment for dual diagnosis	3.91	3.38	3.51
Family counseling	3.16	2.93	3.11
Medical services	4.33	3.80	4.04
Women's health care	2.79	3.30	3.17
Help with medication	4.31	3.40	3.87
Drop-in center or day program	3.46	2.49	3.15
AIDS/HIV testing/counseling	3.41	3.53	3.63
TB testing and Treatment	4.09	3.68	3.90
Legal assistance to help restore a driver's license	2.81	2.64	2.87
Hepatitis C testing	3.61	3.70	3.70
Dental care	3.40	2.66	2.91
Eye care	3.34	2.91	3.38
Glasses	3.31	2.88	3.35
VA disability/pension	3.10	3.37	3.14
Welfare payments	2.52	2.97	2.80
SSI/SSD process	2.92	2.80	2.95
Guardianship (financial)	2.97	3.11	2.84
Help managing money	3.26	2.98	3.13
Job training	2.88	3.27	2.96
Help with finding a job or getting employment	2.95	3.27	3.02
Help getting needed documents or identification	3.46	3.10	3.50
Help with transportation	3.40	2.86	3.31
Education	3.25	2.97	3.19
Child care	2.57	2.23	2.64
Family reconciliation assistance	2.77	2.53	2.73
Discharge upgrade	3.04	2.99	2.96
Spiritual	3.36	3.46	3.55
Re-entry services for incarcerated veterans	3.11	3.17	2.94
Elder health care	3.29	3.23	3.11
Credit counseling	3.03	2.60	2.85
Legal assistance for child support issues	2.63	2.38	2.70
Legal assistance for outstanding warrants/fines	2.58	2.42	2.75
Help developing social network	2.97	2.84	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?	3.63	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.58	3.55

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

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

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.59	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.81	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.97	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.	2.22	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.	1.44	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.92	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.	1.69	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.	2.33	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.86	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.75	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.	1.94	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.	1.86	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	Fifty vouchers were awarded and additional staff hired. Twenty-five of these vouchers will be used to expand our geographical reach to the Ogden area (north of Salt Lake City). Additionally, we launched our first joint site for transitional and permanent housing. This includes 61 VA Grant and Per Diem transitional housing beds and 35 project-based VASH vouchers for permanent housing.
Job training	We continue to collaborate with state agencies (Utah Department of Workforce Services, the Division of Rehabilitation Services, Division of Housing and Community Development) in referring Veterans for job training or job-finding resources. Job training has become an emphasis in the state of Utah's Ten-Year Plan to End Homelessness. We are also utilizing the new GI Bill for our OEF/OIF (Operation Enduring Freedom/Operation Iraqi Freedom) Veterans to great success. We will also add two formerly homeless Veteran vocational rehabilitations specialists to our staff in early FY2011.
Emergency (immediate) shelter	Contracts with local community providers are being pursued and are presently in review with some anticipated beds coming online by early FY 2011.

***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 is starting its first Supported Housing Program. One of the homeless staff LCSW's has been assigned to spend up to 20/hrs a week developing this program. This program will be a VA housing option in addition to Healthcare for Homeless Veterans ,VA Grant & Per Diem, and HUD-VASH. Like the HUD-VASH, the Supported Housing Program provides ongoing case management services to homeless Veterans. Emphasis is placed on helping Veterans find permanent housing and providing clinical support needed to keep veterans in permanent housing. Staff in these programs operate without benefit of the specially dedicated Section 8 HUD-VASH housing vouchers and secure permanent housing and assistance through local means (i.e., tax credit & senior housing). We have 40-50 Veterans in our interest pool on any given day. Many of these Veterans are stable and have income but need support in securing subsidized permanent housing. The following are some of the areas our Supported Housing staff will be focusing on: developing relationships with landlords/property managers in efforts to accept Veteran tenants with criminal histories, problems with

	debt and credit, etc.; learning more about local rental rates, openings, application and move-in procedures; offering clinical support /case management as needed; developing a referral system from the other VA homeless housing programs.

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

Emergency (immediate) shelter	Through Emergency Bed initiative, contracts with local community providers are being pursued and are presently in review with some anticipated beds coming online for early FY 2011.
Long-term, permanent housing	We recently formalized our own Supported Housing Program at the Salt Lake City VA. Not unlike clients served in the HUD-VASH program, Veterans in this new program will receive clinical case management services with an added emphasis on assisting them in finding, and then maintaining permanent housing. Other objectives will be to develop outside relationships by coordinating with community landlords, property managers and local ownership directly to better facilitate placements, especially those with poor credit, past evictions and criminal histories. A key to this program will be utilization of non Section 8 subsidized permanent housing (tax credits & senior housing) and a better understanding of local rental rates and trends through a tracking system.
Help with finding a job or getting employment	The Health Care for Homeless Veterans program will continue reaching out to our state agencies: Utah Department of Workforce Services, the Division of Rehabilitation Services (Voc Rehab) and the Division of Housing and Community Development in referring Veterans for potential job training and linking Veterans to job related resources. Beginning in early FY 2011 our Homeless Program will add two formerly homeless Veteran voc rehab specialists to our staff.

***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: 19

Site: VAMC Sheridan, WY - 666

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: 8

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

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

Housing type	**# of Veteran-specific Beds in area***
Emergency Beds	19
Transitional Housing Beds	26
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	Yes
Transitional Housing Beds	No
Permanent Housing Beds	Yes

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

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

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.)	3.67	3.46	3.74
Food	4.15	3.79	3.86
Clothing	3.70	3.64	3.62
Emergency (immediate) shelter	4.05	4.07	3.55
Transitional living facility or halfway house	3.26	3.79	3.45
Long-term, permanent housing	3.11	3.21	2.90
Detoxification from substances	4.06	3.93	3.69
Treatment for substance abuse	3.94	4.14	3.84
Services for emotional or psychiatric problems	3.89	4.07	3.71
Treatment for dual diagnosis	3.37	4.00	3.51
Family counseling	2.94	3.23	3.11
Medical services	4.25	4.00	4.04
Women's health care	3.21	4.00	3.17
Help with medication	4.21	3.86	3.87
Drop-in center or day program	3.28	3.08	3.15
AIDS/HIV testing/counseling	3.78	3.77	3.63
TB testing and Treatment	4.06	4.00	3.90
Legal assistance to help restore a driver's license	2.79	2.58	2.87
Hepatitis C testing	4.06	4.00	3.70
Dental care	2.90	3.29	2.91
Eye care	3.65	3.29	3.38
Glasses	3.42	3.21	3.35
VA disability/pension	3.32	3.79	3.14
Welfare payments	2.58	2.50	2.80
SSI/SSD process	2.79	3.08	2.95
Guardianship (financial)	2.79	2.55	2.84
Help managing money	2.63	2.50	3.13
Job training	2.89	3.15	2.96
Help with finding a job or getting employment	2.84	3.31	3.02
Help getting needed documents or identification	3.68	3.50	3.50
Help with transportation	3.20	3.13	3.31
Education	3.00	3.08	3.19
Child care	2.89	2.27	2.64
Family reconciliation assistance	2.58	2.18	2.73
Discharge upgrade	2.95	2.82	2.96
Spiritual	3.50	3.50	3.55
Re-entry services for incarcerated veterans	3.06	2.83	2.94
Elder health care	3.35	2.92	3.11
Credit counseling	2.84	2.23	2.85
Legal assistance for child support issues	2.89	2.08	2.70
Legal assistance for outstanding warrants/fines	2.68	2.08	2.75
Help developing social network	3.00	2.46	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?	4.00	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.50	3.55

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

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

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.92	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.38	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	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.	2.55	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.	1.58	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.83	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.08	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.	2.10	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.70	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.50	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.56	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.	1.40	1.89

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

E. Action Plans: FY 2010 and FY 2011

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

Help with transportation	Wyoming Independent Living has a voucher program enabling Veterans to access reliable transportation. This transportation has been provided mainly for the purpose of job interviews and education.
Long-term, permanent housing	This facility's HUD-VASH program is operating at full capacity. Additional vouchers are projected.
Transitional living facility or halfway house	Our 10-bed transitional living facility continues to operate at full capacity. This facility has shown itself to be highly successful in transitioning Veterans to the community.

***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	We have implemented a number of measures to support Veteran success in HUD-VASH. Travel vouchers provided by Wyoming Independent Living allowed Veterans to travel for job training purposes as well as anything affiliated with employment. We have HUD-VASH support group and VASH bowling league to promote peer support and social skill development. We have a partnership with the Marna M Kuehne Foundation with grant money used for food at the HUD-VASH support groups and Holiday meals.

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

Long-term, permanent housing	Permanent housing remains a need. It is projected that additional HUD-VASH vouchers will be needed.
Transitional living facility or halfway house	Female Veterans have a significant need for transitional beds. With the addition of female residential programs at this facility, a female transitional living facility would be a necessity.
Help with transportation	Although transportation needs have been partially met, transportation remains a significant need. Veterans need consistent reliable transportation.

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