

CHALENG 2010 Survey Results Summary

VISN: 15

Site: VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)

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: 7

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	6
Transitional Housing Beds	35
Permanent Housing Beds	132

*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.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants:
105. Number of provider (VA and non-VA) participants: 31.)

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	3.70	3.74
Food	4.22	3.93	3.86
Clothing	3.80	4.07	3.62
Emergency (immediate) shelter	3.93	3.10	3.55
Transitional living facility or halfway house	3.35	3.17	3.45
Long-term, permanent housing	2.55	3.27	2.90
Detoxification from substances	3.95	3.53	3.69
Treatment for substance abuse	4.12	3.69	3.84
Services for emotional or psychiatric problems	3.91	3.67	3.71
Treatment for dual diagnosis	3.67	3.71	3.51
Family counseling	2.77	3.48	3.11
Medical services	4.18	4.27	4.04
Women's health care	2.51	4.07	3.17
Help with medication	4.15	3.90	3.87
Drop-in center or day program	2.79	2.86	3.15
AIDS/HIV testing/counseling	3.74	3.93	3.63
TB testing and Treatment	4.26	3.93	3.90
Legal assistance to help restore a driver's license	2.37	3.03	2.87
Hepatitis C testing	3.82	4.04	3.70
Dental care	3.72	3.48	2.91
Eye care	4.01	3.52	3.38
Glasses	3.96	3.52	3.35
VA disability/pension	3.04	3.86	3.14
Welfare payments	2.18	3.68	2.80
SSI/SSD process	2.55	3.45	2.95
Guardianship (financial)	2.25	2.90	2.84
Help managing money	3.24	3.03	3.13
Job training	2.58	3.20	2.96
Help with finding a job or getting employment	2.62	3.63	3.02
Help getting needed documents or identification	3.35	3.46	3.50
Help with transportation	2.84	2.76	3.31
Education	2.99	3.32	3.19
Child care	2.23	2.55	2.64
Family reconciliation assistance	2.42	2.89	2.73
Discharge upgrade	2.81	3.46	2.96
Spiritual	3.96	3.90	3.55
Re-entry services for incarcerated veterans	2.59	3.46	2.94
Elder health care	2.83	3.64	3.11
Credit counseling	2.49	2.90	2.85
Legal assistance for child support issues	2.23	2.79	2.70
Legal assistance for outstanding warrants/fines	2.44	2.89	2.75
Help developing social network	2.92	3.28	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.79	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.63	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.	2.05	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.74	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.56	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.	2.05	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.	1.24	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.47	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.	1.32	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.	1.67	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.74	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.47	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.53	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.63	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	Efforts are on-going. Possible transportation grants researched but no applications made as lead agency/applicant not identified. Initial committee has not scheduled follow-up meetings.
Legal assistance for outstanding warrants/fines	Area law schools contacted. Concerns over jurisdiction with regards to state lines to be explored.
Emergency (immediate) shelter	Faith-based shelter models in neighboring cities were visited. Local needs were identified.

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

2. FY 2010 Best Practice Example

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

Help with transportation	1. Renew the transportation committee and increase meeting frequency. 2. Invite local pastoral council to participate in committee. 3. Develop a community education plan regarding need for transportation in the local area. 4. Identify all possible funding sources for transportation.
Emergency (immediate) shelter	1. Increase of committee meeting dates to address issue. 2. Identify housing programs that could augment shelter to enhance financial feasibility of program (i.e. emergency shelter beds coupled with transitional residence beds). 3. Identify agency willing and able to run emergency housing. 4. Research and apply for grants/funding possibilities.
VA disability/pension	1. Participate in SOAR (SSI/SSDSI Outreach, Access and Recovery) planning for implementation in Leavenworth community. 2. Train designated VA and homeless agency staff in SOAR. 3. Provide education on VA benefits at an upcoming CoC meeting.

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

CHALENG 2010 Survey Results Summary

VISN: 15

Site: VAH Columbia, MO - 543

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: 4

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	27
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: 44.
Number of provider (VA and non-VA) participants: 135.)

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.)	4.34	3.22	3.74
Food	4.00	3.54	3.86
Clothing	3.82	3.59	3.62
Emergency (immediate) shelter	4.21	2.57	3.55
Transitional living facility or halfway house	4.26	2.88	3.45
Long-term, permanent housing	4.40	2.71	2.90
Detoxification from substances	4.60	3.46	3.69
Treatment for substance abuse	4.68	3.60	3.84
Services for emotional or psychiatric problems	4.29	3.52	3.71
Treatment for dual diagnosis	4.08	3.50	3.51
Family counseling	3.42	2.97	3.11
Medical services	4.49	3.90	4.04
Women's health care	4.00	3.43	3.17
Help with medication	4.26	3.61	3.87
Drop-in center or day program	3.84	2.87	3.15
AIDS/HIV testing/counseling	3.87	3.63	3.63
TB testing and Treatment	4.41	3.72	3.90
Legal assistance to help restore a driver's license	3.07	2.72	2.87
Hepatitis C testing	4.33	3.72	3.70
Dental care	3.02	2.26	2.91
Eye care	3.97	3.14	3.38
Glasses	3.98	3.11	3.35
VA disability/pension	3.27	3.51	3.14
Welfare payments	3.06	3.11	2.80
SSI/SSD process	2.97	2.99	2.95
Guardianship (financial)	3.29	3.05	2.84
Help managing money	3.69	2.82	3.13
Job training	3.71	3.19	2.96
Help with finding a job or getting employment	3.53	3.12	3.02
Help getting needed documents or identification	3.92	3.18	3.50
Help with transportation	3.47	2.69	3.31
Education	3.68	3.06	3.19
Child care	2.88	2.40	2.64
Family reconciliation assistance	3.12	2.68	2.73
Discharge upgrade	3.28	2.99	2.96
Spiritual	4.00	3.46	3.55
Re-entry services for incarcerated veterans	3.00	3.14	2.94
Elder health care	3.54	3.30	3.11
Credit counseling	3.00	2.71	2.85
Legal assistance for child support issues	2.46	2.66	2.70
Legal assistance for outstanding warrants/fines	2.78	2.66	2.75
Help developing social network	3.81	3.01	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?	3.39	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.40	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**
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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.	1.98	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.	1.52	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.49	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.	1.83	2.22
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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.	1.69	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 continue to utilize current HCHV (Healthcare for Homeless Veterans) contracts: Welcome Home, Salvation Army Harbor House and Salvation Army Center of Hope provide emergency and transitional housing to our homeless Veterans. We are also looking for new collaborations with community partners to expand/create new HCHV contracts. We participated in a meeting with the Basic Needs Coalition (local homeless coalition) and faith-based community to begin exploring creating additional emergency housing for our community. The meeting was in May, 2010 and another meeting will be scheduled in the near future.
Dental care	We continue to utilize Homeless Veteran Dental Program (HVDP) funds to provide dental care to Veterans in the Healthcare for Homeless Veterans, Grant and Per Diem, and Compensated Work Therapy Transitional Residence programs. We were not able to gain access to funding for dental care for Veterans in the HUD- VASH program, but we will continue to advocate for funding.
Help with transportation	We have provided input regarding transportation needs to the City of Columbia through the Basic Needs Coalition. This year, the City of Columbia expanded bus routes and the hours the buses are in operation. We continue to utilize Disabled American Veterans for transportation, and occasionally funds through Voluntary Services for local bus passes and Greyhound bus tickets. We continue to educate Veterans on all transpiration resources that are available to them through different avenues (Older Adults Transportation System, Medicaid transportation, etc).

*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	The HUD VASH program at our VA continues to have success in placing homeless Veterans in permanent housing. The HUD VASH program and Columbia Housing Authority (public housing) have issued all FY 2008 and FY 2009 vouchers.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Emergency (immediate) shelter</p>	<p>Our Health Care for Homeless Veterans (HCHV) program staff will continue to work with our local homeless coalition and faith based community to create emergency housing for homeless individuals and families in the Boone County/Columbia area. We will continue to work with local community partners to create new HCHV contracts. We will utilize FY 2011 funds to maintain and possibly expand current HCHV contracts in Boone and Cole Counties. . We will continue to work with Welcome Home and Salvation Army to provide emergency and transitional housing to our homeless Veterans.</p>
<p>Drop-in center or day program</p>	<p>The Health Care for Homeless Veterans (HCHV) program will work with local VA hospital administration to create a VA drop-in center in FY 2011. We would like to provide a space for homeless Veterans to do laundry, use the computer, have a safe space to be during the day, receive care, get enrolled in services, etc. The community at large currently has one faith-based day center that functions as a drop-in center. This community drop-in center is not 24/7 and is at risk for closing in FY 2011 due to space and funding issues. The HCHV program will continue to work with the Basic Needs Coalition to explore alternatives for a community drop in center that will serve the homeless community and homeless Veterans.</p>
<p>Dental care</p>	<p>In FY 2011 we will continue to utilize Homeless Veteran Dental Program funding to provide dental care to our homeless Veterans enrolled in the Health Care for Homeless Veterans, VA Compensated Work Therapy and VA Grant and Per Diem programs. This will demonstrate a continued need for dental care for our homeless Veteran population. We will also continue to advocate for dental care/services for Veterans in our HUD-VASH program. At this time funding is not available for Veterans in the HUD-VASH program and the need for dental care is significant.</p>

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

CHALENG 2010 Survey Results Summary

VISN: 15

Site: VAM&ROC Wichita, KS - 452

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.

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1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 35

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	10
Transitional Housing Beds	0
Permanent Housing Beds	97

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 91.
Number of provider (VA and non-VA) participants: 55.)

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.)	3.55	3.39	3.74
Food	3.37	3.67	3.86
Clothing	3.33	3.83	3.62
Emergency (immediate) shelter	3.66	3.29	3.55
Transitional living facility or halfway house	3.01	2.96	3.45
Long-term, permanent housing	2.79	2.71	2.90
Detoxification from substances	3.83	3.37	3.69
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Women's health care	2.92	3.46	3.17
Help with medication	3.35	3.38	3.87
Drop-in center or day program	3.51	3.17	3.15
AIDS/HIV testing/counseling	3.71	3.47	3.63
TB testing and Treatment	3.92	3.69	3.90
Legal assistance to help restore a driver's license	2.80	2.84	2.87
Hepatitis C testing	3.38	3.44	3.70
Dental care	2.23	2.61	2.91
Eye care	2.70	2.94	3.38
Glasses	2.72	2.96	3.35
VA disability/pension	2.80	3.64	3.14
Welfare payments	2.88	3.22	2.80
SSI/SSD process	3.14	3.34	2.95
Guardianship (financial)	3.36	3.04	2.84
Help managing money	3.43	3.00	3.13
Job training	2.93	3.17	2.96
Help with finding a job or getting employment	3.01	3.17	3.02
Help getting needed documents or identification	3.12	3.14	3.50
Help with transportation	2.88	3.00	3.31
Education	3.16	3.26	3.19
Child care	3.38	2.65	2.64
Family reconciliation assistance	3.32	2.71	2.73
Discharge upgrade	3.08	3.22	2.96
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Help developing social network	3.18	3.12	3.14

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

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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.	2.79	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.	2.44	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.28	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.	2.38	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.	2.55	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.	2.38	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.	2.47	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.	2.61	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 now have 85 HUD-VASH vouchers and met our performance goal. We have also housed 15 Veterans in a local Housing First project.
Transitional living facility or halfway house	We have secured bed space at a local safe haven program. We also have informal partnerships with several homeowners that are renting rooms to Veterans with income.
Dental care	We continue to refer Veterans to VA care under the Homeless Veteran Dental Program (HVDP). We hope to expand this program.

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

2. FY 2010 Best Practice Example

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

Emergency (immediate) shelter	We were able to secure an emergency shelter with ten beds in FY 2010. We are working on securing a new contract for additional ten beds in the Wichita area. Examine possibility of adding two 5-bed contracts in two VA Community Based Outpatient Clinic areas.
Long-term, permanent housing	Request additional HUD-VASH vouchers for year 2011, and request additional beds through the housing first project between the city and county. Work with local agencies to secure more help with back rent and utilities, to prevent homelessness.
Dental care	Continue working with our dental department in helping Veterans secure services through the Homeless Veteran Dental Program.. Work with community agencies to secure help for dental needs of Veterans that do not qualify for VA services.

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

CHALENG 2010 Survey Results Summary

VISN: 15

Site: VAMC Kansas City, MO - 589

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: 4

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	17
Transitional Housing Beds	79
Permanent Housing Beds	145

*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: 294. 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.)	3.43	3.00	3.74
Food	3.62	3.67	3.86
Clothing	3.36	3.75	3.62
Emergency (immediate) shelter	3.48	3.17	3.55
Transitional living facility or halfway house	3.24	3.22	3.45
Long-term, permanent housing	2.84	2.94	2.90
Detoxification from substances	3.60	3.59	3.69
Treatment for substance abuse	3.77	3.78	3.84
Services for emotional or psychiatric problems	3.64	3.22	3.71
Treatment for dual diagnosis	3.57	3.11	3.51
Family counseling	3.24	3.00	3.11
Medical services	3.95	3.67	4.04
Women's health care	3.06	3.22	3.17
Help with medication	3.69	3.44	3.87
Drop-in center or day program	3.17	2.83	3.15
AIDS/HIV testing/counseling	3.45	3.24	3.63
TB testing and Treatment	3.61	3.33	3.90
Legal assistance to help restore a driver's license	3.14	2.82	2.87
Hepatitis C testing	3.43	3.33	3.70
Dental care	2.66	2.94	2.91
Eye care	3.28	3.17	3.38
Glasses	3.29	3.11	3.35
VA disability/pension	2.81	3.22	3.14
Welfare payments	2.71	3.00	2.80
SSI/SSD process	2.92	3.00	2.95
Guardianship (financial)	2.87	2.94	2.84
Help managing money	3.00	2.72	3.13
Job training	2.78	2.67	2.96
Help with finding a job or getting employment	2.76	2.88	3.02
Help getting needed documents or identification	3.28	3.35	3.50
Help with transportation	2.86	2.94	3.31
Education	3.07	2.89	3.19
Child care	2.86	2.39	2.64
Family reconciliation assistance	2.97	2.44	2.73
Discharge upgrade	2.90	3.06	2.96
Spiritual	3.39	3.56	3.55
Re-entry services for incarcerated veterans	2.92	3.28	2.94
Elder health care	3.06	3.00	3.11
Credit counseling	2.71	2.78	2.85
Legal assistance for child support issues	2.85	2.72	2.70
Legal assistance for outstanding warrants/fines	2.93	2.83	2.75
Help developing social network	3.03	2.88	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	2.93	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.15	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.	2.40	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.79	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.87	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.73	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.67	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.40	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.	1.47	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.	1.80	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.	1.40	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.73	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.60	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*

Dental care	We established informal agreements with Swope Parkway Community Health Care and the University of Missouri Dental School in Kansas City.
Help with transportation	We have secured local funding to provide bus tokens to Veterans that need transportation. To further address transportation problems, we are working on a drop-in center accessible in the community. Kansas City VA issued an RFP (request for proposal) to lease 7,000 to 8,000 square feet for space for this homeless resource center. This site will be convenient for Veterans to drop in, get their basic needs met, and obtain information.
SSI/SSD process	We continue to educate Veterans about the importance of responding to requests from Social Security Administration with timely and accurate information to facilitate their application process– and assist them if they do not have their own phone. Failure to respond appropriately is often the result of moving from place to place.

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

2. FY 2010 Best Practice Example

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

Dental care	In spite of our efforts to address Veteran's concerns about dental care, they continue to identify it as a major need. Our plan is to assign a point of contact to receive and facilitate completion of all dental referrals. Our goal is to have all initial dental examinations completed within 30 days of referral and fee-based out with 60 days.
Job training	Veterans participating in HCHV programs have access to the Compensated Work Therapy (CWT), Compensated Work Therapy Transitional Residence (CWT/TR), and Compensated Work Therapy Supported Employment (CWT/SE). Our vocational rehabilitation programs conduct vocational assessments, provide job training and place Veterans in temporary positions in the community as well as the medical center. They also partner with community resources such as the Full Employment Council, Goodwill Industries and Missouri Workforce Development to assist in job development and job search activities. Through a memorandum of understanding with the state of Missouri-Division of Family Services/Child Support Enforcement the Veteran is able to: defer child support payments during his/her tenure in the program to a more reasonable payment plan; negotiate and reduce payments on child support arrearages; and avoid suspension of the driver's license and continue working. Through a memorandum of understanding with the State of Missouri - Department of Corrections Veterans are also able to reduce their supervision requirements and suspend payment of restitution.
Legal assistance for outstanding warrants/fines	The Veteran Justice Outreach Coordinator (VJO) began duty 7/6/10. Our VJO program collaborates with several community and government agencies in order to ensure appropriate referrals for Veterans who are at risk for homelessness. VJO has received 16 referrals assisting justice-involved Veterans. The VJO coordinator provides presentations and information to probation officers, law enforcement, detention centers, and other community agencies to bring about awareness of the Veteran's Court Program and VA services. Many community providers send refer Veterans to the VA for services who may otherwise have been placed in a homeless situation.

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

CHALENG 2010 Survey Results Summary

VISN: 15

Site: VAMC Marion, IL - 609

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

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

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

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

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

*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: 3.
Number of provider (VA and non-VA) participants: 28.)

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.)	5.00	3.52	3.74
Food	5.00	3.89	3.86
Clothing	5.00	3.74	3.62
Emergency (immediate) shelter	5.00	3.29	3.55
Transitional living facility or halfway house	2.67	2.25	3.45
Long-term, permanent housing	2.00	2.00	2.90
Detoxification from substances	5.00	3.04	3.69
Treatment for substance abuse	5.00	3.29	3.84
Services for emotional or psychiatric problems	5.00	3.71	3.71
Treatment for dual diagnosis	4.00	3.54	3.51
Family counseling	2.33	2.93	3.11
Medical services	5.00	3.93	4.04
Women's health care	2.33	3.46	3.17
Help with medication	5.00	3.68	3.87
Drop-in center or day program	2.33	2.52	3.15
AIDS/HIV testing/counseling	3.67	3.70	3.63
TB testing and Treatment	5.00	3.85	3.90
Legal assistance to help restore a driver's license	3.00	2.44	2.87
Hepatitis C testing	3.00	3.72	3.70
Dental care	3.67	2.78	2.91
Eye care	3.67	3.21	3.38
Glasses	2.33	3.14	3.35
VA disability/pension	2.33	3.52	3.14
Welfare payments	2.33	3.07	2.80
SSI/SSD process	2.33	3.23	2.95
Guardianship (financial)	2.33	2.52	2.84
Help managing money	3.00	2.69	3.13
Job training	2.33	3.00	2.96
Help with finding a job or getting employment	2.33	3.26	3.02
Help getting needed documents or identification	3.67	3.22	3.50
Help with transportation	5.00	3.57	3.31
Education	3.67	3.30	3.19
Child care	2.33	2.48	2.64
Family reconciliation assistance	2.33	2.65	2.73
Discharge upgrade	3.67	3.00	2.96
Spiritual	5.00	3.71	3.55
Re-entry services for incarcerated veterans	2.33	2.85	2.94
Elder health care	2.33	3.29	3.11
Credit counseling	2.33	2.33	2.85
Legal assistance for child support issues	2.33	2.22	2.70
Legal assistance for outstanding warrants/fines	2.33	2.23	2.75
Help developing social network	3.00	2.54	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.	4.00	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.63	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.88	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.73	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.40	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.38	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.	1.69	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.	1.93	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.73	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.	1.20	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.	2.00	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.	1.80	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 continue to have strong partnerships with the emergency shelter providers within our service area. Efforts have been made to link Veterans to the VA for services after they come to the shelters.
Transitional living facility or halfway house	We continue to try and spread awareness of VA Grant and Per Diem funding and were successful this year in encouraging new agencies to apply; they are awaiting a determination of application.
Help with finding a job or getting employment	We have increased awareness of employment service agencies among homeless Veterans. Economic conditions in service area have been limited employment opportunities.

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

2. FY 2010 Best Practice Example

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

Long-term, permanent housing	The Marion VA Medical Center will continue to request that HUD-VASH vouchers be provided to our facility. This facility is now the only facility in VISN 15 to not be provided with these vouchers.
Transitional living facility or halfway house	The facility's Health Care for Homeless Veterans Coordinator will continue to educate community agencies on the VA Grant and Per Diem (GPD) process to try and facilitate the first GPD program for our service area.
Emergency (immediate) shelter	Facility will continue to develop and improve relationships with all the emergency shelter providers within our service area to increase access and prioritization if possible.

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

CHALENG 2010 Survey Results Summary

VISN: 15

Site: VAMC Poplar Bluff, MO - 647

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: 4

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

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	40
Transitional Housing Beds	0
Permanent Housing Beds	25

*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: 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.)	4.50	3.27	3.74
Food	5.00	3.43	3.86
Clothing	4.50	3.48	3.62
Emergency (immediate) shelter	5.00	3.55	3.55
Transitional living facility or halfway house	5.00	3.41	3.45
Long-term, permanent housing	3.00	2.41	2.90
Detoxification from substances	4.50	3.50	3.69
Treatment for substance abuse	4.75	3.73	3.84
Services for emotional or psychiatric problems	4.50	3.74	3.71
Treatment for dual diagnosis	3.75	3.73	3.51
Family counseling	3.25	3.18	3.11
Medical services	5.00	3.91	4.04
Women's health care	.	3.32	3.17
Help with medication	4.75	3.83	3.87
Drop-in center or day program	5.00	2.91	3.15
AIDS/HIV testing/counseling	3.00	3.36	3.63
TB testing and Treatment	5.00	3.59	3.90
Legal assistance to help restore a driver's license	3.67	2.64	2.87
Hepatitis C testing	3.00	3.50	3.70
Dental care	4.00	3.14	2.91
Eye care	3.67	3.23	3.38
Glasses	3.67	3.27	3.35
VA disability/pension	3.67	4.00	3.14
Welfare payments	2.50	3.05	2.80
SSI/SSD process	2.00	3.23	2.95
Guardianship (financial)	3.00	2.95	2.84
Help managing money	2.00	2.73	3.13
Job training	4.00	3.18	2.96
Help with finding a job or getting employment	2.67	3.32	3.02
Help getting needed documents or identification	5.00	3.13	3.50
Help with transportation	3.33	3.18	3.31
Education	4.00	3.09	3.19
Child care	3.00	2.64	2.64
Family reconciliation assistance	3.00	2.68	2.73
Discharge upgrade	2.00	2.95	2.96
Spiritual	4.67	3.41	3.55
Re-entry services for incarcerated veterans	3.00	3.14	2.94
Elder health care	3.00	3.18	3.11
Credit counseling	3.00	2.82	2.85
Legal assistance for child support issues	3.00	2.76	2.70
Legal assistance for outstanding warrants/fines	4.00	2.77	2.75
Help developing social network	4.50	3.05	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.	3.19	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.	2.80	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.73	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.53	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.	1.93	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.	1.33	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.60	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.	1.33	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.	1.87	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.	1.57	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.43	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.	2.14	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Transitional living facility or halfway house	We have locally funded housing for transitional housing in the Poplar Bluff area. We received Healthcare for Homeless Veterans (HCHV) funding, but it did not come on station in time to use it and we had to send it back. We have put new processes in place with fiscal and contracting in hopes of using funding efficaciously in the future.
Long-term, permanent housing	This year, our VA was very fortunate to receive 25 HUD-VASH vouchers. We are in the process of hiring a VASH staff.
Help with transportation	Homeless Veterans in rural areas are very restricted in their access to public transportation. Lack of transportation to employment opportunities or a job is very difficult, if not impossible. Veterans need a bus voucher, additional Disabled American Veterans support, or nominal matching funding in purchasing a vehicle and insurance.

***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 had a CHALENG Stand Down committee of dedicated staff who meet, plan, and work toward making Veterans lives better.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Transitional living facility or halfway house</p>	<p>We have utilized locally-funded housing as transitional housing in Arkansas (Paragould) and Missouri (Poplar Bluff, Farmington, Cape Girardeau). We would like to set up a program in which Veterans would graduate after they accomplish recovery goals. The program would be slightly less structured, with a continued expectation of sobriety. Veterans would need to be actively involved in work, volunteer work, school and/or treatment. The transitional housing would include life skills training for re-entering the community. We received Health Care for Homeless Veterans funding for the proposed program. The money did not come on station soon enough to use it and we have had to send it back. We have put new processes in place with fiscal and contracting in hopes of using funding efficaciously in the future.</p>
<p>Long-term, permanent housing</p>	<p>This year the John J. Pershing VAMC was very fortunate to receive 25 HUD-VASH vouchers. We are in the process of filling the HUD-VASH social work position, so that the vouchers can be allocated.</p>
<p>Help with transportation</p>	<p>Homeless Veterans in rural areas are very restricted in their access to public transportation. Lack of transportation to employment opportunities or a job is very difficult if not impossible. Veterans need a bus voucher, additional Disabled American Veteran support, or nominal matching funds in purchasing a vehicle and insurance.</p>

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

CHALENG 2010 Survey Results Summary

VISN: 15

Site: VAMC St. Louis, MO - 657

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: 32

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	146
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: 327. 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.)	3.51	3.25	3.74
Food	3.39	3.33	3.86
Clothing	3.26	3.81	3.62
Emergency (immediate) shelter	3.08	2.95	3.55
Transitional living facility or halfway house	2.93	3.20	3.45
Long-term, permanent housing	2.33	2.45	2.90
Detoxification from substances	3.81	3.52	3.69
Treatment for substance abuse	3.90	3.62	3.84
Services for emotional or psychiatric problems	3.49	3.48	3.71
Treatment for dual diagnosis	3.44	3.38	3.51
Family counseling	3.16	2.81	3.11
Medical services	3.97	3.67	4.04
Women's health care	3.10	3.24	3.17
Help with medication	3.94	3.29	3.87
Drop-in center or day program	3.34	3.33	3.15
AIDS/HIV testing/counseling	3.73	3.71	3.63
TB testing and Treatment	3.82	4.05	3.90
Legal assistance to help restore a driver's license	2.75	2.80	2.87
Hepatitis C testing	3.77	3.57	3.70
Dental care	2.50	2.91	2.91
Eye care	3.30	3.00	3.38
Glasses	3.24	3.14	3.35
VA disability/pension	2.75	3.38	3.14
Welfare payments	2.56	2.90	2.80
SSI/SSD process	2.84	3.10	2.95
Guardianship (financial)	2.82	2.86	2.84
Help managing money	3.20	3.05	3.13
Job training	2.71	3.09	2.96
Help with finding a job or getting employment	2.67	3.05	3.02
Help getting needed documents or identification	3.50	3.10	3.50
Help with transportation	2.94	2.67	3.31
Education	3.12	2.81	3.19
Child care	3.05	2.24	2.64
Family reconciliation assistance	2.94	2.48	2.73
Discharge upgrade	2.97	2.76	2.96
Spiritual	3.75	3.19	3.55
Re-entry services for incarcerated veterans	3.10	2.95	2.94
Elder health care	3.14	3.10	3.11
Credit counseling	2.82	2.77	2.85
Legal assistance for child support issues	2.77	2.43	2.70
Legal assistance for outstanding warrants/fines	2.69	2.67	2.75
Help developing social network	3.01	2.85	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?	3.55	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.00	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.	2.60	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.90	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.80	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.	2.70	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.	1.60	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.20	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.	2.40	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.60	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.00	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.	1.60	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.67	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Dental care	Shortages of VA staff (due to retirement, rapid program expansion) resulted in less attention paid to this need. Additionally, there were issues with a community provider that was providing sub-standard care. A recent increase in staff will help us re-focus on this need.
Emergency (immediate) shelter	No emergency beds were obtained in FY 2010.
Long-term, permanent housing	We educated interested private property owners on the housing choice voucher process through HUD-VASH. We were awarded 25 additional vouchers in FY 2010 and have used them so far to house 14 Veterans.

***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

SSI/SSD Process	We have been working with a St. Louis Social Security Administration office and have been exploring ways to simplify the application process for Veterans. It is helpful for Veterans to have a case manager present at the time of their interview. We are exploring the possibility of doing this through telecommunication.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	We have identified ten potential beds for emergency housing and an application has been sent through. We have several additional sites that are considering requesting contracts/grants for emergency bed and transitional housing for women as well as incarcerated Veterans. We have worked with numerous programs to help them identify how to request a grant and educated them on the process. Continuing outreach to outlying areas within our catchment area is necessary to further develop resources for these Veterans.
Dental care	This is an ongoing need for Veterans. There were multiple issues with access to dental care in FY 2010, but these have been resolved and we expect to be able to treat Veterans more promptly and in greater numbers utilizing community providers. A new process has been developed which should expedite this process. A These services need to be made available to HUD-VASH Veterans as well as GPD Veterans.
Job training	Working with VA Compensated Work Therapy and local community agencies to address the work needs of Veterans. Will have two homeless vocational rehabilitation assistants that will help with job search and coaching. Looking at expanding our Transitional Work Experience program into the community (rather than just the VA) to support job training for 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.**

CHALENG 2010 Survey Results Summary

VISN: 15

Site: VAMC Topeka - 677

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: 7

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	4
Transitional Housing Beds	27
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: 25.
Number of provider (VA and non-VA) participants: 17.)

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	3.38	3.74
Food	4.04	3.56	3.86
Clothing	4.21	3.44	3.62
Emergency (immediate) shelter	3.83	3.13	3.55
Transitional living facility or halfway house	3.96	2.63	3.45
Long-term, permanent housing	2.83	3.13	2.90
Detoxification from substances	4.17	3.38	3.69
Treatment for substance abuse	4.08	3.60	3.84
Services for emotional or psychiatric problems	4.21	3.60	3.71
Treatment for dual diagnosis	4.09	3.56	3.51
Family counseling	2.96	3.07	3.11
Medical services	4.50	4.00	4.04
Women's health care	2.53	3.31	3.17
Help with medication	4.13	3.81	3.87
Drop-in center or day program	3.40	3.69	3.15
AIDS/HIV testing/counseling	3.58	3.63	3.63
TB testing and Treatment	4.32	3.81	3.90
Legal assistance to help restore a driver's license	2.29	3.13	2.87
Hepatitis C testing	3.59	3.67	3.70
Dental care	3.46	2.75	2.91
Eye care	4.22	3.13	3.38
Glasses	4.26	3.00	3.35
VA disability/pension	2.57	3.31	3.14
Welfare payments	2.09	3.19	2.80
SSI/SSD process	2.61	3.13	2.95
Guardianship (financial)	2.25	2.88	2.84
Help managing money	3.05	2.88	3.13
Job training	2.82	3.00	2.96
Help with finding a job or getting employment	3.36	2.88	3.02
Help getting needed documents or identification	3.95	3.25	3.50
Help with transportation	3.45	3.13	3.31
Education	3.32	3.31	3.19
Child care	1.78	2.81	2.64
Family reconciliation assistance	2.26	2.88	2.73
Discharge upgrade	2.95	3.13	2.96
Spiritual	3.52	3.19	3.55
Re-entry services for incarcerated veterans	2.44	3.25	2.94
Elder health care	2.50	3.60	3.11
Credit counseling	2.63	2.94	2.85
Legal assistance for child support issues	2.32	2.81	2.70
Legal assistance for outstanding warrants/fines	2.35	2.69	2.75
Help developing social network	3.53	3.25	3.14

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VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.50	3.55

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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.	2.64	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.43	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.08	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.36	2.31
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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.	1.92	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.	2.50	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.36	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.	2.07	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.	2.07	1.74
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*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	The Topeka VA has obtained a total of 95 Section 8 vouchers to give to Veterans for obtaining permanent housing, coupled w/ case management to help them keep their housing. The Topeka/Shawnee County Homeless Task Force was not successful with their HUD application last year -- so were not able to obtain the funding required to expand their current housing options.
Help with finding a job or getting employment	The economy in Shawnee County has been hit hard by the current recession and rates of unemployment are running over nine percent. It has been a very difficult time for many of our Veterans as some companies have closed and others have downsized. The State of Kansas has historically provided some vocational rehabilitation/job training opportunities but these resources have significantly shrunk over the last two years and this upcoming year looks like more cuts. There is a proposed Federal jobs bill that, if passed, should provide some funding to help address this need.
Legal assistance for outstanding warrants/fines	Full-time Veteran Justice Outreach (VJO) staff will start work February 2011. On a limited basis, legal services are provided by the Kansas Legal Services and a local law school. VJO, Health Care for Re-entry Veterans, and other VA staff will work together to further develop needed resources

*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

SSI/SSD Process	Kansas has been able to get SOAR (SSI/SSDI Outreach, Access, and Recovery) training for staff in many area of the state which equips these staff to help Veterans and other non-veterans become much more effective with obtaining SSI/SSD awards in a much shorter time. This is certainly one of the bright spots in the social services arena for the last 12 months.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Transitional living facility or halfway house</p>	<p>The need for transitional beds is currently only partly met. VA and their partners will work to fully implement the HCHV (Health Care for Homeless Veterans) Emergency Services grant that will help significantly address this issue. Additionally the local HUD Continuum of Care will apply for funding to expand the number of transitional housing options available.</p>
<p>Emergency (immediate) shelter</p>	<p>Topeka/ Shawnee Co only have one emergency shelter which is the Rescue Mission. While it is not unusual to have seasonal fluctuations (variations in the number of people utilizing the Mission) we have seen unprecedented large numbers of folks seeking emergency services. The answer is not "more" emergency beds but to increase housing options so that folks can get and keep housing and not need emergency services. The VA will work to fully implement their HCHV (Health Care for Homeless Veterans) Emergency Services grant and the HUD-VASH programs to help Veterans get and keep their housing thus alleviating the need to go to the Mission.</p>
<p>Long-term, permanent housing</p>	<p>The local VA and their partner, the Topeka Public Housing Authority, have just learned they received an additional 25 permanent housing vouchers under the HUD-VASH program. These vouchers and the other 70 previously received will go a long way to address the need for permanent housing for Veterans. Additionally the VA will work with community partners to apply for HUD Shelter Plus Care vouchers/funding to address this need for permanent housing.</p>

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