

CHALENG 2010 Survey Results Summary

VISN: 16

Site: VA Central Arkansas HCS - 598

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: 14

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	171
Permanent Housing Beds	183

*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: 30.
Number of provider (VA and non-VA) participants: 18.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.11	3.67	3.74
Food	4.17	4.00	3.86
Clothing	3.41	3.87	3.62
Emergency (immediate) shelter	3.96	3.93	3.55
Transitional living facility or halfway house	3.97	3.64	3.45
Long-term, permanent housing	3.27	3.00	2.90
Detoxification from substances	4.14	3.40	3.69
Treatment for substance abuse	4.19	3.67	3.84
Services for emotional or psychiatric problems	3.52	3.73	3.71
Treatment for dual diagnosis	3.62	3.67	3.51
Family counseling	2.80	3.20	3.11
Medical services	4.03	3.67	4.04
Women's health care	3.43	3.47	3.17
Help with medication	4.16	3.60	3.87
Drop-in center or day program	3.93	3.93	3.15
AIDS/HIV testing/counseling	3.76	3.33	3.63
TB testing and Treatment	3.85	3.53	3.90
Legal assistance to help restore a driver's license	3.05	.	2.87
Hepatitis C testing	3.50	3.40	3.70
Dental care	2.86	2.81	2.91
Eye care	4.00	3.36	3.38
Glasses	4.03	3.43	3.35
VA disability/pension	2.77	3.67	3.14
Welfare payments	2.59	3.20	2.80
SSI/SSD process	3.14	3.31	2.95
Guardianship (financial)	3.00	3.36	2.84
Help managing money	3.64	3.67	3.13
Job training	3.44	3.47	2.96
Help with finding a job or getting employment	3.22	3.53	3.02
Help getting needed documents or identification	3.72	3.47	3.50
Help with transportation	4.00	3.20	3.31
Education	3.68	3.53	3.19
Child care	2.77	2.67	2.64
Family reconciliation assistance	2.93	3.13	2.73
Discharge upgrade	2.94	3.27	2.96
Spiritual	3.64	3.87	3.55
Re-entry services for incarcerated veterans	3.11	3.36	2.94
Elder health care	3.56	3.33	3.11
Credit counseling	3.06	3.87	2.85
Legal assistance for child support issues	2.81	2.80	2.70
Legal assistance for outstanding warrants/fines	3.21	2.73	2.75
Help developing social network	3.04	3.47	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.	3.13	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.50	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.13	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.00	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.50	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.88	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.50	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.38	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.13	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.	1.63	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.	1.50	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.13	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Food	Food was the top unmet need identified in FY 2009. However, during FY 2010, food was no longer among the top three unmet needs of homeless Veterans at our VA. We attribute this to the fact that in October 2009, VA accepted responsibility for providing breakfast and lunch meals to Veterans receiving case management services at the Drop-In Day Treatment Center. They have continued that service and the response from Veterans has been very positive.
SSI/SSD process	The need for assistance with the SSI/SSD application process remains one of the top three unmet needs for FY 2010. However, it dropped from the #2 unmet need in FY 2009, to the #3 unmet need in FY 2010. This is likely to be due to the efforts made to train staff in developing statements in support of claims and to efforts made to help Veterans build claims when they have had limited access to the VA system as a result of their homelessness. Additionally, two representatives of the Arkansas SOAR Program (SSI/SSDI Outreach, Access, and Recovery) provided continuing education training to 33 VA and community participants on preparing disability applications at our July CHALENG meeting.
Dental care	Dental care dropped out of the top three unmet needs of homeless Veterans in Central Arkansas during FY 2010. We attribute this to the high number of Veterans receiving dental services in FY 2009. Now that knowledge of the Homeless Veteran Dental Program (HVDP) has been disseminated, Veterans have been actively involved in taking advantage of this service. Subsequently, dental care was seen as more of a met need at our VA than it has been seen in the past. This service continues to be an incentive for Veterans to enter VA residential treatment programs.

***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	During FY 2011, Little Rock will implement Project STAY. This project is funded through a seed grant from the National Center on Homelessness Among Veterans. This project is a partnership between our VA, St. Francis House, and Scipio A. Jones Alumni Association. The project will use clinical interventions and therapeutic incentives to promote permanent housing stability.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>Long Term Permanent Housing returns as the #1 unmet need identified by Veterans and CHALENG participants in Central Arkansas. In addressing this unmet need, staff will work to maximize use of Section 8 Vouchers through the VASH Program. Additionally, this facility was one of 11 recipients of a Homeless Veteran Seed Grant funded in FY 2010 through the National Center on Homelessness Among Veterans. This project will allow staff to offer education and training based incentives to help Veterans remain in housing. The Program will focus on establishing a safe environment and building supportive relationships; engaging Veterans in treatment; encouraging autonomy and accountability; and saying yes to permanent housing. This project aims to provide 1:1 and group support to encourage Veterans to remain in permanent housing for at least two years.</p>
<p>Child care</p>	<p>Child care continues to be identified among the top unmet needs of homeless Veterans. This concern was even more evident during this fiscal year because of the record number of families placed in residential treatment along with their parents. We also served 14 families during this FY year. A record number of families was served this year in the VASH Program, residential treatment (facility "ate" the cost for family members) and day treatment. We will explore options with a local Homeless Coalition member for child care assistance. We will also monitor opportunities for funding for child care and will explore options for child care vouchers through the Department of Human Services as indicated and as appropriate.</p>
<p>SSI/SSD process</p>	<p>During FY 09 assistance with the SSI/SSD process was identified as the # 2 unmet need of homeless Veterans. While it remains one of the top three unmet needs for FY 10, it has dropped from the #2 unmet need in FY 09, to the #3 unmet need in FY 10. During FY 11, CAVHS will continue efforts started in FY 10 involving use of representatives from the state SOAR Program, to provide continuing education training at the CHALENG meetings on preparing disability applications. CAVHS will continue working with these partners to facilitate our success in helping Veterans to gain disability income when appropriate. We will also seek support from VBA for the same level of training in preparing VA compensation and pension applications as this was the #3 unmet need identified by community partners.</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: 16

Site: VA Gulf Coast HCS - 520, Biloxi, MS, Pensacola, FL

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

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

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

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

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 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	10
Permanent Housing Beds	105

*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: 27.)

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.)	3.10	3.85	3.74
Food	3.42	3.89	3.86
Clothing	2.80	3.78	3.62
Emergency (immediate) shelter	2.30	2.93	3.55
Transitional living facility or halfway house	2.02	2.62	3.45
Long-term, permanent housing	1.98	2.70	2.90
Detoxification from substances	3.26	2.59	3.69
Treatment for substance abuse	3.30	2.85	3.84
Services for emotional or psychiatric problems	3.38	3.20	3.71
Treatment for dual diagnosis	3.34	3.27	3.51
Family counseling	3.03	3.33	3.11
Medical services	4.21	3.85	4.04
Women's health care	2.89	3.48	3.17
Help with medication	3.92	3.59	3.87
Drop-in center or day program	3.39	3.50	3.15
AIDS/HIV testing/counseling	3.23	3.63	3.63
TB testing and Treatment	3.33	3.56	3.90
Legal assistance to help restore a driver's license	2.55	2.88	2.87
Hepatitis C testing	3.41	3.41	3.70
Dental care	2.14	2.77	2.91
Eye care	2.51	2.92	3.38
Glasses	2.32	3.00	3.35
VA disability/pension	2.51	3.48	3.14
Welfare payments	2.15	3.07	2.80
SSI/SSD process	2.43	3.04	2.95
Guardianship (financial)	2.25	3.04	2.84
Help managing money	2.75	2.93	3.13
Job training	2.50	3.00	2.96
Help with finding a job or getting employment	2.55	3.22	3.02
Help getting needed documents or identification	3.69	3.26	3.50
Help with transportation	2.83	3.11	3.31
Education	3.07	3.30	3.19
Child care	2.67	2.77	2.64
Family reconciliation assistance	2.55	2.81	2.73
Discharge upgrade	2.68	3.04	2.96
Spiritual	4.07	3.78	3.55
Re-entry services for incarcerated veterans	2.90	3.07	2.94
Elder health care	3.11	3.16	3.11
Credit counseling	2.71	2.96	2.85
Legal assistance for child support issues	2.60	2.85	2.70
Legal assistance for outstanding warrants/fines	2.45	2.69	2.75
Help developing social network	2.88	3.15	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?	3.86	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.05	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.	1.95	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.	2.10	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.	2.10	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.62	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.86	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.05	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.	1.67	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.86	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	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*

Emergency (immediate) shelter	VA continues to work with community organizations including local homeless coalitions to increase the public's understanding of homelessness and the precipitating sociological factors. Educating the public on the need for immediate housing for homeless individuals and families is expected to increase possibilities for intervention strategies. VA's added voice and encouragement may lead to an additional shelter in Mississippi soon.
Transitional living facility or halfway house	Harbor House in Pensacola has been serving Veterans for several years; referral process was revamped recently to increase the speed of admissions. We are looking to contract with similar programs in Biloxi, Mississippi, and Mobile, Alabama. The VISN Homeless Coordinator and our VA is planning a training in Fall 2010 on how to apply for VA Grant and Per Diem funding. We hope this will increase applications.
Long-term, permanent housing	Efforts focus on placing Veterans directly into permanent housing through the HUD-VASH 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*

<p>Emergency (immediate) shelter</p>	<p>Continued effects of Katrina include very limited community resources for Homeless. VA Gulf Coast is pursuing opportunities for Health Care for Homeless Veteran contracts with emphasis on emergent availability. In addition, we continue advocacy in the community to encourage development of resources including shelters and drop-in sites. Social Work Service has developed a brochure to provide locations and phone numbers of community organizations (albeit quite limited) that provide shelter, food and financial assistance. We will continue to coordinate referrals to local existing shelters in Pensacola and Mobile. The Salvation Army is developing a plan for a proposed Gulfport, Mississippi shelter.</p>
<p>Food</p>	<p>In addition to VA staff supporting community initiatives to provide transitional housing by attending community organizational and informational meetings, VA will increase activities such as offering information and training on available VA funding for housing programs in effort to start a VA Grant and Per Diem program.</p>
<p>Long-term, permanent housing</p>	<p>The number of HUD-VASH vouchers and corresponding case managers will increase in FY 2011 to 230 units with eight dedicated employees. In the coming three years, we will add an additional 200 vouchers and eight additional staff. Efforts will continue towards joining community providers with ineligible Veterans in need of referrals to treatment and housing programs.</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: 16

Site: VAMC Alexandria, LA - 502

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 5

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 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	18
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:
 111. Number of provider (VA and non-VA) participants: 86.)

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.)	3.59	3.46	3.74
Food	3.66	3.51	3.86
Clothing	3.63	3.55	3.62
Emergency (immediate) shelter	3.41	3.11	3.55
Transitional living facility or halfway house	3.27	3.00	3.45
Long-term, permanent housing	2.84	2.78	2.90
Detoxification from substances	3.77	3.42	3.69
Treatment for substance abuse	3.64	3.52	3.84
Services for emotional or psychiatric problems	3.45	3.40	3.71
Treatment for dual diagnosis	3.16	3.21	3.51
Family counseling	3.07	3.21	3.11
Medical services	3.96	3.73	4.04
Women's health care	3.20	3.58	3.17
Help with medication	3.99	3.68	3.87
Drop-in center or day program	3.07	2.56	3.15
AIDS/HIV testing/counseling	3.44	3.61	3.63
TB testing and Treatment	3.64	3.55	3.90
Legal assistance to help restore a driver's license	2.89	2.83	2.87
Hepatitis C testing	3.43	3.46	3.70
Dental care	2.48	2.79	2.91
Eye care	3.03	3.15	3.38
Glasses	3.01	3.11	3.35
VA disability/pension	2.61	3.56	3.14
Welfare payments	2.34	3.18	2.80
SSI/SSD process	2.47	3.21	2.95
Guardianship (financial)	2.65	2.85	2.84
Help managing money	3.24	2.88	3.13
Job training	2.48	3.14	2.96
Help with finding a job or getting employment	2.63	3.07	3.02
Help getting needed documents or identification	3.31	3.27	3.50
Help with transportation	3.08	3.05	3.31
Education	3.00	3.14	3.19
Child care	2.63	2.61	2.64
Family reconciliation assistance	2.58	2.73	2.73
Discharge upgrade	2.87	3.14	2.96
Spiritual	3.68	3.42	3.55
Re-entry services for incarcerated veterans	3.03	3.49	2.94
Elder health care	2.74	3.41	3.11
Credit counseling	2.46	2.76	2.85
Legal assistance for child support issues	2.78	2.74	2.70
Legal assistance for outstanding warrants/fines	2.58	2.65	2.75
Help developing social network	3.09	2.93	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?	3.57	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.76	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.	2.18	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.64	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.96	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.72	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.56	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.80	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.	1.76	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.80	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.54	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*

Long-term, permanent housing	As a result of the partnership with HUD we have been issued 95 vouchers to house homeless Veterans. We have requested additional vouchers for 2011 to decrease the number of homeless Veterans.
Dental care	Over the past year, 21 Veterans received dental services. An increase is expected in the number of homeless Veterans who are eligible for the Homeless Veteran Dental Program (HVDP) by participating in a Healthcare for Homeless Veterans Contract Residential Treatment or Grant and Per Diem program. Both of these VA-funded programs are increasing the number of beds.
VA disability/pension	Every Veteran is assessed for VA benefits eligibility. If Veterans are eligible for benefits and have never applied for them, education is provided, DD-214s are obtained and Veterans are assisted with completion of paperwork. Veterans are also provided contact information for the VA benefits counselor, toll-free telephone number to the Veterans Affairs Regional Office and the nearest parish Veteran benefits representative. We conduct outreach five days a week throughout our catchment area and assist homeless Veteran apply for VA Disability Pension as well as assist them in appealing denied claims.

*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	Since the implementation of HUD-VASH vouchers, this site has received 95 vouchers to provide housing for homeless Veterans. We now have three HUD-VASH case managers to manage these vouchers and help homeless Veterans access this service. This site will request additional vouchers for 2011 and staff to manage them.
Emergency (immediate) shelter	The Health Care for Homeless Veterans program will continue to provide education to community agencies on the needs of homeless Veterans and of the availability of funding -- and encourage them to partner with this VAMC to provide immediate emergency shelter beds.
Dental care	The Alexandria VAMC program now has 12 residential contract beds and 18 VA Grant and Per Diem beds. After 60 days of residency the Veterans are eligible for dental services under the Homeless Veteran Dental Program. The Veterans are informed of this benefit upon admission to one of the above programs. Our goal is to increase the number of beds in each program and as a result increase the number of homeless Veterans who receive 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.**

CHALENG 2010 Survey Results Summary

VISN: 16

Site: VAMC Fayetteville, AR - 564

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: 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	63
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: 14.
Number of provider (VA and non-VA) participants: 4.)

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.)	4.86	5.00	3.74
Food	4.57	4.50	3.86
Clothing	4.21	4.50	3.62
Emergency (immediate) shelter	4.50	3.00	3.55
Transitional living facility or halfway house	4.86	3.00	3.45
Long-term, permanent housing	3.14	4.75	2.90
Detoxification from substances	4.46	5.00	3.69
Treatment for substance abuse	4.46	5.00	3.84
Services for emotional or psychiatric problems	4.29	4.75	3.71
Treatment for dual diagnosis	4.33	4.50	3.51
Family counseling	2.67	4.00	3.11
Medical services	4.71	5.00	4.04
Women's health care	3.22	5.00	3.17
Help with medication	4.50	5.00	3.87
Drop-in center or day program	3.64	1.00	3.15
AIDS/HIV testing/counseling	4.15	3.25	3.63
TB testing and Treatment	4.31	4.50	3.90
Legal assistance to help restore a driver's license	2.31	3.00	2.87
Hepatitis C testing	4.08	4.50	3.70
Dental care	3.86	1.00	2.91
Eye care	4.21	5.00	3.38
Glasses	3.93	5.00	3.35
VA disability/pension	2.15	5.00	3.14
Welfare payments	1.92	5.00	2.80
SSI/SSD process	2.23	5.00	2.95
Guardianship (financial)	2.38	5.00	2.84
Help managing money	3.62	3.75	3.13
Job training	3.00	2.50	2.96
Help with finding a job or getting employment	3.42	1.00	3.02
Help getting needed documents or identification	4.08	4.00	3.50
Help with transportation	4.23	3.50	3.31
Education	3.62	5.00	3.19
Child care	2.25	3.00	2.64
Family reconciliation assistance	2.36	3.50	2.73
Discharge upgrade	2.55	5.00	2.96
Spiritual	3.08	5.00	3.55
Re-entry services for incarcerated veterans	2.17	2.75	2.94
Elder health care	3.17	5.00	3.11
Credit counseling	2.00	3.75	2.85
Legal assistance for child support issues	2.25	2.75	2.70
Legal assistance for outstanding warrants/fines	2.42	2.75	2.75
Help developing social network	3.50	3.25	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?	4.67	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	5.00	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.	4.00	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.00	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	3.00	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	4.00	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.00	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.00	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.	4.00	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.67	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	4.00	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.	1.00	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.00	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.	1.00	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*

Long-term, permanent housing	We received 35 new HUD-VASH vouchers in Jasper County, Missouri in FY 2010 and 25 additional vouchers for Washington County, Arkansas for FY 2010.
Help with finding a job or getting employment	Our VA Compensated Work Therapy program has been very successful in helping our Veterans ultimately obtain paying jobs. We refer to local Veterans employment counselors, but this has not been as successful as anticipated. We also refer to local temporary employment agencies for employment. In Missouri we continue to use the CHANCE Program for job skills training and local temporary agencies.
Help with transportation	Transportation is an ongoing problem. We continue to rely heavily on Disabled American Veterans and VA shuttle services. Veterans in the Fayetteville area rely greatly on the University of Arkansas bus system that is free to ride daily until 5 pm. We recently were awarded additional funding through the VISN and purchased 500 day passes from our local regional transit system, 500 taxi vouchers and \$2500 in Greyhound bus vouchers.

***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 received 35 HUD-VASH Vouchers and implemented a program in Jasper County, Missouri. We have issued 25 vouchers with 17 Veterans housed at this time. We currently have all 35 vouchers for Washington County, Arkansas issued with 32 Veterans housed. We will receive an additional 25 vouchers for Washington County.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Help with finding a job or getting employment</p>	<p>The economy has taken a large number of blue collar jobs in our catchment area within the past year. The main focus we are using with some of the Veterans in Arkansas is a referral to the VA Compensated Work Therapy Program. This has been very successful in helping Veterans find a paying job. We refer to local Veterans employment counselors, but this has not been as successful as we anticipated. We also refer to local temporary employment agencies for employment. In Missouri we continue to us the CHANCE Program for job skills training and local temporary agencies. In Missouri we have more success through temporary agencies placing Veterans in employment that turns into full-time permanent employment.</p>
<p>Long-term, permanent housing</p>	<p>We have implemented 35 new HUD-VASH vouchers in Jasper County Missouri for FY 2010 with 17 now housed. We received 25 additional vouchers for Washington County Arkansas to go along with the other 35 vouchers from FY08. We are presently recruiting for a HUD-VASH case manager to for the 25 new vouchers. We plan to request 25 vouchers for Sebastian County Arkansas in FY 2011. This area is in need of permanent housing vouchers. The county has over 100,000 population and we only have nine transitional housing beds.</p>
<p>Help with transportation</p>	<p>Transportation is a continuous problems we deal with on a daily basis. We continue to rely heavily on the Disabled American Veterans van program and limited VA shuttle services available. Veterans Fayetteville rely greatly on the University of Arkansas bus system that is free to ride daily until 5:00pm. We recently were awarded additional funding through the VISN and purchased 500 day passes for our local regional transit system, 500 taxi vouchers and \$2500 in Greyhound bus vouchers. This will greatly assist in our efforts to get homeless Veterans access to transportation.</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: 16

Site: VAMC Houston, TX - 580

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: 90

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	2
Transitional Housing Beds	197
Permanent Housing Beds	803

*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:
183. 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.)	3.59	3.41	3.74
Food	3.77	3.76	3.86
Clothing	3.42	3.59	3.62
Emergency (immediate) shelter	3.49	3.06	3.55
Transitional living facility or halfway house	3.49	3.06	3.45
Long-term, permanent housing	3.34	2.82	2.90
Detoxification from substances	4.04	3.24	3.69
Treatment for substance abuse	4.26	3.63	3.84
Services for emotional or psychiatric problems	4.16	3.25	3.71
Treatment for dual diagnosis	3.82	3.24	3.51
Family counseling	3.19	2.88	3.11
Medical services	4.31	3.56	4.04
Women's health care	2.97	2.88	3.17
Help with medication	4.30	3.13	3.87
Drop-in center or day program	3.52	2.88	3.15
AIDS/HIV testing/counseling	3.90	3.41	3.63
TB testing and Treatment	4.30	3.69	3.90
Legal assistance to help restore a driver's license	3.22	2.71	2.87
Hepatitis C testing	4.13	3.56	3.70
Dental care	3.19	2.82	2.91
Eye care	3.75	3.12	3.38
Glasses	3.78	3.18	3.35
VA disability/pension	3.27	3.00	3.14
Welfare payments	2.29	2.35	2.80
SSI/SSD process	2.89	2.82	2.95
Guardianship (financial)	2.64	2.44	2.84
Help managing money	3.37	2.65	3.13
Job training	3.02	2.71	2.96
Help with finding a job or getting employment	3.08	2.76	3.02
Help getting needed documents or identification	3.73	3.00	3.50
Help with transportation	3.68	3.12	3.31
Education	3.30	3.18	3.19
Child care	2.66	2.06	2.64
Family reconciliation assistance	2.86	2.47	2.73
Discharge upgrade	3.08	2.63	2.96
Spiritual	3.71	3.07	3.55
Re-entry services for incarcerated veterans	2.99	2.65	2.94
Elder health care	3.16	2.76	3.11
Credit counseling	3.18	2.12	2.85
Legal assistance for child support issues	2.86	2.24	2.70
Legal assistance for outstanding warrants/fines	3.11	2.41	2.75
Help developing social network	3.36	2.76	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.80	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.90	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.	3.09	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.91	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.36	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.	3.18	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.	2.09	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.	2.60	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.	2.82	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.40	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.	2.10	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.	2.30	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*

<p>Help with finding a job or getting employment</p>	<p>Our Health Care for Homeless Veterans (HCHV) Program has taken strides to enhance the employment opportunities available to Veterans. Staff keep Veterans updated on job fairs, training programs, employment agencies, and job sites (The Work Source, Workforce Solutions, Career and Recovery, Goodwill Industries, Pace Setters). We have assisted Veterans with transportation through bus passes and program vehicles to enhance their job search efforts. A HUD-VASH case manager has been assigned to the Career and Recovery Resources program in Houston. Our staff works closely with the VA Vocational Rehabilitation Program. In addition, we also refer Veterans that are Service Connected at the rate of 20% and higher to the Veterans Affairs Regional Office Vocational Rehabilitation program for employment assessments and job skill development.</p>
<p>Treatment for substance abuse</p>	<p>We have made substantial progress in developing contracts with two local agencies, (Spiller Personal Care Home and Forest Lawn Missionary Baptist Church) to provide transitional housing and substance abuse treatment to 209 Veterans. Both of these program should be up and running soon. We are also in the process of hiring two substance abuse social workers and two peer technicians to provide outpatient treatment to over 200 Veterans in the HUD-VASH program. This will increase the ability of Veterans with substance abuse difficulties to maintain their permanent housing placements.</p>
<p>Re-entry services for incarcerated Veterans</p>	<p>We have developed a pilot Veteran Justice Outreach (VJO) program in conjunction with the local county municipal court. There are 20 Veterans in the program. The program has been able to keep these Veterans out of jail and in treatment programs. We have been awarded a staff position for this program. Currently there are approximately 800 Veterans that can benefit from the program in the greater Houston area. We also have a Health Care for Re-entry Veterans (HCRV) program that works with the state prison system to assist Veterans transition to a homeless Veteran program upon release. We have provided services to over 1,200 Veterans statewide through this program within the last year.</p>

*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	<p>We have two very strong and highly successful long-term permanent housing programs for homeless Veterans: the Shelter Plus Care (S+C) program and the HUD-VASH program. Through the programs we provide housing and case management services for approximately 800 Veterans in the greater Houston, Beaumont, and Galveston areas. At this time the programs are staffed by a program coordinator, a social work associate, and 19 social workers/case Managers. The S+C program started in 1994 and provides services for 63 Veterans and their family members. The program is run in conjunction with the Harris County Community Services Development (HCCSD) program. Since 1994 the S+C program has assisted Veterans with purchasing homes, remaining sober from alcohol and drugs, and obtaining stable employment. The HUD-VASH program is run in conjunction with the Houston Housing Authority and HCCSD. Each HUD-VASH case manager is assigned an agency to provide outreach services to. This has expanded our outreach efforts in the greater Houston area from 12 sites in 2009 to 22 sites this year and has allowed us to maintain much more regular contact with the agencies. As a result, we are getting referrals from areas where we seldom saw very many Veterans, such as Northwest Harris County.</p>
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Help with finding a job or getting employment</p>	<p>Plan: The Veterans that continue to be the most challenging for the program are the ones with recent (within the last 5 years) felonies and the ones with two or more felonies within the last 10 years. We will utilize outreach workers to speak with employers at job fairs to assess their concerns with hiring Veterans that are recent felons. Also VA Vocational Rehabilitation is implementing a program to hire staff to assist our HUD-VASH Veterans find stable permanent employment. We will work in conjunction with the program to find jobs for our Veterans that are having the most difficulty finding employment. Status: We will continue to work closely with the various employment agencies in the surrounding area (such as, Good Will Industries, Career and Recovery, The Houston Launch Pad, Workforce Solutions, etc.).</p>
<p>Emergency (immediate) shelter</p>	<p>Plan: The Health Care for Homeless Veterans (HCHV) Program has partnered with Spiller Personal Care Home and Forest Lawn Missionary Baptist Church to provide immediate temporary shelter and transitional housing to Veterans who are homeless or at-risk of homelessness. The Salvation Army has allotted holding beds for Veterans on the waiting list for permanent housing. As a result of this partnership, 211 beds will be available to Veterans and their children. Status: The Spiller Personal Care Home project will be a 184-bed facility targeting homeless Veterans. The projected is expected to be completed in 1 ½ years. Forest Lawn Missionary Baptist Church is scheduled to open a 25-bed transitional housing facility for Women and women with children. This project is expected to take 1 year to complete. The Salvation Army has allocated 2 holding beds for Veterans awaiting permanent housing. The Domiciliary is a 40-bed facility designed to provide short-term housing to homeless Veterans in a therapeutic and rehabilitative environment.</p>
<p>Treatment for substance abuse</p>	<p>Plan: We will hire 2 Substance Abuse Social Workers to provide outpatient treatment to our Veterans in the HUD-VASH program. This will expand our ability to provide outpatient treatment to over 200 Veterans that are currently in permanent housing. We will also hire 2 Peer Technicians that have experience and/or knowledge with homelessness and substance abuse usage to encourage our Veterans to stay engaged with treatment and/or maintain their sobriety. Status: We have been working consistently with the Spiller Personal Care Home to start a treatment program that will house 184 Veterans. This project is about a year and a half from completion. We are also working with Forest Lawn Missionary Baptist Church to start a 25 bed treatment facility for women and children. This will allow us to provide transitional services and treatment for an additional 209 Veterans.</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: 16

Site: VAMC Jackson, MS - 586

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 5

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

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	6
Transitional Housing Beds	80
Permanent Housing Beds	120

*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: 43.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.91	3.41	3.74
Food	4.32	3.71	3.86
Clothing	3.64	3.77	3.62
Emergency (immediate) shelter	4.21	3.52	3.55
Transitional living facility or halfway house	4.16	3.68	3.45
Long-term, permanent housing	3.52	3.17	2.90
Detoxification from substances	4.26	4.02	3.69
Treatment for substance abuse	4.38	4.02	3.84
Services for emotional or psychiatric problems	4.16	3.90	3.71
Treatment for dual diagnosis	3.98	3.71	3.51
Family counseling	3.39	3.44	3.11
Medical services	4.47	4.07	4.04
Women's health care	3.00	3.83	3.17
Help with medication	4.33	3.76	3.87
Drop-in center or day program	3.11	2.85	3.15
AIDS/HIV testing/counseling	3.94	3.73	3.63
TB testing and Treatment	4.18	3.73	3.90
Legal assistance to help restore a driver's license	2.99	3.17	2.87
Hepatitis C testing	3.99	3.63	3.70
Dental care	3.35	3.59	2.91
Eye care	3.40	3.57	3.38
Glasses	3.49	3.51	3.35
VA disability/pension	3.56	3.83	3.14
Welfare payments	2.74	3.51	2.80
SSI/SSD process	2.82	3.40	2.95
Guardianship (financial)	2.98	3.22	2.84
Help managing money	3.33	3.15	3.13
Job training	2.99	3.41	2.96
Help with finding a job or getting employment	3.26	3.54	3.02
Help getting needed documents or identification	3.90	3.50	3.50
Help with transportation	3.93	3.39	3.31
Education	3.47	3.39	3.19
Child care	2.90	2.55	2.64
Family reconciliation assistance	3.07	2.93	2.73
Discharge upgrade	3.15	3.36	2.96
Spiritual	3.98	3.51	3.55
Re-entry services for incarcerated veterans	3.33	3.27	2.94
Elder health care	3.21	3.50	3.11
Credit counseling	3.13	3.27	2.85
Legal assistance for child support issues	2.95	2.93	2.70
Legal assistance for outstanding warrants/fines	2.98	2.95	2.75
Help developing social network	3.30	3.34	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.94	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.97	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.42	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.91	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.09	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.	2.45	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.	1.97	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.06	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.	2.19	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.	2.25	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.34	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.	2.19	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.	2.19	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.	2.34	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*

SSI/SSD process	We have established a partnership with a Social Security representative and are working on ways our program can assist with the SSI/SSDI (Supplemental Security Income Benefits/Social Security Disability Insurance) process.
Job training	We have began compiling a list of agencies that provide job training.
Help with finding a job or getting employment	One of our Grant and Per Diem programs received a grant from the Department of Labor to assist our Veterans in obtaining employment. Also, our site received funding for two vocational rehabilitation specialists to work in our Homeless Program. These positions are for homeless/formerly 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

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

Long-term, permanent housing	We will request additional housing choice vouchers for the HUD-VASH Program.
Drop-in center or day program	Continue to partner with the City of Jackson to discuss plans to reopen the Opportunity Center. We will also search for other day programs in the community.
SSI/SSD process	We will continue to work closely with the Social Security Office representative in assisting homeless Veterans with the SSI/SSD process.

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

CHALENG 2010 Survey Results Summary

VISN: 16

Site: VAMC New Orleans, LA - 629

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

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

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

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

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

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	268
Permanent Housing Beds	255

*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: 176. 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.)	4.08	3.59	3.74
Food	4.15	3.77	3.86
Clothing	3.45	3.56	3.62
Emergency (immediate) shelter	3.96	2.81	3.55
Transitional living facility or halfway house	4.07	3.39	3.45
Long-term, permanent housing	3.29	3.07	2.90
Detoxification from substances	4.15	3.18	3.69
Treatment for substance abuse	4.41	3.75	3.84
Services for emotional or psychiatric problems	4.25	3.54	3.71
Treatment for dual diagnosis	3.91	3.33	3.51
Family counseling	3.54	3.30	3.11
Medical services	4.44	4.00	4.04
Women's health care	3.14	3.23	3.17
Help with medication	4.36	3.85	3.87
Drop-in center or day program	2.98	2.96	3.15
AIDS/HIV testing/counseling	3.81	3.59	3.63
TB testing and Treatment	4.23	4.04	3.90
Legal assistance to help restore a driver's license	2.69	3.12	2.87
Hepatitis C testing	4.03	3.78	3.70
Dental care	3.64	3.81	2.91
Eye care	3.93	3.81	3.38
Glasses	3.83	3.85	3.35
VA disability/pension	2.89	3.52	3.14
Welfare payments	2.27	3.23	2.80
SSI/SSD process	2.93	3.07	2.95
Guardianship (financial)	2.75	3.04	2.84
Help managing money	3.01	3.07	3.13
Job training	2.88	3.33	2.96
Help with finding a job or getting employment	2.98	3.31	3.02
Help getting needed documents or identification	3.65	3.63	3.50
Help with transportation	3.85	3.81	3.31
Education	3.35	3.56	3.19
Child care	2.33	2.81	2.64
Family reconciliation assistance	2.68	2.88	2.73
Discharge upgrade	2.91	3.33	2.96
Spiritual	3.92	3.52	3.55
Re-entry services for incarcerated veterans	2.67	3.37	2.94
Elder health care	2.79	3.38	3.11
Credit counseling	2.55	2.96	2.85
Legal assistance for child support issues	2.39	2.67	2.70
Legal assistance for outstanding warrants/fines	2.63	2.74	2.75
Help developing social network	3.15	3.52	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?	4.36	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.29	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.29	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.93	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.54	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.	3.21	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.	2.14	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.77	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.	2.86	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.07	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.85	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.	1.85	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.	2.29	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.	2.50	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	New VASH case managers and a clerk were hired. This site was awarded 65 of the 105 vouchers requested (55 of the 65 awarded vouchers are on site; awaiting the additional 10). There is still a substantial wait list for VASH vouchers here.
Transitional living facility or halfway house	A 38-bed VA Grant and Per Diem facility was opened in Hammond by Quad-Vets. A 12-bed GPD facility was opened in Houma, by Start Corporation. Twenty beds were added at Raven's Outreach in Baton Rouge. Outreach was conducted in Slidell and two providers expressed interest in the development of a GPD facility; however, none applied for funding. Several providers expressed interest in a facility for female Veterans with children; all applied for VA funding, but none were approved.
Emergency (immediate) shelter	Our staff attended meetings of local homeless coalitions to advocate for additional shelter beds. Despite the reduction of emergency shelter beds in the New Orleans metro area, we have had success in referring Veterans to local shelters.

*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*

VA disability/pension	Actions for this upcoming Fiscal Year 2011: Program will increase referrals to Veteran Service Officers. Health Care for Homeless Veterans staff will be trained to identify potential service-connected conditions and urge program participants to file a compensation and pension claim. HCHV staff will be trained in basic eligibility requirements for a non-service connected VA pension and make referrals to the Veterans Benefits Administration as necessary.
Dental care	Actions for this upcoming Fiscal Year 2011: Health Care for Homeless Veterans (HCHV) staff will inquire about program participants dental needs and make referrals to the HCHV dental program once a participant is eligible. HCHV staff will attempt to acquire community dental resources for program participants that need dental services prior to becoming eligible for the HCHV dental program. Advocate for a reduction in the amount of time a Veteran needs to be enrolled in the HCHV program to become eligible for VA dental services.
Long-term, permanent housing	Actions for this upcoming Fiscal Year 2011: We will request additional HUD-VASH vouchers.

*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: 16

Site: VAMC Oklahoma City, OK - 635

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: 3

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	3
Transitional Housing Beds	54
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: 49.
Number of provider (VA and non-VA) participants: 57.)

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.)	3.96	3.04	3.74
Food	3.88	3.40	3.86
Clothing	3.47	3.29	3.62
Emergency (immediate) shelter	3.94	3.02	3.55
Transitional living facility or halfway house	4.02	2.87	3.45
Long-term, permanent housing	3.46	2.67	2.90
Detoxification from substances	3.92	3.00	3.69
Treatment for substance abuse	4.00	3.17	3.84
Services for emotional or psychiatric problems	3.67	3.25	3.71
Treatment for dual diagnosis	3.45	3.07	3.51
Family counseling	2.98	3.15	3.11
Medical services	3.98	3.65	4.04
Women's health care	2.86	3.15	3.17
Help with medication	4.16	3.19	3.87
Drop-in center or day program	2.96	2.72	3.15
AIDS/HIV testing/counseling	3.63	3.22	3.63
TB testing and Treatment	4.02	3.50	3.90
Legal assistance to help restore a driver's license	2.56	2.51	2.87
Hepatitis C testing	3.86	3.34	3.70
Dental care	3.15	2.59	2.91
Eye care	2.29	2.41	3.38
Glasses	2.27	2.33	3.35
VA disability/pension	3.14	3.44	3.14
Welfare payments	2.22	2.91	2.80
SSI/SSD process	2.71	3.04	2.95
Guardianship (financial)	2.67	2.83	2.84
Help managing money	3.10	2.60	3.13
Job training	2.82	2.74	2.96
Help with finding a job or getting employment	3.06	2.83	3.02
Help getting needed documents or identification	3.53	2.87	3.50
Help with transportation	3.35	2.84	3.31
Education	3.06	2.87	3.19
Child care	2.31	2.33	2.64
Family reconciliation assistance	2.55	2.56	2.73
Discharge upgrade	2.69	2.76	2.96
Spiritual	3.39	3.28	3.55
Re-entry services for incarcerated veterans	3.08	2.46	2.94
Elder health care	2.98	2.91	3.11
Credit counseling	2.86	2.40	2.85
Legal assistance for child support issues	2.72	2.31	2.70
Legal assistance for outstanding warrants/fines	2.65	2.22	2.75
Help developing social network	2.94	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?	3.44	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.38	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.23	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.71	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.90	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.83	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.	1.45	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.52	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.55	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.00	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.84	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.	1.70	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.	1.87	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	Out of 95 HUD-VASH beds, 70 are in use currently. The remaining beds will be utilized when a HUD-VASH staff is hired.
Dental care	There has been closer collaboration with the VA Dental Clinic and greater use of its services under the Homeless Veteran Dental Program. Number of Veterans who have used the program has increased from 12 in FY 2009 to 58 in FY 2010.
Welfare payments	Efforts are continuing to identify a Oklahoma Department of Health Services (OKDHS) employee who can process food stamp applications at our VA. This DHS staff would also provide education on the various programs available through DHS such as a utility assistance program. This year's economy which resulted in state budget cuts and staff shortages coupled with lack of space at our VA have hampered efforts to progress with this task.

***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*

Eye care	Through community networking and participation in West Town, a one-stop service agency, efforts will continue to locate resources which are free or otherwise affordable for those Veterans with limited income and who do not qualify for this VA service. This year, networking identified two additional resources for affordable exams. There will also be efforts to work with the Oklahoma Optometric Association to identify additional resources.
Glasses	There will ongoing efforts to identify additional resources through networking with community agencies and contact with local eyewear stores to determine potential for providing affordable eyewear for those homeless Veterans specifically referred through the homeless program.
Dental care	There will be increased efforts to facilitate services through the Oklahoma University Dental School which is a block from the VA and offers services as a part of their curriculum. A dental clinic in the area who provides services on a sliding scale has been a resource; however affordability even with this arrangement has been a barrier. It is hoped that the outreach position which has been vacant since November 2009 will yield some additional resources with increased community networking.

***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: 16

Site: VAMC Shreveport, LA - 667

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 6

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 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	80
Permanent Housing Beds	90

*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: 69.
Number of provider (VA and non-VA) participants: 73.)

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.)	4.05	3.63	3.74
Food	4.02	3.69	3.86
Clothing	3.55	3.61	3.62
Emergency (immediate) shelter	3.89	3.07	3.55
Transitional living facility or halfway house	3.65	3.20	3.45
Long-term, permanent housing	3.59	2.97	2.90
Detoxification from substances	4.02	3.55	3.69
Treatment for substance abuse	4.08	3.61	3.84
Services for emotional or psychiatric problems	3.62	3.59	3.71
Treatment for dual diagnosis	3.34	3.42	3.51
Family counseling	2.94	3.42	3.11
Medical services	4.09	3.93	4.04
Women's health care	2.68	3.57	3.17
Help with medication	4.22	3.67	3.87
Drop-in center or day program	2.71	3.24	3.15
AIDS/HIV testing/counseling	3.49	3.55	3.63
TB testing and Treatment	3.86	3.62	3.90
Legal assistance to help restore a driver's license	2.70	2.92	2.87
Hepatitis C testing	3.69	3.63	3.70
Dental care	3.08	3.24	2.91
Eye care	3.55	3.30	3.38
Glasses	3.59	3.26	3.35
VA disability/pension	2.80	3.64	3.14
Welfare payments	2.10	3.23	2.80
SSI/SSD process	2.64	3.45	2.95
Guardianship (financial)	2.72	3.07	2.84
Help managing money	3.54	3.01	3.13
Job training	3.03	3.10	2.96
Help with finding a job or getting employment	3.13	3.31	3.02
Help getting needed documents or identification	3.33	3.33	3.50
Help with transportation	3.48	3.04	3.31
Education	3.06	3.15	3.19
Child care	2.34	2.65	2.64
Family reconciliation assistance	2.49	2.74	2.73
Discharge upgrade	2.85	3.06	2.96
Spiritual	3.81	3.48	3.55
Re-entry services for incarcerated veterans	2.48	2.81	2.94
Elder health care	2.89	3.18	3.11
Credit counseling	2.56	2.78	2.85
Legal assistance for child support issues	2.42	2.61	2.70
Legal assistance for outstanding warrants/fines	2.51	2.59	2.75
Help developing social network	3.17	3.04	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.04	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.93	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.	2.31	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.	1.88	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.12	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.42	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.42	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.	1.48	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.	1.92	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.84	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.	1.64	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.69	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 have continued to work with the National Homeless Coalition to raise awareness of the need for more local emergency shelters. We attend public hearings and continue to work closely with the existing local shelters.
Transitional living facility or halfway house	Our VA Grant and Per Diem (GPD) facility (Volunteers of America) opened in April of 2010 with 56 beds. We have continued to meet with community providers to encourage applications for more GPD programs and /or contract options.
Long-term, permanent housing	We received an additional 25 HUD-VASH vouchers and an additional case manager in 2010. We have been working closely with the local housing authorities to get HUD-VASH participants settled in their jurisdictions. We have had speakers come in and talk with our Veterans on first-time homeownership programs. We also continue to collaborate with the local Shelter Plus Care housing program and HUD-based apartment complexes.

***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	Our Health Care for Homeless Veterans (HCHV) staff will continue to coordinate efforts with our local homeless coalition to raise awareness of the need for more local emergency shelters for the Homeless. We have moved dates of our annual Stand Down to coincide with the annual HUD point-in-time survey. We will continue to attend local public hearings to express this need in our local area and ensure that local and state agencies are aware of the need. We will maintain good working relationships with local shelter staff and continue to advocate for our Veterans.
Long-term, permanent housing	We have received an additional 35 HUD-VASH vouchers (total of 90) to expand permanent housing services to Veterans and families. We have added an additional HUD-VASH case manager to ensure these vouchers are issued in timely manner to local homeless Veterans and ensure quality case management to these Veterans and their families. *We will continue to coordinate services with the local HUD agency to offer Veterans Supported Permanent Housing through the HUD Shelter Plus Care program. We currently have 40 Veterans who are under the Shelter Plus Care program for whom we provide monthly case management. We will continue to refer Veterans to the first time homeowners program offered through a local agency.
Job training	We anticipate receiving a VA Supported Employment staff member who will work directly with the Veterans who are participating in the Health Care for Homeless Veterans (HCHV) program. We will continue to work with Louisiana Rehabilitation Services and Vocational Rehabilitation and Employment. We will continue to work closely with the vocational rehabilitation staff at our local VAMC and include them in our treatment team meetings. The Director of our local HCHV program recently graduated with a Masters of Vocational Rehabilitation and will be able to provide further assistance with vocational Issues.

***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: 16

Site: VAMC Muskogee, OK- 623 (Tulsa, OK)

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 12

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 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	37
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: 23.
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.)	4.26	3.78	3.74
Food	4.52	3.89	3.86
Clothing	3.48	3.86	3.62
Emergency (immediate) shelter	4.14	3.96	3.55
Transitional living facility or halfway house	4.65	3.43	3.45
Long-term, permanent housing	3.13	2.82	2.90
Detoxification from substances	4.43	3.18	3.69
Treatment for substance abuse	4.65	3.43	3.84
Services for emotional or psychiatric problems	4.22	3.50	3.71
Treatment for dual diagnosis	4.09	3.29	3.51
Family counseling	3.05	3.00	3.11
Medical services	4.52	3.89	4.04
Women's health care	2.71	3.04	3.17
Help with medication	4.09	3.79	3.87
Drop-in center or day program	3.32	3.57	3.15
AIDS/HIV testing/counseling	3.95	3.81	3.63
TB testing and Treatment	3.77	4.07	3.90
Legal assistance to help restore a driver's license	3.00	3.32	2.87
Hepatitis C testing	3.86	3.77	3.70
Dental care	3.70	2.93	2.91
Eye care	4.05	3.25	3.38
Glasses	3.87	3.25	3.35
VA disability/pension	3.29	3.93	3.14
Welfare payments	2.29	3.35	2.80
SSI/SSD process	2.52	3.78	2.95
Guardianship (financial)	2.06	3.00	2.84
Help managing money	3.35	3.21	3.13
Job training	2.58	3.29	2.96
Help with finding a job or getting employment	3.17	3.42	3.02
Help getting needed documents or identification	3.45	3.70	3.50
Help with transportation	3.04	3.15	3.31
Education	3.17	3.18	3.19
Child care	2.06	2.54	2.64
Family reconciliation assistance	2.00	2.78	2.73
Discharge upgrade	3.00	3.04	2.96
Spiritual	4.00	3.46	3.55
Re-entry services for incarcerated veterans	3.06	3.29	2.94
Elder health care	2.94	3.33	3.11
Credit counseling	2.57	3.04	2.85
Legal assistance for child support issues	2.80	2.89	2.70
Legal assistance for outstanding warrants/fines	3.24	2.96	2.75
Help developing social network	3.25	3.30	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.75	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.91	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.	2.87	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.09	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.	2.43	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.91	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.45	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.	1.95	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.45	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.23	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.67	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.71	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*

Long-term, permanent housing	Our VA obtained 25 additional HUD-VASH vouchers for FY 2010. We will continue to advocate for additional vouchers in FY 2011.
Dental care	Veterans who are eligible for the Homeless Veteran Dental Program (HVDP) are continuously referred for VA dental care. In FY 2010, 37 Veterans received dental care, an increase from 18 Veterans served in FY 2009. Will continue to advocate for HUD-VASH participants to receive dental care.
Legal assistance for outstanding warrants/fines	We refer Veterans to our local legal aid service organization for assistance. We have weekly contact with our legal aid representative. We also refer to our local Veterans treatment court when applicable.

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

2. FY 2010 Best Practice Example

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

Long-term, permanent housing	Continue advocating for additional HUD-VASH vouchers
Help with transportation	Continue referring Veterans to free local transportation system as well as Disabled American Veterans volunteer driver service. Also will continue to provide bus tokens/bus passes to Veterans who identify with transportation needs. Will also advocate for Veterans Transportation Service (VTS). At this time, a VTS pilot program hopes to be underway by mid -2011.
VA disability/pension	Veterans Benefits Administration representative will accompany Health Care for Homeless Veterans (HCHV) worker to outreach sites at least twice per month in order to facilitate application and processing of claims. Will also request VBA representative make himself available as needed to Veterans residing at VA Grant Per Diem and HCHV contract residential sites.

***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.**