

CHALENG 2010 Survey Results Summary

VISN: 6

Site: VAMC Asheville, NC - 637

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: 3

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	15
Transitional Housing Beds	178
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: 53.
Number of provider (VA and non-VA) participants: 25.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.09	3.71	3.74
Food	4.33	3.79	3.86
Clothing	3.90	3.79	3.62
Emergency (immediate) shelter	4.17	2.84	3.55
Transitional living facility or halfway house	3.68	3.20	3.45
Long-term, permanent housing	3.69	2.36	2.90
Detoxification from substances	3.96	3.04	3.69
Treatment for substance abuse	3.96	3.08	3.84
Services for emotional or psychiatric problems	3.41	2.83	3.71
Treatment for dual diagnosis	3.47	2.57	3.51
Family counseling	2.85	2.73	3.11
Medical services	3.83	3.71	4.04
Women's health care	3.56	3.27	3.17
Help with medication	3.95	3.46	3.87
Drop-in center or day program	3.05	3.13	3.15
AIDS/HIV testing/counseling	3.42	3.52	3.63
TB testing and Treatment	3.50	3.70	3.90
Legal assistance to help restore a driver's license	2.90	2.63	2.87
Hepatitis C testing	3.72	3.61	3.70
Dental care	2.79	2.88	2.91
Eye care	3.51	3.13	3.38
Glasses	3.31	3.26	3.35
VA disability/pension	2.82	3.43	3.14
Welfare payments	2.86	2.95	2.80
SSI/SSD process	2.97	2.79	2.95
Guardianship (financial)	2.58	2.70	2.84
Help managing money	3.26	2.71	3.13
Job training	2.95	3.21	2.96
Help with finding a job or getting employment	2.98	2.96	3.02
Help getting needed documents or identification	3.79	3.39	3.50
Help with transportation	3.29	2.58	3.31
Education	3.28	3.09	3.19
Child care	2.74	2.41	2.64
Family reconciliation assistance	2.81	2.67	2.73
Discharge upgrade	2.88	2.87	2.96
Spiritual	4.07	3.58	3.55
Re-entry services for incarcerated veterans	3.00	2.48	2.94
Elder health care	3.24	2.95	3.11
Credit counseling	3.41	3.43	2.85
Legal assistance for child support issues	2.97	2.65	2.70
Legal assistance for outstanding warrants/fines	2.54	2.65	2.75
Help developing social network	3.21	2.96	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?	4.12	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.	3.56	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.60	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.69	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.	3.19	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.	2.19	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.38	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.25	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.19	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.87	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.	2.40	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.27	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.	2.36	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	Twenty-five (25) new vouchers were awarded through HUD-VASH at our facility. We are on track to distribute all HUD-VASH vouchers by the end of 2010. Landlord outreach occurred through "Lunch-N-Learn" hosted by local homeless coalition members. Local housing authority has provided 100% of deposit money for Veterans moving into housing through HUD-VASH. HUD Homeless Prevention and Rapid Re-housing Program (HPRP) funds have provided assistance with housing deposits and utility bills for Veterans not in HUD-VASH.
Emergency (immediate) shelter	Unfortunately, emergency housing has continued to decrease in our community. The focus has been on permanent housing, and not much progress has been made in this area. We continue to work through our local homeless coalition to advocate for expansion of shelter beds.
Dental care	To date, 135 Veterans have received dental care through the Homeless Veteran Dental Program. Community dental providers have continued to volunteer to meet this need, recently hosting a 2-day free dental clinic which served over a thousand patients.

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

2. FY 2010 Best Practice Example

Job Training	Asheville Buncombe Community Christian Ministry, (ABCCM) Green Jobs, funded by a federal stimulus grant to Opportunities Industrialization Centers of America, will serve people living in targeted Asheville neighborhoods where poverty rates are 15% or higher. To be eligible, adults living in these targeted areas must be unemployed or qualify based on low-income or barriers to employment such as lack of high school diploma or criminal background. Those who are motivated to succeed may be enrolled in short-term training, certification and job placement services in one of five careers: Weatherization Certified Technician, Biofuels Technician, Solar Thermal Certified Installer, Building Analyst and LEED (Leadership in Energy and Environmental Design) Green Associate. Even though this program is open to anyone in the community, Veterans are being referred as appropriate.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>1. Work with community partners to expand funds to pay deposits and emergency bills to help individuals maintain housing (HUD Homeless Prevention and Rapid Re-housing Program funds); 2. Apply for expansion of HUD-VASH vouchers; 3. Work to shorten time to get housed through HUD-VASH; 4. Work to improve partnerships with landlords in the community; 5. Utilize the VA home loan program; 6. Maintain HUD Continuum of Care funding with the Asheville Homeless Coalition; 7. Work with individuals on credit issues (refer to On Track for free assistance); 8. Utilize Pisgah Legal Services (free) to prevent evictions and resolve issues related to housing (also The Mediation Center); 9. Explore possibility of purchasing land and building affordable housing complex and/or rehab empty buildings for housing, utilizing Veterans building skills to do these projects.</p>
<p>Emergency (immediate) shelter</p>	<p>1. Work to increase flexible financial assistance for extended stay motel assistance; 2. Look into possibilities of developing a shelter for single fathers; 3. Look into shelter options for individuals with pets; 4. Make sure information about our community resources for shelter is up to date; 5. Do outreach to prisons to provide this information to incarcerated Veterans; 6. Create and distribute homeless resource list to area prisons and hospitals; 7. Consider special needs of sex offender population in need of immediate shelter; 8. Work through Asheville Homeless Coalition on development of additional emergency shelter beds in the community; 9. Veterans specifically interested in non-faith based shelter that is open 24 hours/day.</p>
<p>Help with finding a job or getting employment</p>	<p>1. Work to improve image of homeless Veterans among employers and community at large; 2. Generate positive publicity through community service; 3. Employer training around homelessness felonies, substance abuse and mental health issues; 4. Provide education about workers rights and address questions on applications regarding felonies; 5. Advocate for job development; 6. Provide continued support to Veterans after employment is gained; 7. Utilize legal aid for disability discrimination; 8. Develop relationships with large employers in the area; 9. Advocate for all levels of employment; 10. Develop more job fairs; 11. Ask local government to become more involved; 12. Streamline expansion of work opportunity tax credit and federal bonding; 13. Create opportunities for self-employment; 14. Work with small business association; 15. Peer support credentialing leading to professional careers, also substance abuse field; 16. Increase access to education; 17. Advocate for living wage; 18. Job placement to follow job training.</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: 6

Site: VAMC Beckley, WV - 517

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	10
Transitional Housing Beds	10
Permanent Housing Beds	35

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 0.
Number of provider (VA and non-VA) participants: 5.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)		4.00	3.74
Food		4.00	3.86
Clothing		3.60	3.62
Emergency (immediate) shelter		4.20	3.55
Transitional living facility or halfway house		3.50	3.45
Long-term, permanent housing		3.40	2.90
Detoxification from substances		3.75	3.69
Treatment for substance abuse		3.80	3.84
Services for emotional or psychiatric problems		4.60	3.71
Treatment for dual diagnosis		3.75	3.51
Family counseling		4.20	3.11
Medical services		4.60	4.04
Women's health care		2.75	3.17
Help with medication		4.00	3.87
Drop-in center or day program		3.00	3.15
AIDS/HIV testing/counseling		3.50	3.63
TB testing and Treatment		3.25	3.90
Legal assistance to help restore a driver's license		2.80	2.87
Hepatitis C testing		3.33	3.70
Dental care		3.00	2.91
Eye care		2.80	3.38
Glasses		2.75	3.35
VA disability/pension		4.20	3.14
Welfare payments		3.20	2.80
SSI/SSD process		3.50	2.95
Guardianship (financial)		2.50	2.84
Help managing money		3.40	3.13
Job training		4.40	2.96
Help with finding a job or getting employment		3.80	3.02
Help getting needed documents or identification		3.80	3.50
Help with transportation		3.80	3.31
Education		4.00	3.19
Child care		2.75	2.64
Family reconciliation assistance		3.00	2.73
Discharge upgrade		3.25	2.96
Spiritual		3.80	3.55
Re-entry services for incarcerated veterans		3.50	2.94
Elder health care		3.75	3.11
Credit counseling		3.00	2.85
Legal assistance for child support issues		2.50	2.70
Legal assistance for outstanding warrants/fines		2.50	2.75
Help developing social network		3.50	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.60	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.20	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.	3.40	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.20	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.40	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.	3.50	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.	1.20	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.50	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.	1.40	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.25	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.75	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.	1.25	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.	2.75	1.89

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

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E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	We are using 35 HUD-VASH vouchers and could use 25 more.
Transitional living facility or halfway house	The VAMC Beckley Homeless program will open a 5-bed emergency housing program in October 2010.
Services for emotional or psychiatric problems	Veterans are continuing to use VA mental health services. The Lewisburg VA Community Based Outpatient Clinic is up and running and is another resource. However, due to limited staffing in our homeless program, no additional non-VA community mental health agencies were identified this year as planned.

***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 allocated them to homeless Veterans within the allotted time frame. We are requesting 25 more vouchers. The Raleigh County Housing Authority and the Raleigh County Community Action Association were both able to assist in housing our veterans. The Salvation Army also assisted Veterans by providing furniture, household item and food as needed.
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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 Homeless program is working with the VA Compensated Work Therapy and Supported Employment program to be able to help locate employment at our facility and also in the local community. We also refer to our local Work Force and the West Virginia Department of Rehabilitation..</p>
<p>Help with transportation</p>	<p>The Homeless program works with our local Disabled American Veterans to assist with transportation to and from clinic appointments. The homeless programs helps with finding affordable transportation for Veterans needing assistance to and from employment. The need is ongoing. We will continue to seek outside agencies to assist with this major problem.</p>
<p>Long-term, permanent housing</p>	<p>VAMC Beckley has distributed 35 HUD-VASH Vouchers and 33 Veterans --some with families-- are currently housed. We would like 25 more vouchers to be used in our catchment area, which would allow us to permanently house 60 Veteran. We will open this year, a 5-bed contract emergency housing program in Greenbrier County, which will allow us to house Veterans while waiting on permanent housing through our HUD-VASH program.</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: 6

Site: VAMC Durham, NC - 558

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

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[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: 0

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	62
Permanent Housing Beds	130

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 61.
Number of provider (VA and non-VA) participants: 46.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.83	2.78	3.74
Food	3.95	3.13	3.86
Clothing	3.53	3.04	3.62
Emergency (immediate) shelter	3.58	2.73	3.55
Transitional living facility or halfway house	3.36	2.53	3.45
Long-term, permanent housing	2.55	2.16	2.90
Detoxification from substances	3.72	2.67	3.69
Treatment for substance abuse	3.90	2.87	3.84
Services for emotional or psychiatric problems	3.64	2.80	3.71
Treatment for dual diagnosis	3.34	2.64	3.51
Family counseling	2.93	2.52	3.11
Medical services	4.14	3.13	4.04
Women's health care	3.13	2.77	3.17
Help with medication	4.14	2.86	3.87
Drop-in center or day program	2.95	2.56	3.15
AIDS/HIV testing/counseling	3.84	2.98	3.63
TB testing and Treatment	3.95	3.02	3.90
Legal assistance to help restore a driver's license	2.64	2.29	2.87
Hepatitis C testing	3.72	2.78	3.70
Dental care	2.97	2.11	2.91
Eye care	3.24	2.62	3.38
Glasses	3.19	2.67	3.35
VA disability/pension	2.98	2.80	3.14
Welfare payments	2.77	2.62	2.80
SSI/SSD process	2.79	2.73	2.95
Guardianship (financial)	2.90	2.40	2.84
Help managing money	3.26	2.40	3.13
Job training	2.61	2.44	2.96
Help with finding a job or getting employment	2.93	2.56	3.02
Help getting needed documents or identification	3.54	2.59	3.50
Help with transportation	3.15	2.61	3.31
Education	3.11	2.67	3.19
Child care	2.78	2.20	2.64
Family reconciliation assistance	2.43	2.27	2.73
Discharge upgrade	2.89	2.36	2.96
Spiritual	3.49	2.93	3.55
Re-entry services for incarcerated veterans	2.71	2.42	2.94
Elder health care	2.93	2.62	3.11
Credit counseling	3.00	2.31	2.85
Legal assistance for child support issues	2.71	2.36	2.70
Legal assistance for outstanding warrants/fines	2.60	2.27	2.75
Help developing social network	3.24	2.62	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*

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Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
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VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.36	3.55

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Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.15	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.	2.30	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.	1.77	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.65	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.93	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.03	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.	1.45	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.	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*

Transitional living facility or halfway house	The Durham VAMC is in the process of developing residential contract housing beds. Three sites were inspected but did not comply with VA standards for residential care. A new RFP (Request for Proposal) for contract housing will be sought in FY 2011.
Long-term, permanent housing	With the addition of 140 vouchers, the HUD-VASH program has grown from one case manager to a staff of one coordinator/case manager, four case managers and a substance use disorder specialist. During FY 2010, 102 Veterans acquired permanent housing.
Dental care	Veterans enrolled in the VA Grant and Per Diem Program can receive dental care under the Homeless Veteran Dental Program (HVDP). Three community dental clinics are now providing fee-basis dental services. An agreement was established with the VA Medical Center Dental Clinic to provide emergency services and extractions to help off-set the cost of fee services and allow more Veterans to access HVDP funds. Other homeless Veterans are referred to free/sliding fee clinics and/or local dental schools for care. Additionally, the Homeless Program worked in partnership with the local Ten-Year Plan to End Homeless committee in Durham and Missions of Mercy will hold a two-day free dental clinic for the public.

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

2. FY 2010 Best Practice Example

Job Training	The Homeless Program partnered with Wake County Government, a recipient of the Homeless Veterans Reintegration Program (HVRP) grant to enroll individuals from a VA Grant and Per Diem program and the local shelter in an employment readiness training program. Because the training program was located in a nearby city and not easily accessible by public transportation during the scheduled class times, the VA Grant and Per Diem agency provided transportation for the Veterans. All interested GPD residents attended the one- week program and some were selected to participate in the employment assistance program upon graduation. This grant has since been awarded to Step-Up Ministries and there are plans to hold a second series of trainings in Durham to be more accessible to homeless Veterans in the Durham area. Step-Up has hired an employment specialist who will be located at the local Urban Ministries Shelter and will work closely with the VA Homeless Program team.
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Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

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

Long-term, permanent housing	Permanent housing is currently listed as the Number 1 need of homeless Veterans. The Durham VAMC has been approved for 130 HUD-VASH vouchers which can be used for to provide permanent housing. Goal for 2010-11 will be to seek 75 additional vouchers to provide housing in the Central and Eastern areas of the state.
Transitional living facility or halfway house	The goal for 2010-11 is to develop 25 contract residential beds for homeless Veterans with special needs or those Veterans who are not initially eligible for the VA Grant and Per Diem Program and/or the HUD-VASH Program.
Job training	Goal for 2010-2011 is to enhance the working relationship with Step Up Ministries, a recent recipient of a Homeless Veterans Reintegration Program grant to provide employment counseling to homeless Veterans.

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

CHALENG 2010 Survey Results Summary

VISN: 6

Site: VAMC Fayetteville, NC - 565

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: 34

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

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	21
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: 13.
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.)	3.46	2.50	3.74
Food	3.85	2.85	3.86
Clothing	3.17	2.74	3.62
Emergency (immediate) shelter	3.08	2.04	3.55
Transitional living facility or halfway house	3.70	1.96	3.45
Long-term, permanent housing	2.00	1.78	2.90
Detoxification from substances	3.23	2.04	3.69
Treatment for substance abuse	3.69	2.54	3.84
Services for emotional or psychiatric problems	2.54	2.82	3.71
Treatment for dual diagnosis	2.31	2.57	3.51
Family counseling	2.85	2.35	3.11
Medical services	3.08	3.25	4.04
Women's health care	2.44	2.78	3.17
Help with medication	3.46	2.68	3.87
Drop-in center or day program	1.92	1.71	3.15
AIDS/HIV testing/counseling	2.50	2.46	3.63
TB testing and Treatment	2.75	2.58	3.90
Legal assistance to help restore a driver's license	1.85	1.96	2.87
Hepatitis C testing	2.08	2.85	3.70
Dental care	2.69	1.82	2.91
Eye care	2.46	2.31	3.38
Glasses	2.23	2.37	3.35
VA disability/pension	2.54	3.00	3.14
Welfare payments	2.15	2.81	2.80
SSI/SSD process	1.92	2.70	2.95
Guardianship (financial)	1.92	2.59	2.84
Help managing money	2.15	2.04	3.13
Job training	1.92	2.21	2.96
Help with finding a job or getting employment	2.00	2.18	3.02
Help getting needed documents or identification	2.69	2.64	3.50
Help with transportation	3.08	1.89	3.31
Education	2.62	2.61	3.19
Child care	2.00	2.00	2.64
Family reconciliation assistance	2.23	2.04	2.73
Discharge upgrade	2.38	2.37	2.96
Spiritual	2.54	3.61	3.55
Re-entry services for incarcerated veterans	1.77	2.22	2.94
Elder health care	2.15	2.85	3.11
Credit counseling	2.08	2.19	2.85
Legal assistance for child support issues	1.77	2.14	2.70
Legal assistance for outstanding warrants/fines	1.92	2.29	2.75
Help developing social network	2.08	2.61	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	2.64	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	2.45	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.	2.64	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.	1.64	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.55	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.73	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.73	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.91	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.18	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.73	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.45	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.	1.45	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.	1.55	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	Our HUD-VASH Program is expecting 25 additional vouchers in addition to the 60 already authorized. Demand is much greater than the number of vouchers given. We continue to work with our community partners to advocate for more voucher and to expand HUD-VASH to counties other than Cumberland and New Hanover. Targeted areas at this time include Jacksonville, Lumberton and Goldsboro.
Transitional living facility or halfway house	The Lumbee Tribal Association in Robeson County was not successful in their VA Grant and Per Diem (GPD) application attempt last year. They have resubmitted a very strong application this year, implementing suggestions given to them by VA Central Office GPD staff; they have made it to the 2nd submission for the 2nd time. We are hopeful that their proposal will receive final approval, thus providing our area with 12 transitional beds.
Emergency (immediate) shelter	The Hope Center and another small shelter opened during the past year in the Fayetteville area, making available an additional 29 beds.

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

2. FY 2010 Best Practice Example

Job Training	Our homeless outreach social worker has developed a unique relationship with certain Veteran-friendly business owners within the local community looking to hire Veterans. As a result in many cases we are able to successfully place homeless Veterans in need of work directly into an employment situation.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>HUD-VASH Program expecting an 25 vouchers in addition to the 60 already authorized. Demand is much greater than the number of vouchers given to our catchment area. We continue to work with our community partners to advocate for more vouchers and to expand HUD-VASH to counties other than Cumberland and New Hanover. Targeted areas at this time include Jacksonville, Lumberton and Goldsboro.</p>
<p>Transitional living facility or halfway house</p>	<p>The Lumbee Tribal Association in Robeson County was not successful in their application attempt last year. They have resubmitted a very strong application this year, implementing suggestions given to them by VA Central Offices' Grant and Per Diem office. We are again hopeful that their proposal will receive final approval thus providing our area with approximately 12 transitional beds. In addition, we were granted HCHV (Health Care for Homeless Veterans) contract funding and are in current negotiations with local vendor to provide another seven transitional beds. We continue to work diligently to identify other potential local providers to apply for the program as well as utilizing every outreach opportunity to educate the communities in our catchment area about VA programs.</p>
<p>Emergency (immediate) shelter</p>	<p>In the past year two new shelters in the Fayetteville NC area opened making available an additional 29 beds. However, the area is still woefully in need of more emergency housing ; not just for single Veterans but women and women Veterans with children. We were granted HCHV (Health Care for Homeless Veterans) Contract funding and are in current negotiations with local vendor to provide another 5 emergency beds for afterhours use. We will advocate for additional HCHV contract funding to help fill the gap for women and families. In the meanwhile we will continue to work with our community partners to identify resources for our 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: 6

Site: VAMC Hampton, VA - 590

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: 72

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: 18

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	96
Permanent Housing Beds	300

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants:
187. Number of provider (VA and non-VA) participants: 126.)

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.)	3.84	3.03	3.74
Food	3.76	3.36	3.86
Clothing	3.46	3.32	3.62
Emergency (immediate) shelter	3.05	2.54	3.55
Transitional living facility or halfway house	2.80	2.50	3.45
Long-term, permanent housing	2.57	2.25	2.90
Detoxification from substances	3.68	3.24	3.69
Treatment for substance abuse	3.78	3.49	3.84
Services for emotional or psychiatric problems	3.74	3.56	3.71
Treatment for dual diagnosis	3.29	3.39	3.51
Family counseling	2.90	2.77	3.11
Medical services	3.90	3.55	4.04
Women's health care	3.16	3.25	3.17
Help with medication	3.94	3.49	3.87
Drop-in center or day program	2.78	2.66	3.15
AIDS/HIV testing/counseling	3.50	3.42	3.63
TB testing and Treatment	3.70	3.41	3.90
Legal assistance to help restore a driver's license	2.57	2.32	2.87
Hepatitis C testing	3.53	3.39	3.70
Dental care	2.39	2.32	2.91
Eye care	3.19	2.82	3.38
Glasses	2.89	2.86	3.35
VA disability/pension	2.81	3.38	3.14
Welfare payments	2.16	2.93	2.80
SSI/SSD process	2.53	2.91	2.95
Guardianship (financial)	2.38	2.78	2.84
Help managing money	3.19	2.77	3.13
Job training	2.49	2.88	2.96
Help with finding a job or getting employment	2.73	3.01	3.02
Help getting needed documents or identification	3.41	3.13	3.50
Help with transportation	3.01	2.84	3.31
Education	2.66	2.72	3.19
Child care	2.21	1.95	2.64
Family reconciliation assistance	2.57	2.33	2.73
Discharge upgrade	2.57	2.81	2.96
Spiritual	3.71	3.32	3.55
Re-entry services for incarcerated veterans	2.53	2.76	2.94
Elder health care	2.85	2.99	3.11
Credit counseling	2.85	2.52	2.85
Legal assistance for child support issues	2.34	2.34	2.70
Legal assistance for outstanding warrants/fines	2.49	2.30	2.75
Help developing social network	2.88	2.65	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.27	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.	2.69	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.21	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.95	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.	2.28	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.47	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.53	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.	1.58	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.	2.12	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.91	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.57	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.58	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.	1.90	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	Despite some additional HUD-VASH vouchers (75), our need for affordable housing options far outweighs available supply. The majority of homeless Veterans in our region can not afford market rate rental rates. We have requested additional HUD-VASH vouchers and we are also working with our communities to encourage more subsidized Single Resident Occupancy (SRO) housing programs. We are also working with community agencies to advocate for more affordable housing for Veterans.
Emergency (immediate) shelter	The VA is hoping to attain at least five contract beds for temporary emergency shelter. We are also hoping to resurrect last year's plan to establish two hotel rooms for homeless Veterans in urgent crisis who are not able to access local shelters due to the time of day, handicapped accessibility, or lack of space.
Dental care	The expansion of dental services to all Veterans in VA treatment programs has helped us provide more dental care than ever before. Nonetheless, the need remains high and we still face some barriers in being able to schedule Veterans for dental care in a timely manner. Action Plan: Continue to streamline referral process; continue to market program to eligible Veterans and utilize all other referral options for Veterans needing dental care who are ineligible for this program.

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

2. FY 2010 Best Practice Example

Long-term, permanent housing	The in-home case management program for homeless and formerly homeless families in Norfolk has helped to stabilize very high-risk families. they provide access to financial assistance and to highly trained low ratio case management that provides financial assistance and follows each family from the shelter to permanent housing and continues to work with the family for the entire first year that they are housed. This team has helped to house and stabilize many homeless families that have multiple challenges including dual diagnoses.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>In our revised Five Year Plan to End Homelessness Among Veterans we have requested an additional 1000 HUD-VASH vouchers to be staggered over the next three years. A new SRO (Single Room Occupancy) is also due to open in Portsmouth in November of 2010. While it seemed we were making progress in this area one year ago, the economic downturn hit our area very hard resulting in a large increase to our homeless population over the past year.</p>
<p>Emergency (immediate) shelter</p>	<p>Funding cuts eliminated the option for the emergency shelter hotel room program we had mentioned during last year's report. Within our revised Five Year Plan to End Homelessness Among Veterans we requested funding to resurrect this option for individuals who need emergency shelter after hours or who require handicapped accessibility (not available in our current shelters). In addition, the VA began offering transitional emergency housing contracts as an option for providers last year. While in general we have few shelter providers that are amenable to government partnerships in our region, we have identified two potential vendors for emergency transitional housing contracts when more contract monies become available. We continue to inform community providers, during multiple HUD Continuum of Care committee meetings, of our urgent need for temporary emergency shelter.</p>
<p>Dental care</p>	<p>Active participation in the CHALENG survey by Veterans in the HUD-VASH program appears to have impacted this statistic; if the responses from HUD-VASH participants (who are not eligible for the homeless dental program), were removed from the data set, dental would not have been in our top 3 needs. Nonetheless, we do anticipate that continued funding of the Homeless Veteran Dental Program (HVDP) will impact this statistic in future years. As our area has almost no free dental care available to the needy (and what is available has very long wait lists), we anticipate that, even with continued funding of the program, the need for more access to dental care will remain extremely high in the future. The restrictions of the HVDP (requirement of 60 day stay at a VA program prior to eligibility; HUD-VASH Veterans ineligible), will continue to influence the perception of need. Homeless program staff, are however, informing homeless Veterans of all other options for dental care in the community and making community referrals when possible.</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: 6

Site: VAMC Richmond, VA - 652

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

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

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

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

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 5

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	31
Permanent Housing Beds	78

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 18.
Number of provider (VA and non-VA) participants: 17.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.22	3.06	3.74
Food	4.24	4.13	3.86
Clothing	4.06	4.06	3.62
Emergency (immediate) shelter	4.06	2.88	3.55
Transitional living facility or halfway house	4.28	3.18	3.45
Long-term, permanent housing	2.24	2.71	2.90
Detoxification from substances	4.00	3.50	3.69
Treatment for substance abuse	4.25	3.69	3.84
Services for emotional or psychiatric problems	4.41	3.63	3.71
Treatment for dual diagnosis	4.06	3.19	3.51
Family counseling	3.13	3.19	3.11
Medical services	4.65	4.50	4.04
Women's health care	2.58	3.75	3.17
Help with medication	4.67	3.93	3.87
Drop-in center or day program	4.21	2.88	3.15
AIDS/HIV testing/counseling	3.56	4.13	3.63
TB testing and Treatment	4.22	4.44	3.90
Legal assistance to help restore a driver's license	3.29	2.56	2.87
Hepatitis C testing	3.94	4.31	3.70
Dental care	3.22	3.06	2.91
Eye care	4.22	3.38	3.38
Glasses	4.27	3.38	3.35
VA disability/pension	2.94	3.69	3.14
Welfare payments	2.31	3.06	2.80
SSI/SSD process	2.63	3.19	2.95
Guardianship (financial)	2.20	2.71	2.84
Help managing money	3.76	3.50	3.13
Job training	2.82	3.19	2.96
Help with finding a job or getting employment	3.61	2.88	3.02
Help getting needed documents or identification	3.56	3.19	3.50
Help with transportation	3.94	2.50	3.31
Education	3.67	3.38	3.19
Child care	2.44	2.47	2.64
Family reconciliation assistance	2.33	3.07	2.73
Discharge upgrade	2.81	3.33	2.96
Spiritual	3.94	4.00	3.55
Re-entry services for incarcerated veterans	2.64	3.06	2.94
Elder health care	2.57	3.53	3.11
Credit counseling	3.28	3.38	2.85
Legal assistance for child support issues	2.14	2.69	2.70
Legal assistance for outstanding warrants/fines	2.73	2.56	2.75
Help developing social network	3.06	3.50	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.27	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.80	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.	3.18	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.73	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.20	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.70	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.70	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.70	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.	2.20	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.	3.30	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.50	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.90	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.	1.90	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.20	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	Richmond VAMC did receive an additional 35 HUD-VASH vouchers. However, local affordable housing stock did not increase and demand is still great.
Emergency (immediate) shelter	There was no increase in shelter beds for homeless Veterans; however, there was increased coordination to increase access to available bed space.
Transitional living facility or halfway house	While 15 potential providers attended our grant-writing workshop, no application was approved for VA Grant and Per Diem funding for this area during FY 2010. Additional providers are being recruited for next grant cycle.

***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

VA disability/pension	HCHV staff have become more sophisticated about the VA Disability Process through on-going training with Veteran Benefit Administration (VBA) staff. Our Regional Homeless Benefits Coordinator has assisted us with client identification and applications. Staff from the Virginia Department of Veteran Services has also assisted with the process of understanding eligibility criteria and screening for benefits.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	The HCHV (Health Care for Homeless Veterans) program plans to request additional HUD-VASH vouchers, increasing capacity from current levels (70 vouchers) to another 200 vouchers for a total capacity of 270. In addition, the HCHV program is exploring partnerships in the community (Virginia Supportive Housing, Virginia Development and Housing Authority, Richmond Redevelopment and Housing Authority) to increase Veteran access to existing affordable housing stock..
Emergency (immediate) shelter	Program will continue to address barriers to emergency shelter for Veterans. Program will continue to coordinate placing Veterans in shelter beds with the coordinating agency; will continue to advocate for increased number of beds, including Veteran-specific beds.
Job training	Program will increase access to existing job training programs and strengthen partnerships with local education institutions (John Tyler Community College Workforce Center, for example), state, and federal (Department of Labor) vocational training 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.**

CHALENG 2010 Survey Results Summary

VISN: 6

Site: VAMC Salem, VA - 658

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: 11

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

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	22
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: 55.
Number of provider (VA and non-VA) participants: 100.)

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.)	4.49	3.49	3.74
Food	4.46	3.87	3.86
Clothing	4.09	3.68	3.62
Emergency (immediate) shelter	4.25	3.96	3.55
Transitional living facility or halfway house	3.96	3.49	3.45
Long-term, permanent housing	3.10	2.99	2.90
Detoxification from substances	4.50	3.58	3.69
Treatment for substance abuse	4.49	3.89	3.84
Services for emotional or psychiatric problems	4.41	3.81	3.71
Treatment for dual diagnosis	4.33	3.66	3.51
Family counseling	3.61	3.19	3.11
Medical services	4.62	4.04	4.04
Women's health care	3.53	3.87	3.17
Help with medication	4.58	3.72	3.87
Drop-in center or day program	4.00	3.25	3.15
AIDS/HIV testing/counseling	4.57	3.75	3.63
TB testing and Treatment	4.57	3.80	3.90
Legal assistance to help restore a driver's license	2.90	2.83	2.87
Hepatitis C testing	4.53	3.74	3.70
Dental care	1.79	2.63	2.91
Eye care	3.60	3.10	3.38
Glasses	3.49	3.05	3.35
VA disability/pension	2.89	3.48	3.14
Welfare payments	2.03	3.15	2.80
SSI/SSD process	2.97	3.34	2.95
Guardianship (financial)	2.50	2.99	2.84
Help managing money	3.43	3.11	3.13
Job training	3.10	3.13	2.96
Help with finding a job or getting employment	3.05	3.26	3.02
Help getting needed documents or identification	3.78	3.49	3.50
Help with transportation	3.71	3.25	3.31
Education	3.46	3.07	3.19
Child care	3.46	2.59	2.64
Family reconciliation assistance	3.26	2.67	2.73
Discharge upgrade	3.41	3.07	2.96
Spiritual	4.30	3.59	3.55
Re-entry services for incarcerated veterans	3.04	2.96	2.94
Elder health care	3.48	3.28	3.11
Credit counseling	3.19	2.88	2.85
Legal assistance for child support issues	2.81	2.80	2.70
Legal assistance for outstanding warrants/fines	3.04	2.80	2.75
Help developing social network	3.66	3.28	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.82	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.98	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.	3.37	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.00	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.27	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.	3.00	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.	1.88	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.16	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.	1.94	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.	2.73	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.29	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.82	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.	1.85	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Help with finding a job or getting employment	In July 2010, Total Action Against Poverty was awarded a grant to establish a Department of Labor Homeless Veterans Reintegration (DOL-HVRP) Program to address employment and job training. To date, 18 Veterans have been admitted into program and six have found employment. We continue to refer to Total Action Against Poverty, VA Compensated Work Therapy and Virginia Employment Commission for employment needs.
Long-term, permanent housing	We distributed 35 HUD-VASH vouchers in FY 2009. In June 2010, we received an additional 25 vouchers.
VA disability/pension	We refer Veterans to the VA Regional Office Homeless Coordinator to determine eligibility for VA pensions and compensation. If they qualify, the Veterans Benefits Administration (VBA) assists with filing a claim. We are planning to have a VBA representative stationed at our campus to facilitate the process.

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

2. FY 2010 Best Practice Example

Job Training	VAMC has partnered with TAP (Total Action Against Poverty) This Valley Works which received a Department of Labor grant to establish an employment training program for homeless Veterans. The program intends to have 60 homeless Veterans employed by the end of 2011. To date, 18 homeless Veterans have been admitted into the program and six are now employed.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Distribute all 60 HUD-VASH vouchers by end of FY 2011. Requesting an additional 40 vouchers for FY 2012: 25 vouchers for Roanoke/Salem and 15 for Lynchburg. Continue working towards eliminating barriers such as poor credit history, deposits, etc. Meet with local landlords association to promote more Section 8 housing.
Dental care	Continue expansion of Dental Initiative to include HUD-VASH program. Explore partnerships in the community who may be willing to offer dental services to homeless Veterans.
Food	This need was identified by CHALENG meeting with Salem VAMC PCT providers and reflects the need they see for homeless Veterans to have access to better nutrition. HCHV staff will meet with PCT providers in their monthly meeting and continue to educate providers on specific needs of homeless Veteran population. Homeless Veterans nutritional needs can be met as more transitional and permanent beds are increased in our catchment area. HCHV will continue to refer to Dept. of Social Services food stamp program. Continue to provide area wide list for food pantries and Share Program.

***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: 6

Site: VAMC Salisbury, NC - 659

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 30

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 5

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	15
Transitional Housing Beds	97
Permanent Housing Beds	240

*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: 100. 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.)	4.16	3.08	3.74
Food	3.89	3.37	3.86
Clothing	3.67	3.35	3.62
Emergency (immediate) shelter	3.88	2.88	3.55
Transitional living facility or halfway house	3.86	2.76	3.45
Long-term, permanent housing	3.00	2.52	2.90
Detoxification from substances	4.32	3.13	3.69
Treatment for substance abuse	4.12	3.40	3.84
Services for emotional or psychiatric problems	3.78	3.31	3.71
Treatment for dual diagnosis	3.74	3.26	3.51
Family counseling	3.19	2.85	3.11
Medical services	4.40	3.80	4.04
Women's health care	3.48	3.35	3.17
Help with medication	4.25	3.52	3.87
Drop-in center or day program	3.44	2.63	3.15
AIDS/HIV testing/counseling	4.38	3.43	3.63
TB testing and Treatment	4.43	3.60	3.90
Legal assistance to help restore a driver's license	2.23	2.42	2.87
Hepatitis C testing	3.95	3.52	3.70
Dental care	2.74	2.82	2.91
Eye care	3.34	3.09	3.38
Glasses	3.26	3.06	3.35
VA disability/pension	2.07	3.13	3.14
Welfare payments	2.56	2.84	2.80
SSI/SSD process	2.37	2.67	2.95
Guardianship (financial)	2.56	2.84	2.84
Help managing money	3.29	2.79	3.13
Job training	2.19	2.84	2.96
Help with finding a job or getting employment	2.06	2.82	3.02
Help getting needed documents or identification	3.05	2.93	3.50
Help with transportation	3.63	2.71	3.31
Education	2.69	2.71	3.19
Child care	2.71	1.98	2.64
Family reconciliation assistance	2.24	2.30	2.73
Discharge upgrade	2.72	2.77	2.96
Spiritual	3.48	3.27	3.55
Re-entry services for incarcerated veterans	2.53	2.75	2.94
Elder health care	2.47	3.46	3.11
Credit counseling	2.15	2.52	2.85
Legal assistance for child support issues	2.34	2.36	2.70
Legal assistance for outstanding warrants/fines	2.35	2.26	2.75
Help developing social network	2.89	2.64	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?	3.84	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.77	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.	2.07	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.56	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.66	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.	2.04	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.	2.28	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.59	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.38	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.	2.03	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.	2.04	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.	2.25	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	We have received an additional 100 Section 8 vouchers which has increased our vouchers capacity to 240. We have discussed with the Mecklenburg County Continuum of Care and Homeless Service Network (HSN) the need for a Veteran-only SRO (Single Room Occupancy) housing project. We will continue to work with the HSN on the establishment of an SRO. Currently, there is one SRO in the Charlotte, NC area that appears somewhat receptive to partnering.
Transitional living facility or halfway house	There are two VA Grant and Per Diem facilities in development. The first facility is in Charlotte and was just awarded a capital grant for the establishment of 60 beds. The second facility will be located in Winston-Salem and was awarded a capital grant to construct a 30-bed GPD facility. This partnership is with the North Carolina Housing Finance Agency and the United Way of Winston-Salem.
Job training	We have hosted a series of meetings with community employment agencies on addressing unemployment and homelessness among Veterans. Goodwill Industries in Winston-Salem applied for a Department of Labor Homeless Veterans Reintegration Program (DOL-HVRP) grant in FY 2010. However, this agency was not funded. Goodwill Industries and our Healthcare for Homeless Veterans (HCHV) program continues to maintain a strong partnership. Many of the Veterans in the HUD-VASH program are referred to them for job services.

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

2. FY 2010 Best Practice Example

Long-term, permanent housing	Community Links in Charlotte has worked very closely with our program to place Veterans into HUD Shelter Plus Care Housing. This program has worked to address the need of long-term, permanent housing throughout the community for homeless Veterans and non-veterans. Many of the Veterans that have been referred to the Shelter Plus Program have maintained stable housing.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>HCHV (Health Care for Homeless Veterans) will apply for an additional 100 Section 8 vouchers for FY 2011. HCHV will continue to partner with the North Carolina Housing Coalition to place Veterans in the Key Housing Program. 3. HCHV will continue to explore the possibility of partnering with community agencies for the establishment of a Veteran-only SRO (single room occupancy) facility and to obtain HUD Shelter Plus Care housing for Veterans. 4. Continue to work with Community Link Agency on providing housing for Veterans through the Shelter Plus Care program.</p>
<p>Help with finding a job or getting employment</p>	<p>As a result of the FY 2010 funding request for ending homelessness, HCHV Health Care for Homeless Veterans) is requesting additional VA Compensated Work Therapy staff. CWT staff will work collaboratively with HCHV staff in the community to establish partnerships with Goodwill, community employers and others that can assist Veterans in obtaining and maintaining employment. If these positions are funded, CWT can expand Transitional Work Experience (TWE) positions to the outpatient clinics which would also help to create jobs for Veterans. H CHV Coordinator has addressed with leadership the need to expand TWE positions to the outpatient clinics for homeless Veterans. The HCHV Coordinator and CWT Program Manager will continue to meet with community employment agencies and colleges to establish partnerships for job training and programs to assist Veterans in securing employment.</p>
<p>Dental care</p>	<p>Veterans participating in the HCHV (Health Care for Homeless Veterans) residential program and VA Compensated Work Therapy are able to obtain dental assistance through the Homeless Veteran Dental Program (HVDP). However, for Veterans that have not been through the residential program and are in the permanent supportive housing program, they are not entitled to dental care. Those Veterans are often referred to community dental providers. HCHV Coordinator will work to establish partnership with community dental providers that would be willing to provide homeless Veterans free or reduced dental care. HCHV Coordinator will collaborate with existing dental providers that are currently receiving payment through the VA fee-basis service.</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.**