

CHALENG 2010 Survey Results Summary

VISN: 20

Site: VA Alaska HCS & RO - 463

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: 2

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	480
Transitional Housing Beds	24
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: 39.
Number of provider (VA and non-VA) participants: 13.)

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.)	4.31	3.33	3.74
Food	4.44	3.89	3.86
Clothing	4.36	3.30	3.62
Emergency (immediate) shelter	4.31	2.90	3.55
Transitional living facility or halfway house	3.91	2.78	3.45
Long-term, permanent housing	3.29	2.55	2.90
Detoxification from substances	4.16	2.00	3.69
Treatment for substance abuse	4.51	2.60	3.84
Services for emotional or psychiatric problems	4.29	2.60	3.71
Treatment for dual diagnosis	4.06	2.60	3.51
Family counseling	3.76	2.70	3.11
Medical services	4.31	3.89	4.04
Women's health care	3.56	3.44	3.17
Help with medication	4.27	3.44	3.87
Drop-in center or day program	3.50	2.20	3.15
AIDS/HIV testing/counseling	3.90	3.22	3.63
TB testing and Treatment	4.51	3.33	3.90
Legal assistance to help restore a driver's license	3.74	2.00	2.87
Hepatitis C testing	4.27	3.22	3.70
Dental care	3.97	2.44	2.91
Eye care	4.03	2.78	3.38
Glasses	3.95	2.70	3.35
VA disability/pension	3.35	3.10	3.14
Welfare payments	3.29	2.89	2.80
SSI/SSD process	3.44	3.00	2.95
Guardianship (financial)	3.42	2.67	2.84
Help managing money	4.08	2.40	3.13
Job training	3.50	2.50	2.96
Help with finding a job or getting employment	3.59	2.60	3.02
Help getting needed documents or identification	4.05	2.70	3.50
Help with transportation	3.82	2.22	3.31
Education	3.65	2.56	3.19
Child care	3.48	1.86	2.64
Family reconciliation assistance	3.64	2.29	2.73
Discharge upgrade	3.36	2.71	2.96
Spiritual	4.11	3.00	3.55
Re-entry services for incarcerated veterans	3.80	2.10	2.94
Elder health care	3.90	2.00	3.11
Credit counseling	3.73	2.00	2.85
Legal assistance for child support issues	3.68	1.80	2.70
Legal assistance for outstanding warrants/fines	3.55	1.80	2.75
Help developing social network	4.00	2.20	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?	3.83	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.17	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.	2.82	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.18	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.82	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.	2.73	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.55	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.64	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.64	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.	2.27	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.	1.55	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.	1.82	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.	2.18	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	Limited progress has been made in expanding the training for the "streamlined" process for Supplemental Security Income//Social Security Disability Insurance SSI/SSD. Due to the length in time in hiring our VA social workers, there was less time for the process. This will remain a priority for FY 2011
Discharge upgrade	A partnership has been developed with the Veterans Benefits Administration (VBA) which has helped Homeless Veterans expedite their claims for VA Service-Connected Disability. A partnership with local Veteran Service Organizations (VSO's) has aided in helping Veterans apply for a discharge upgrade. At this time, these partnerships with VBA and the VSO's seems to be adequate in addressing these needs.
Legal assistance for outstanding warrants/fines	Increased efforts have been made to provide assistance and direction to Veterans with legal problems. Veterans receive further education on how to best address outstanding warrants/fines. Veterans are also referred to our Veteran Justice Outreach (VJO) social worker for assistance as well.

*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>Long-term, permanent housing</p>	<p>The HUD-VASH program currently has two staff members managing 90 housing vouchers. A third has been hired but start has been delayed through the credentialing process. With the additional staff available, more effort will be placed on assisting Veterans in obtaining housing quickly after receiving the housing voucher. Additionally further efforts will be made to work with HUD in expanding the definition of homeless to allow for Veterans "at risk of homelessness" to utilize the HUD-VASH program.</p>
<p>Help with finding a job or getting employment</p>	<p>Our Health Care for Homeless Veterans program expects to have it's Vocational Rehabilitation program fully staffed in early FY 2011. The program looks to hire a Homeless Vocational Rehabilitation Specialists that will provide rapid employment placements in the community during the first quarter of FY 2011. This position will assist currently homeless Veterans that are in need of help seeking and applying for employment. The VA Compensated Work Therapy (CWT) program will be working to expand it's partnerships with the community in developing more CWT jobs outside of the VA, which in turn provides more opportunities for Veterans to receive transitional work experience.</p>
<p>Re-entry services for incarcerated Veterans</p>	<p>During FY 2011, a full time VJO/HCRV (Veteran Justice Outreach/Health Care for Reentry Veterans) social worker will be hired. At present time an outreach social worker is providing outreach to the Anchorage Jail and is involved in the Anchorage Veterans Court. Once this new staff is hired, efforts will be expanded to provide further outreach and Reentry services to the incarcerated 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: 20

Site: VA DOM White City, OR - 692

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: 60

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 12

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	4
Transitional Housing Beds	50
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: 100. 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.)	4.06	3.00	3.74
Food	4.19	3.72	3.86
Clothing	3.94	3.88	3.62
Emergency (immediate) shelter	4.05	3.40	3.55
Transitional living facility or halfway house	3.71	3.24	3.45
Long-term, permanent housing	2.77	2.63	2.90
Detoxification from substances	4.10	3.08	3.69
Treatment for substance abuse	4.17	3.36	3.84
Services for emotional or psychiatric problems	3.63	3.08	3.71
Treatment for dual diagnosis	3.39	3.09	3.51
Family counseling	2.92	2.42	3.11
Medical services	3.97	3.29	4.04
Women's health care	2.49	3.09	3.17
Help with medication	3.84	3.38	3.87
Drop-in center or day program	3.34	2.48	3.15
AIDS/HIV testing/counseling	3.46	2.86	3.63
TB testing and Treatment	4.07	3.44	3.90
Legal assistance to help restore a driver's license	3.02	2.92	2.87
Hepatitis C testing	3.99	3.26	3.70
Dental care	3.36	2.04	2.91
Eye care	4.01	2.60	3.38
Glasses	3.96	2.60	3.35
VA disability/pension	2.95	3.08	3.14
Welfare payments	2.47	2.83	2.80
SSI/SSD process	2.84	2.71	2.95
Guardianship (financial)	2.58	2.74	2.84
Help managing money	3.16	2.45	3.13
Job training	3.04	2.72	2.96
Help with finding a job or getting employment	3.17	2.60	3.02
Help getting needed documents or identification	3.47	3.21	3.50
Help with transportation	3.51	2.40	3.31
Education	3.23	3.04	3.19
Child care	2.60	2.14	2.64
Family reconciliation assistance	2.43	2.30	2.73
Discharge upgrade	2.70	2.59	2.96
Spiritual	3.76	3.08	3.55
Re-entry services for incarcerated veterans	2.67	2.30	2.94
Elder health care	2.89	2.92	3.11
Credit counseling	2.52	2.68	2.85
Legal assistance for child support issues	2.51	2.42	2.70
Legal assistance for outstanding warrants/fines	2.70	2.38	2.75
Help developing social network	3.13	2.48	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?	3.88	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.13	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.	2.06	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.24	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.	2.88	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.00	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.82	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.	2.24	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.	2.65	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.	1.56	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.	1.69	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.	2.69	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*

Drop-in center or day program	We addressed the need for a 24/7 drop-in site by collaborating with agency partners to have their staff identify and refer Veterans as soon as possible. Another new community point of contact has been created through our contract beds at the local sobering center; Veterans there are identified and referred as well. One of our VA Grant Per Diem programs also runs a drop-in center which is available Monday through Friday.
Family reconciliation assistance	In FY 2010, we worked diligently to identify families at risk of homelessness, especial those with Veterans returning from Iraq or Afghanistan. Salvation Army has built three new apartment buildings for families and has requested eight additional VA Grant and Per Diem beds at this facility. We are still waiting to hear if these have been approved. Salvation Army recently contracted with a private provider for weekly therapy for families and couples.
Emergency (immediate) shelter	The Medford Gospel Mission remains our resource for emergency, same-day beds. We also now have four contract beds, but they are frequently full and not available in an emergency. We have also changed policy at our facility to allow one-day stays for homeless in our inpatient if a bed is needed for a homeless Veteran outside regular business hours. This is for one night only (until they are able to connect with our homeless program). We do not believe we are at the ideal place but we are moving forward.

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

Long-term, permanent housing	Our goal is to fill the 25 new vouchers that were received in FY 2010 by end of second quarter of FY 2011. Increase our vouchers by 75 in FY 2012 (25 Jackson, 25 Klamath and 25 Josephine County).
Family reconciliation assistance	Our strategy will be to work with Salvation Army to increase the number of dedicated beds for SA's family housing units and continue to provide case management support for those involved with their family counseling services. We will continue to work on identifying providers that the VA can partner with. Work collaboratively with the Vet Center in Josephine County to help identify families who need services.
VA disability/pension	One of our goals was to improve contact with our regional office to expedite claims for homeless Veterans and for a timely reinstatement of benefits for those exiting the VA Southern Oregon Rehabilitation Center and Clinics.

*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: 20

Site: VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA

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: 200

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 12

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	132
Transitional Housing Beds	234
Permanent Housing Beds	746

*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:
305. Number of provider (VA and non-VA) participants: 68.)

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.)	3.89	2.77	3.74
Food	3.93	3.20	3.86
Clothing	3.50	2.88	3.62
Emergency (immediate) shelter	3.73	2.10	3.55
Transitional living facility or halfway house	3.48	2.16	3.45
Long-term, permanent housing	2.71	2.02	2.90
Detoxification from substances	4.08	2.42	3.69
Treatment for substance abuse	4.02	2.73	3.84
Services for emotional or psychiatric problems	3.69	2.68	3.71
Treatment for dual diagnosis	3.61	2.58	3.51
Family counseling	3.18	2.14	3.11
Medical services	4.15	3.10	4.04
Women's health care	3.42	2.77	3.17
Help with medication	4.14	2.54	3.87
Drop-in center or day program	3.47	2.05	3.15
AIDS/HIV testing/counseling	3.69	2.89	3.63
TB testing and Treatment	3.96	2.84	3.90
Legal assistance to help restore a driver's license	3.13	2.11	2.87
Hepatitis C testing	3.91	2.94	3.70
Dental care	2.59	2.17	2.91
Eye care	3.29	2.40	3.38
Glasses	3.26	2.36	3.35
VA disability/pension	3.07	2.88	3.14
Welfare payments	3.15	2.64	2.80
SSI/SSD process	2.92	2.55	2.95
Guardianship (financial)	3.08	2.32	2.84
Help managing money	3.47	2.34	3.13
Job training	2.73	2.42	2.96
Help with finding a job or getting employment	2.77	2.57	3.02
Help getting needed documents or identification	3.85	2.54	3.50
Help with transportation	3.56	2.32	3.31
Education	3.33	2.45	3.19
Child care	3.12	2.11	2.64
Family reconciliation assistance	2.92	2.13	2.73
Discharge upgrade	3.21	2.29	2.96
Spiritual	3.67	2.80	3.55
Re-entry services for incarcerated veterans	3.25	2.23	2.94
Elder health care	3.43	2.69	3.11
Credit counseling	2.86	2.33	2.85
Legal assistance for child support issues	2.96	2.00	2.70
Legal assistance for outstanding warrants/fines	2.94	1.94	2.75
Help developing social network	3.30	2.34	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?	2.59	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	2.60	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.37	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.76	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.02	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.	2.18	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.	1.60	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.63	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.	1.62	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.	2.15	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.82	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.	1.44	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.43	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.64	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	Puget Sound was able to establish a community partnership to contract for 20 emergency beds. We worked to establish a second contract in Pierce County without success. We will make a strong effort in 2011 to get beds in Pierce and Snohomish Counties.
Long-term, permanent housing	This year we have housed an additional 236 Veterans through Section 8 vouchers from HUD-VASH and the local Housing Access and Services Program (HASP). We worked with community partners to refer clients to Veteran set-asides in the community. We will need to work harder this year to ensure more suburban areas have the support and VA staffing they need to use VASH allocations,
Transitional living facility or halfway house	Several non-profits won VA Grant and Per Diem funding to add a total of 96 beds. This will increase our capacity by more than 50% once all of these beds become operational.

***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	Seattle King County voters approved a Veterans and human services levy that provides capital and service dollars to non-profits and housing developers that target Veterans in their community. This special funding provides an incentive for non-profit housing providers to work to serve Veterans. Because of this incentive we have been able to partner with four new supported housing projects and have been able to house more Veterans in addition to our VASH participants..
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>Continue to advocate for VASH allocations for Pierce, Tacoma, Thurston, Pacific, Grays Harbor, Jefferson, Clallam, Mason, and Skagit Counties. Strengthen partnerships with non-profit and faith-based organizations that build affordable and low- income housing. Advocate for priority to Veterans and their families. Improve and strengthen relationships with local housing authorities. Assist Veterans with income to consider using their VA home loan guarantee.</p>
<p>Transitional living facility or halfway house</p>	<p>Continue to sponsor technical assistance workshops in the Puget Sound area. Market them with HUD Continuums of Care and locate them where we need beds. Advocate with community partners, and assist as needed with providing information, education and points of contact for interested sites. Assist with operationalizing sites awarded in FY 2010. Seattle non-profits were awarded 56 new beds: 20 went to Kitsap County, and 20 to a non-profit on the Eastside. Will work with the programs to get sites started. Provide assistance to sites that are not VA funded to ensure they are aware of VA benefits for their residents.</p>
<p>Emergency (immediate) shelter</p>	<p>Review numbers of available beds, note changes and make appropriate adjustments. Operationalize new contract with non-profit for emergency beds. Fully utilize all 20 slots and work on contract for Pierce/Tacoma/Everett, contract sites. Support existing non VA-funded emergency bed sites to ensure that Veterans and providers have the services they need to maintain the beds w/o loss over the next year.</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: 20

Site: VA Roseburg HCS, OR - 653 (Eugene, OR)

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: 18

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: 16

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	79
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	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:
145. Number of provider (VA and non-VA) participants: 50.)

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.)	3.80	2.65	3.74
Food	3.79	3.11	3.86
Clothing	3.61	2.95	3.62
Emergency (immediate) shelter	3.30	2.00	3.55
Transitional living facility or halfway house	3.10	2.30	3.45
Long-term, permanent housing	2.69	2.16	2.90
Detoxification from substances	3.50	2.42	3.69
Treatment for substance abuse	3.48	2.86	3.84
Services for emotional or psychiatric problems	3.56	3.05	3.71
Treatment for dual diagnosis	3.44	2.90	3.51
Family counseling	3.28	2.79	3.11
Medical services	3.67	2.91	4.04
Women's health care	3.19	2.74	3.17
Help with medication	3.63	2.67	3.87
Drop-in center or day program	3.20	2.35	3.15
AIDS/HIV testing/counseling	3.30	2.71	3.63
TB testing and Treatment	3.52	2.86	3.90
Legal assistance to help restore a driver's license	2.95	2.23	2.87
Hepatitis C testing	3.59	2.81	3.70
Dental care	2.83	2.33	2.91
Eye care	3.10	2.37	3.38
Glasses	3.19	2.35	3.35
VA disability/pension	3.49	3.05	3.14
Welfare payments	2.88	2.82	2.80
SSI/SSD process	3.15	2.80	2.95
Guardianship (financial)	3.05	2.54	2.84
Help managing money	3.18	2.50	3.13
Job training	3.10	3.09	2.96
Help with finding a job or getting employment	3.10	3.12	3.02
Help getting needed documents or identification	3.51	2.74	3.50
Help with transportation	3.38	2.77	3.31
Education	3.41	2.86	3.19
Child care	3.27	2.33	2.64
Family reconciliation assistance	3.00	2.44	2.73
Discharge upgrade	3.28	2.62	2.96
Spiritual	3.58	2.93	3.55
Re-entry services for incarcerated veterans	3.27	2.33	2.94
Elder health care	3.26	2.81	3.11
Credit counseling	3.15	2.63	2.85
Legal assistance for child support issues	3.13	2.43	2.70
Legal assistance for outstanding warrants/fines	3.07	2.43	2.75
Help developing social network	3.14	2.69	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?	3.16	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	2.71	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.	2.44	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.57	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.66	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.	2.29	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.	1.74	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.	1.83	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.	2.09	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.	1.47	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.39	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.	1.48	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	The number of emergency shelter beds has not increased significantly from last year and is still our number one priority. We are now working to establish a more viable contracting process which could assist with emergency beds in six counties in rural and costal areas. The presence of VASH and our outreach efforts in these areas has built a stronger infrastructure for community collaborative opportunities.
Long-term, permanent housing	The number of VASH vouchers increased by 70 with an additional 75 more for FY 2011. We are working with the community to develop specialty housing such as multi-family and Housing First.
Dental care	Our homeless program has been very active throughout the year in sending in referrals for Veterans who qualify under the Homeless Veteran Dental Program (HVDP). Restorative care continues to be provided to eligible Veterans from our VA Grant and Per Diem program. Roseburg VA has hired a dental person specifically for the HVDP program.

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

2. FY 2010 Best Practice Example

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

Emergency (immediate) shelter	Increase informal network with existing shelters. Increase outreach visits to those sites & develop better communication links with "off-grid" homeless encampments. Encourage community providers to apply for emergency contract beds/funds for Housing First model facilities
Long-term, permanent housing	Increase overall number of HUD-VASH vouchers in each of the counties in our catchment area; continue to encourage community providers to collaborate with HUD-VASH case managers; increase number of vehicles available to HUD-VASH team to reach out to rural providers/Veterans in VASH; secure travel/per diem funds to allow VASH Team to stay overnight when traveling to rural areas that make single day return impractical (more than 12 hours)
Dental care	Continue to advocate for increase dental staff to provide services and to process referrals; increase outreach to Dental Providers in rural & coastal areas.

***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: 20

Site: VAMC Boise, ID - 531

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: 6

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	12
Transitional Housing Beds	71
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: 33.
Number of provider (VA and non-VA) participants: 48.)

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.)	4.06	3.14	3.74
Food	4.45	3.62	3.86
Clothing	3.79	3.36	3.62
Emergency (immediate) shelter	3.94	3.27	3.55
Transitional living facility or halfway house	3.63	2.98	3.45
Long-term, permanent housing	3.76	2.67	2.90
Detoxification from substances	4.33	2.89	3.69
Treatment for substance abuse	4.27	2.96	3.84
Services for emotional or psychiatric problems	4.48	2.93	3.71
Treatment for dual diagnosis	4.10	2.86	3.51
Family counseling	3.36	3.18	3.11
Medical services	4.64	3.60	4.04
Women's health care	3.52	3.09	3.17
Help with medication	4.48	3.09	3.87
Drop-in center or day program	3.79	2.57	3.15
AIDS/HIV testing/counseling	4.27	3.13	3.63
TB testing and Treatment	4.31	3.04	3.90
Legal assistance to help restore a driver's license	3.15	2.68	2.87
Hepatitis C testing	4.27	2.98	3.70
Dental care	3.42	2.40	2.91
Eye care	3.30	2.84	3.38
Glasses	3.09	2.89	3.35
VA disability/pension	2.94	3.19	3.14
Welfare payments	3.00	2.73	2.80
SSI/SSD process	3.39	2.82	2.95
Guardianship (financial)	3.45	2.70	2.84
Help managing money	3.91	2.64	3.13
Job training	3.45	3.09	2.96
Help with finding a job or getting employment	3.82	3.07	3.02
Help getting needed documents or identification	4.15	3.02	3.50
Help with transportation	4.09	2.87	3.31
Education	3.39	3.29	3.19
Child care	3.30	2.51	2.64
Family reconciliation assistance	3.19	2.70	2.73
Discharge upgrade	3.67	2.88	2.96
Spiritual	3.91	3.36	3.55
Re-entry services for incarcerated veterans	3.53	3.09	2.94
Elder health care	3.45	2.96	3.11
Credit counseling	3.30	2.82	2.85
Legal assistance for child support issues	3.22	2.60	2.70
Legal assistance for outstanding warrants/fines	3.19	2.58	2.75
Help developing social network	3.70	2.66	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?	3.32	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.35	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.	2.73	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.	2.03	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.	2.39	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.	1.75	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.84	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.	1.88	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.	2.30	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.15	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.	1.88	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.	1.84	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.	2.18	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Dental care	This year we were able to work with VA Primary Care providers to assist us in making referrals to the VA Dental Clinic on behalf of Veterans who were not otherwise eligible for care. We found that our VA Dental Clinic was willing to provide a one-time course of treatment for some homeless Veterans if their primary care providers identified this as a health need. We also increased dental services provided at our stand down by collaborating with a local dental college. The college provided free screenings at the Stand Down and low-cost follow-up care.
Long-term, permanent housing	We utilized all 40 HUD-VASH vouchers that were allocated to our VA. We were successful in transitioning some of our VA Grant and Per Diem participants into project-based Section 8 housing.
Eye care	We work with primary care providers who have assisted us in referring Veterans to the VA Eye Clinic for eye exams. We have continued to work with LensCrafters Corporation to obtain vouchers for free eye glasses. Free eye exams and vouchers for eye glasses were provided to Veterans at our stand down this year.

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

2. FY 2010 Best Practice Example

Long-term, permanent housing	Our best practice utilized community partners to provide safe/decent emergency housing with supportive services to Veterans who are homeless and are being discharged from VA inpatient units. A local faith-based organization has offered (at no cost to the Veteran or the VA) housing in 19 single room occupancy units (SRO). In addition to receiving housing, these Veterans receive meals and case management with the goal of helping the veteran obtain SSI benefits or employment. Since the inception of this program in April 2010, Six Veterans have obtained permanent housing and 2 veterans have obtained full time employment.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Dental care	Veterans reported dental care as being the number one unmet need among those who were homeless or formerly homeless. Next year we will increase the dental services that have been provided at Stand Downs. We also intend to enhance the collaborative partnership that we currently have with a local dental college that provides screenings and low cost follow up care. We will conduct ongoing screenings for dental needs and refer Veterans in the VA Grant and Per Diem program to the VA Dental Clinic for a one time course of treatment under the Homeless Veteran Dental program.
VA disability/pension	Veterans have reported that assistance in applying for obtaining VA benefits is a high priority in our area. We recognize the need to form more collaborative partnerships with our Veterans Benefits Administration specialists in order to assist Veterans in navigating this system. This year we intend to begin meeting quarterly with our VA Regional Office to determine how we can establish a working relationship to help expedite Veteran claims.
Long-term, permanent housing	Permanent Housing was identified as being unmet by both Veterans and community partners. We have requested an additional 50 HUD-VASH permanent housing vouchers to be used during the FY 2011 year. Our staff will continue to work closely with community partners to expand Veteran access to HUD Continuum of Care programs such as Shelter Plus Care. We also intend to utilize peer support specialists to assist eligible Veterans in accessing existing, project-based permanent housing.

***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: 20

Site: VAMC Portland, OR - 648

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: 52

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: 23

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	246
Permanent Housing Beds	216

*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	Yes

*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: 54.
Number of provider (VA and non-VA) participants: 44.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.52	3.27	3.74
Food	3.81	3.73	3.86
Clothing	3.37	3.41	3.62
Emergency (immediate) shelter	3.15	2.10	3.55
Transitional living facility or halfway house	3.21	2.55	3.45
Long-term, permanent housing	2.35	2.55	2.90
Detoxification from substances	3.62	2.86	3.69
Treatment for substance abuse	3.91	3.33	3.84
Services for emotional or psychiatric problems	3.70	3.44	3.71
Treatment for dual diagnosis	3.44	3.26	3.51
Family counseling	3.07	2.28	3.11
Medical services	3.73	3.58	4.04
Women's health care	3.17	3.08	3.17
Help with medication	3.81	3.24	3.87
Drop-in center or day program	3.10	2.56	3.15
AIDS/HIV testing/counseling	3.56	3.39	3.63
TB testing and Treatment	3.80	3.85	3.90
Legal assistance to help restore a driver's license	3.14	2.47	2.87
Hepatitis C testing	3.76	3.62	3.70
Dental care	2.06	2.05	2.91
Eye care	3.32	2.83	3.38
Glasses	3.29	2.45	3.35
VA disability/pension	3.15	2.90	3.14
Welfare payments	2.78	2.38	2.80
SSI/SSD process	3.08	2.39	2.95
Guardianship (financial)	2.78	2.15	2.84
Help managing money	3.15	2.50	3.13
Job training	2.91	3.18	2.96
Help with finding a job or getting employment	2.87	3.23	3.02
Help getting needed documents or identification	3.38	2.70	3.50
Help with transportation	3.06	2.59	3.31
Education	3.07	2.45	3.19
Child care	2.86	1.89	2.64
Family reconciliation assistance	2.87	2.16	2.73
Discharge upgrade	2.97	2.77	2.96
Spiritual	3.24	3.10	3.55
Re-entry services for incarcerated veterans	2.80	2.74	2.94
Elder health care	2.92	3.03	3.11
Credit counseling	2.95	2.26	2.85
Legal assistance for child support issues	2.76	2.35	2.70
Legal assistance for outstanding warrants/fines	3.03	2.27	2.75
Help developing social network	3.24	2.71	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?	3.29	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.29	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.15	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.92	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.08	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.83	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.	2.77	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.77	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.	2.00	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.	2.75	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.31	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.75	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.33	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.09	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Emergency (immediate) shelter	Our site continues to lack immediate/emergency shelter for Veterans and their families who may need same-day assistance. We continue to work with local homeless coalitions and planning committees to develop additional emergency shelter and identify new or untapped community resources. One possible fruitful collaboration may be with faith-based shelters to provide very short-term emergency beds for Veterans who are on wait lists for VA permanent housing.
Long-term, permanent housing	Our FY 2009 goal has been reached; we have increased the number of permanent housing placements by 50%. We presently have 165+ permanent housing slots as a result of our HUD-VASH voucher allotment.
Transitional living facility or halfway house	We have increased the number of VA Grant and Per Diem beds in rural areas by 30%. This was made possible through the development of community partnerships -- in particular, offering outreach and support for grant applicants at the local public housing authorities.

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

2. FY 2010 Best Practice Example

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

Emergency (immediate) shelter	We will continue to work with local homeless coalitions and planning committees to develop additional emergency shelter. We will also educate VA staff and community partners about warming shelters and severe weather shelter options as they become available. VA outreach social worker will attend severe weather planning meetings and provide input on winter shelter needs for Veterans.
Long-term, permanent housing	We will continue to identify chronically homeless Veterans and utilize HUD-VASH vouchers to place them into affordable, permanent housing, with emphasis being placed on more rural areas. This increase is expected to 80-90 permanent placements. We will also increase the number of project-based vouchers in the community.
Dental care	Work to identify community providers willing to provide low-cost or pro-bono dental care to Veterans. Additionally, increase number of Grant Per Diem slots which offer dental care as part of their programming.

***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: 20

Site: VAMC Spokane, WA - 668

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: 75

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

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	66
Permanent Housing Beds	108

*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: 92.
Number of provider (VA and non-VA) participants: 42.)

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.)	4.14	3.39	3.74
Food	4.05	3.50	3.86
Clothing	4.04	3.45	3.62
Emergency (immediate) shelter	3.83	2.72	3.55
Transitional living facility or halfway house	4.13	2.61	3.45
Long-term, permanent housing	3.40	2.44	2.90
Detoxification from substances	3.62	3.03	3.69
Treatment for substance abuse	3.73	3.32	3.84
Services for emotional or psychiatric problems	4.02	3.16	3.71
Treatment for dual diagnosis	3.60	3.03	3.51
Family counseling	3.40	2.81	3.11
Medical services	4.33	3.51	4.04
Women's health care	3.35	3.03	3.17
Help with medication	4.12	3.16	3.87
Drop-in center or day program	3.91	2.76	3.15
AIDS/HIV testing/counseling	3.43	3.00	3.63
TB testing and Treatment	3.68	3.45	3.90
Legal assistance to help restore a driver's license	3.33	2.79	2.87
Hepatitis C testing	3.73	3.21	3.70
Dental care	3.28	2.47	2.91
Eye care	3.84	2.79	3.38
Glasses	3.97	2.87	3.35
VA disability/pension	3.44	3.46	3.14
Welfare payments	3.29	3.05	2.80
SSI/SSD process	3.35	2.84	2.95
Guardianship (financial)	3.14	2.84	2.84
Help managing money	3.35	2.89	3.13
Job training	3.28	2.89	2.96
Help with finding a job or getting employment	3.53	3.03	3.02
Help getting needed documents or identification	4.07	3.18	3.50
Help with transportation	3.84	2.95	3.31
Education	3.53	3.03	3.19
Child care	3.11	2.49	2.64
Family reconciliation assistance	3.15	2.62	2.73
Discharge upgrade	3.35	3.06	2.96
Spiritual	3.56	3.12	3.55
Re-entry services for incarcerated veterans	3.20	2.84	2.94
Elder health care	3.49	2.89	3.11
Credit counseling	3.20	2.74	2.85
Legal assistance for child support issues	3.11	2.39	2.70
Legal assistance for outstanding warrants/fines	2.98	2.54	2.75
Help developing social network	3.37	2.68	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?	3.42	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.12	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.	2.29	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.	1.65	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.	1.82	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.	1.59	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.00	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.	1.71	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.	2.29	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.06	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.82	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.	1.71	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.	1.82	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	In FY 2009, we had 13 beds available for Veterans; since then we have added an additional 95 beds. Permanent housing continues to be our #1 need even as we bring beds online in the community. A Section 8 voucher through HUD-VASH is the most flexible option and provides choice for the Veteran. We will continue to seek additional beds in the upcoming year.
Dental care	We have agreements for dental care in Idaho and Northeast Washington at non-VA clinics. The Homeless Veterans Dental Program has provided care for our VA Grant and Per Diem participants. In addition, our VA dentists have been going to our large stand down events to provide evaluations for acute dental needs. We then work with local providers and refer the Veterans to community resource. Our biggest unmet need is for 108 Veterans in our supported housing programs. There is a definite need to have funds which will provide for the same level of care as those in other VA homeless programs.
Emergency (immediate) shelter	We have established contacts with new shelters in Wenatchee, Washington, Coeur d'Alene, Idaho, and Pullman, Washington. Staff outreach to surrounding areas and refer Veterans to these shelters. We will continue to grow our presence in the area for the remainder of FY 2011. Plans are to eventually establish a continuum of care throughout our service area: from shelter to permanent housing.

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

2. FY 2010 Best Practice Example

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

Long-term, permanent housing	Will work with HUD-VASH leadership to express need for housing in our rural areas. We surveyed our partners in distant areas that have definite need for housing. We continue to have additional need for chronic homeless Veterans in the Spokane Coeur d' Alene and Pullman areas of North Idaho. With the provision of services for Veterans in northwest Montana we will have support to provide housing in that area also.
Transitional living facility or halfway house	We have need for additional VA Grant and Per Diem beds in the metro areas of North Idaho and Eastern Washington. There are always Veterans on the waiting list and Veterans seeking transitional housing who are in treatment programs. We continue to work with area partners and housing providers to obtain more beds. We are looking at submitting grants for an additional 75-100 beds, many in rural and remote areas. Partnerships have been initiated with the Washington Department of Veterans Affairs for North Central and in the Wenatchee area. In addition we will be working with partners in Colville, Washington for additional opportunities.
Dental care	Although the Homeless Veteran Dental Program has worked very well it does not extend to Veterans in HUD-VASH and supported housing. We could help an additional 100-125 Veterans we serve in these programs if dental was available. We will continue to work with community providers to help Veterans seeking dental emergency 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: 20

Site: VAMC Walla Walla, WA - 687

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 7

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 8

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	55
Permanent Housing Beds	170

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 61.
Number of provider (VA and non-VA) participants: 36.)

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	3.28	3.74
Food	4.34	3.67	3.86
Clothing	4.07	3.40	3.62
Emergency (immediate) shelter	3.97	2.33	3.55
Transitional living facility or halfway house	3.80	3.47	3.45
Long-term, permanent housing	2.92	3.03	2.90
Detoxification from substances	4.17	2.75	3.69
Treatment for substance abuse	4.50	3.72	3.84
Services for emotional or psychiatric problems	4.22	3.89	3.71
Treatment for dual diagnosis	3.83	3.31	3.51
Family counseling	3.22	2.77	3.11
Medical services	4.51	3.81	4.04
Women's health care	3.24	3.17	3.17
Help with medication	4.48	3.61	3.87
Drop-in center or day program	3.58	2.25	3.15
AIDS/HIV testing/counseling	4.15	3.29	3.63
TB testing and Treatment	4.36	3.71	3.90
Legal assistance to help restore a driver's license	3.34	2.67	2.87
Hepatitis C testing	4.12	3.94	3.70
Dental care	3.15	2.39	2.91
Eye care	3.97	2.94	3.38
Glasses	3.83	3.00	3.35
VA disability/pension	3.00	3.42	3.14
Welfare payments	3.40	3.20	2.80
SSI/SSD process	3.21	3.09	2.95
Guardianship (financial)	3.33	2.53	2.84
Help managing money	3.78	2.74	3.13
Job training	3.47	3.06	2.96
Help with finding a job or getting employment	3.70	3.53	3.02
Help getting needed documents or identification	4.02	3.11	3.50
Help with transportation	3.80	2.72	3.31
Education	3.77	3.08	3.19
Child care	2.91	2.34	2.64
Family reconciliation assistance	2.86	2.43	2.73
Discharge upgrade	3.26	2.74	2.96
Spiritual	3.98	3.33	3.55
Re-entry services for incarcerated veterans	3.49	2.81	2.94
Elder health care	3.26	3.09	3.11
Credit counseling	2.97	2.85	2.85
Legal assistance for child support issues	2.93	2.23	2.70
Legal assistance for outstanding warrants/fines	3.10	2.47	2.75
Help developing social network	3.62	3.14	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.63	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.50	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.14	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.	1.43	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.57	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.	1.43	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.43	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.57	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.86	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.71	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.	1.29	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.43	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.43	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Emergency (immediate) shelter	We are in the process of developing informal agreements with existing shelters with the goal of increased access for our Veterans. Our team will advocate for new resources or think of creative utilization of existing resources to meet this need. We will actively search for community providers who may be interested in using the Healthcare for Homeless Veterans (HCHV) Residential Contract funds to provide immediate shelter.
Transitional living facility or halfway house	In the area of transitional housing, we are working closely with the Columbia Basin Veterans Coalition who will open a new 6-bed transitional housing program in the coming months.
Long-term, permanent housing	We lobbied for more HUD-VASH vouchers. The result of these efforts in FY 2010 were 50 new vouchers in Tri-Cities, give new vouchers in Yakima and three new staff.

***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>The action plan for emergency/immediate shelter is to develop informal agreements with existing shelters with the goal of increased access for our Veterans. We will advocate for new resources or think of creative utilization of existing resources to meet this need and we will actively search for community providers who may be interested in using Health Care for Homeless Veterans residential contract funds to provide immediate shelter. If our VA was able to develop some type of triage beds for homeless Veterans, we could very likely resolve this need. Emergency/Immediate shelter was the #1 unmet needs identified in 2009 by the CHALENG meetings.</p>
<p>Long-term, permanent housing</p>	<p>The action plan for long-term permanent housing is to actively lobby leadership at all levels for new HUD-VASH vouchers for Walla Walla, La Grande, Oregon, Lewiston, Idaho, and Pendleton, Oregon. Our staff will also actively seek informal agreements with area landlords with the goal of developing "Veteran friendly" rentals which will increase Veteran's access to mainstream existing housing stock.</p>
<p>Transitional living facility or halfway house</p>	<p>The plan of action for transitional housing is to work with community Veterans coalitions and other non-profits to open transitional housing programs in underserved markets which are La Grande, Tri-Cities and Lewiston.</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.**