

CHALENG 2010 Survey Results Summary

VISN: 23

Site: VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)

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: 22

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	80
Transitional Housing Beds	188
Permanent Housing Beds	105

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 77.
Number of provider (VA and non-VA) participants: 20.)

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.)	4.07	3.50	3.74
Food	4.34	3.81	3.86
Clothing	4.19	3.69	3.62
Emergency (immediate) shelter	4.31	3.73	3.55
Transitional living facility or halfway house	3.59	3.65	3.45
Long-term, permanent housing	2.93	3.06	2.90
Detoxification from substances	4.12	3.56	3.69
Treatment for substance abuse	4.25	3.53	3.84
Services for emotional or psychiatric problems	4.00	3.82	3.71
Treatment for dual diagnosis	3.53	3.50	3.51
Family counseling	3.09	2.94	3.11
Medical services	4.50	3.94	4.04
Women's health care	3.15	3.38	3.17
Help with medication	4.20	3.88	3.87
Drop-in center or day program	3.05	2.07	3.15
AIDS/HIV testing/counseling	4.00	3.44	3.63
TB testing and Treatment	4.26	3.71	3.90
Legal assistance to help restore a driver's license	2.58	2.79	2.87
Hepatitis C testing	4.26	3.82	3.70
Dental care	3.07	3.18	2.91
Eye care	3.73	3.18	3.38
Glasses	3.73	3.29	3.35
VA disability/pension	2.74	3.13	3.14
Welfare payments	2.51	2.57	2.80
SSI/SSD process	3.03	2.73	2.95
Guardianship (financial)	2.81	2.50	2.84
Help managing money	3.22	2.73	3.13
Job training	3.18	3.53	2.96
Help with finding a job or getting employment	3.00	3.56	3.02
Help getting needed documents or identification	3.30	3.13	3.50
Help with transportation	3.71	3.25	3.31
Education	3.29	2.87	3.19
Child care	2.62	2.27	2.64
Family reconciliation assistance	2.58	2.20	2.73
Discharge upgrade	2.91	2.93	2.96
Spiritual	3.87	3.81	3.55
Re-entry services for incarcerated veterans	2.81	3.13	2.94
Elder health care	3.06	3.20	3.11
Credit counseling	2.76	2.56	2.85
Legal assistance for child support issues	2.70	2.33	2.70
Legal assistance for outstanding warrants/fines	2.72	2.40	2.75
Help developing social network	3.30	2.47	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.00	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.14	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.	2.67	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.14	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.86	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.	2.14	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.	1.71	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.	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.	2.83	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.	2.00	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.71	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.	2.00	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	HUD/VASH has successfully housed many of our identified chronically homeless Veterans from the counties that our vouchers serve. But for the four Indian reservations that we serve, the lack of housing and "doubled up" families continue to be major problem.
Re-entry services for incarcerated Veterans	We recently appointed a Veteran Justice Outreach (VJO) staff that will address re-entry issues.
Glasses	Pennington County Community Health has been filling VA optical prescriptions at no cost for homeless Veterans.

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

2. FY 2010 Best Practice Example

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

Re-entry services for incarcerated Veterans	We recently hired a Veteran Justice Outreach worker that will be involved with re entry issues.
Drop-in center or day program	Current homeless Veterans use the Pennington County library as a "day place". The only resource the library can provide is computer service. A day program with homeless services, and possibly noon meal/clothing is needed.
Help with transportation	Our population is considered very rural, and transportation continues to be a major issue. When HUD-VASH is utilized for housing, there are still many Veterans who need transportation from that housing to look for jobs, or to transport to jobs. Partner with community agencies. Continue to liaison with Disabled American Veterans/Northern Hills transportation/ Black Hills Transportation. Explore options for funding local transportation vouchers.

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

CHALENG 2010 Survey Results Summary

VISN: 23

Site: VAH&ROC Sioux Falls, SD - 438

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 40

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

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	7
Transitional Housing Beds	5
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: 21.
Number of provider (VA and non-VA) participants: 0.)

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.)	3.60		3.74
Food	3.65		3.86
Clothing	3.63		3.62
Emergency (immediate) shelter	3.26		3.55
Transitional living facility or halfway house	3.41		3.45
Long-term, permanent housing	2.10		2.90
Detoxification from substances	3.71		3.69
Treatment for substance abuse	3.78		3.84
Services for emotional or psychiatric problems	3.76		3.71
Treatment for dual diagnosis	3.75		3.51
Family counseling	3.72		3.11
Medical services	2.90		4.04
Women's health care	4.07		3.17
Help with medication	3.79		3.87
Drop-in center or day program	3.21		3.15
AIDS/HIV testing/counseling	3.95		3.63
TB testing and Treatment	4.15		3.90
Legal assistance to help restore a driver's license	3.76		2.87
Hepatitis C testing	3.95		3.70
Dental care	2.62		2.91
Eye care	3.29		3.38
Glasses	3.10		3.35
VA disability/pension	2.75		3.14
Welfare payments	2.78		2.80
SSI/SSD process	2.78		2.95
Guardianship (financial)	3.29		2.84
Help managing money	3.63		3.13
Job training	3.20		2.96
Help with finding a job or getting employment	3.00		3.02
Help getting needed documents or identification	4.05		3.50
Help with transportation	3.05		3.31
Education	3.18		3.19
Child care	3.56		2.64
Family reconciliation assistance	3.31		2.73
Discharge upgrade	3.39		2.96
Spiritual	3.78		3.55
Re-entry services for incarcerated veterans	3.82		2.94
Elder health care	3.72		3.11
Credit counseling	3.44		2.85
Legal assistance for child support issues	3.69		2.70
Legal assistance for outstanding warrants/fines	3.29		2.75
Help developing social network	3.11		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?		3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.		3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.		2.60
Co-location of Services - Services from the VA and your agency provided in one location.		1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.		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.		2.31
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.		1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.		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.		1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.		2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.		2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.		1.68
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.		1.74
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.		1.89

*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	Local agency has applied for VA Grant and Per Diem funding. They have not been notified yet of the result.
Long-term, permanent housing	We have been able to increase HUD-VASH vouchers from 35 in the previous year to 90.
Legal assistance for child support issues	We have added a Veteran Justice Outreach (VJO) case manager who has been networking with the legal community.

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

2. FY 2010 Best Practice Example

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

Drop-in center or day program	Work with facility planner to identify place and work with leasing to establish contract. Lease space.
Transitional living facility or halfway house	Continue to work with community agencies to apply for VA Grant & Per diem. Arrange training opportunities for interested parties.
Legal assistance for child support issues	1. Collaborate with legal entities to address this issue. 2. Meet with child support agency to determine process. 3. Establish communication with law school to determine if law students would be available to assist.

*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: 23

Site: VAM&ROC Fargo, ND - 437

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: 15

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	15
Transitional Housing Beds	67
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: 45.
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.)	4.26	3.68	3.74
Food	4.27	4.06	3.86
Clothing	4.35	3.96	3.62
Emergency (immediate) shelter	4.59	3.76	3.55
Transitional living facility or halfway house	4.54	3.59	3.45
Long-term, permanent housing	3.24	3.24	2.90
Detoxification from substances	4.20	3.64	3.69
Treatment for substance abuse	4.24	3.56	3.84
Services for emotional or psychiatric problems	4.22	3.64	3.71
Treatment for dual diagnosis	3.97	3.36	3.51
Family counseling	3.07	2.72	3.11
Medical services	4.56	3.84	4.04
Women's health care	3.30	3.31	3.17
Help with medication	4.08	3.30	3.87
Drop-in center or day program	3.46	2.67	3.15
AIDS/HIV testing/counseling	3.70	3.52	3.63
TB testing and Treatment	3.85	3.66	3.90
Legal assistance to help restore a driver's license	2.81	2.79	2.87
Hepatitis C testing	3.63	3.76	3.70
Dental care	3.73	3.22	2.91
Eye care	3.71	3.31	3.38
Glasses	3.53	3.29	3.35
VA disability/pension	3.07	3.81	3.14
Welfare payments	2.72	3.28	2.80
SSI/SSD process	2.97	3.22	2.95
Guardianship (financial)	2.63	3.18	2.84
Help managing money	3.57	3.19	3.13
Job training	3.34	3.34	2.96
Help with finding a job or getting employment	3.60	3.41	3.02
Help getting needed documents or identification	4.14	3.46	3.50
Help with transportation	3.25	3.18	3.31
Education	3.35	3.23	3.19
Child care	2.40	2.50	2.64
Family reconciliation assistance	2.57	2.54	2.73
Discharge upgrade	2.55	3.02	2.96
Spiritual	3.38	3.25	3.55
Re-entry services for incarcerated veterans	3.09	3.06	2.94
Elder health care	2.78	3.06	3.11
Credit counseling	2.77	2.98	2.85
Legal assistance for child support issues	2.64	2.58	2.70
Legal assistance for outstanding warrants/fines	3.12	2.83	2.75
Help developing social network	3.37	3.22	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?	3.96	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.00	3.55

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

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

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

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Co-location of Services - Services from the VA and your agency provided in one location.	2.08	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.04	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.	1.33	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.46	1.73
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System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.04	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 expanded our HUD-VASH program to one additional site, and contract residential programming to one more site.
Legal assistance for outstanding warrants/fines	We hired a Veteran Justice Outreach specialist to coordinate efforts.
Dental care	We successfully expanded our Homeless Veteran Dental Program (HVDP).

***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	Expand emergency shelter beds to cover catchment area.
Transitional living facility or halfway house	Expand transitional living into highly rural areas.
Long-term, permanent housing	Expand HUD-VASH program into rural 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: 23

Site: VAMC Minneapolis, MN - 618, and Superior, WI

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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	92
Permanent Housing Beds	215

*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: 85.
Number of provider (VA and non-VA) participants: 89.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
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Emergency (immediate) shelter	3.98	2.82	3.55
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Long-term, permanent housing	3.38	2.55	2.90
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Medical services	4.52	3.66	4.04
Women's health care	2.65	3.23	3.17
Help with medication	4.32	3.27	3.87
Drop-in center or day program	3.60	3.06	3.15
AIDS/HIV testing/counseling	4.01	3.31	3.63
TB testing and Treatment	4.31	3.39	3.90
Legal assistance to help restore a driver's license	3.36	2.72	2.87
Hepatitis C testing	4.01	3.42	3.70
Dental care	3.68	2.56	2.91
Eye care	4.19	2.97	3.38
Glasses	4.10	3.01	3.35
VA disability/pension	3.36	3.32	3.14
Welfare payments	2.78	3.19	2.80
SSI/SSD process	2.96	2.92	2.95
Guardianship (financial)	2.87	3.00	2.84
Help managing money	3.41	2.95	3.13
Job training	2.94	2.97	2.96
Help with finding a job or getting employment	3.09	2.97	3.02
Help getting needed documents or identification	3.99	3.21	3.50
Help with transportation	3.91	2.86	3.31
Education	3.45	3.17	3.19
Child care	2.87	2.50	2.64
Family reconciliation assistance	2.89	2.60	2.73
Discharge upgrade	3.31	2.85	2.96
Spiritual	3.68	3.25	3.55
Re-entry services for incarcerated veterans	3.05	2.68	2.94
Elder health care	3.33	3.28	3.11
Credit counseling	3.36	2.93	2.85
Legal assistance for child support issues	3.33	2.71	2.70
Legal assistance for outstanding warrants/fines	3.00	2.64	2.75
Help developing social network	3.64	2.81	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.50	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.62	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.	2.02	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.	2.23	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.	1.63	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.	1.69	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.02	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.	1.61	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.	1.59	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.	1.61	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 215 HUD-VASH vouchers total and work with two public housing authorities. We have issued 170 total vouchers and 73% of these are currently being used by Veterans in their own apartments (including the most recent allocation). We will continue to work closely with our partners in regards to other resources and community options as well.
Help with finding a job or getting employment	We have a strong relationship with our work therapy programs. We've developed partnerships with the Department of Labor (DOL) and have a plan for providing workshops to enhance job search for homeless Veterans. We continue to work with MACV (Minnesota Assistance Council for Veterans) and their job club and other resources via their DOL Homeless Veterans Reintegration Program grant.
Drop-in center or day program	Our Psychosocial Rehabilitation and Recovery Center (PRRC) is up and running. We are able to utilize and make referrals for our homeless Veterans. We will continue to work closely together. Homeless staff have increased group options, including two community integration groups, a Wellness Recovery Action Plan (WRAP) group and orientation groups. We are also planning to start social skills training and anger management groups.

*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>We currently have 215 HUD-VASH vouchers and view this program as highly effective. In partnership with both Minneapolis and St. Paul Public Housing Authorities, we have issued a total of 170 vouchers. Our projections for additional vouchers are included in our local VA 5 Year Plan, as well as need for in rural areas. We will continue to work closely with the community in regards to other permanent housing options, such as Rapid Re-Housing and HPRP funding. We will also continue to collaborate with other community partners with permanent housing options and provide information and referrals for our Veterans.</p>
<p>Help with finding a job or getting employment</p>	<p>We have a very robust work therapy program at the Minneapolis VA, including IT/CWT and supportive employment. There is a monthly Vocations Group to review current job finding resources, in which our Veterans are encouraged to attend. We hope to be obtaining two new positions that will be specifically focused on working with homeless Veterans. We also collaborate closely with Minnesota Assistance Council for Veterans, as they have an active job club and other job finding options via DOL grant, HVRP. We are also working with DOL closely in developing workshops for our homeless Veterans in regards to employment needs. We have an active program in the Metro area, called Jobs for Veterans, in which they retrain Veterans in Green technology and will hopefully contribute to more marketable skills. Our program has developed a task force to address this very issue and find new ways to partner and collaborate with our community providers in regards to job finding.</p>
<p>Emergency (immediate) shelter</p>	<p>We work closely with shelters in both Hennepin and Ramsey Counties, as well as one rural shelter. We are beginning to collaborate with our Mobile Vets Center to provide rural outreach and develop partnerships with shelters in the rural communities. We have developed a strong partnership with several providers and now are able to get Veterans emergency shelter more quickly. We plan to continue to strengthen these partnerships. In addition, there are two shelters where we have informal agreements for those Veterans who are actively involved in our program, who are considered priority. We will also continue our solicitation for HCHV Contract Residential beds.</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: 23

Site: VAMC St. Cloud, MN - 656

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: 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: 15

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	5
Transitional Housing Beds	18
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: 45.
Number of provider (VA and non-VA) participants: 37.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.11	3.22	3.74
Food	4.16	3.72	3.86
Clothing	4.00	3.56	3.62
Emergency (immediate) shelter	3.98	3.14	3.55
Transitional living facility or halfway house	3.60	2.78	3.45
Long-term, permanent housing	3.27	2.25	2.90
Detoxification from substances	4.26	3.61	3.69
Treatment for substance abuse	4.33	3.97	3.84
Services for emotional or psychiatric problems	4.07	3.97	3.71
Treatment for dual diagnosis	4.10	3.94	3.51
Family counseling	2.95	2.75	3.11
Medical services	4.04	3.86	4.04
Women's health care	2.43	3.25	3.17
Help with medication	4.18	3.50	3.87
Drop-in center or day program	3.14	2.58	3.15
AIDS/HIV testing/counseling	4.30	3.32	3.63
TB testing and Treatment	4.51	3.38	3.90
Legal assistance to help restore a driver's license	2.68	2.29	2.87
Hepatitis C testing	4.23	3.35	3.70
Dental care	3.02	2.77	2.91
Eye care	3.79	3.06	3.38
Glasses	3.88	3.03	3.35
VA disability/pension	3.02	3.85	3.14
Welfare payments	2.33	3.24	2.80
SSI/SSD process	2.68	3.24	2.95
Guardianship (financial)	2.84	2.64	2.84
Help managing money	2.91	2.60	3.13
Job training	3.32	2.91	2.96
Help with finding a job or getting employment	3.43	3.06	3.02
Help getting needed documents or identification	4.10	3.06	3.50
Help with transportation	3.91	3.25	3.31
Education	3.38	2.77	3.19
Child care	2.33	2.03	2.64
Family reconciliation assistance	2.52	2.38	2.73
Discharge upgrade	2.91	3.15	2.96
Spiritual	3.74	3.56	3.55
Re-entry services for incarcerated veterans	2.82	3.44	2.94
Elder health care	2.83	3.38	3.11
Credit counseling	2.82	2.58	2.85
Legal assistance for child support issues	2.44	2.42	2.70
Legal assistance for outstanding warrants/fines	2.60	2.50	2.75
Help developing social network	3.11	2.80	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?	3.71	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.00	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.92	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.23	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.23	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.	2.15	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.	1.31	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.	1.58	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.	2.50	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.33	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.	1.83	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.50	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.17	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 primary shelter is now completely staffed, thus allowing for all of the beds to be utilized. We have not seen our churches, or other community providers, assist in providing shelter during the summer months. We do plan to continue to stay involved in community meetings and discuss the on-going concerns with the lack of emergency shelter not only in St. Cloud, but the surrounding areas, as well.
Transitional living facility or halfway house	The Housing Coalition has completely closed their doors due to financial reasons. Therefore, we have seen a great decrease in our transitional housing. The community has attempted to pull together in an attempt to purchase some of the housing that was left after the closure of this organization. We will continue to stay involved in speaking with community members about concerns about the low number of transitional beds available in our area.
Long-term, permanent housing	In the city of St. Cloud we have been working closely with our local housing authority to completely utilize the 35 HUD-VASH vouchers our VA was allotted. We have been able to use all of our vouchers to date. We have also been working closely with the Central Minnesota Re-Entry Project to find permanent housing for our incarcerated Veterans, as well as Veterans who have felonies on their records.

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

2. FY 2010 Best Practice Example

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

Help with transportation	The VA will continue to address the concerns with lack of transportation outside of the St. Cloud area. We will do this by continuing to be active in community meetings, as well as having regular contact with our Veteran Service Organizations in various areas.
Long-term, permanent housing	The VA will collaborate with the community regarding the limited number of long-term housing options in our community. There will be communication regarding some options that may be available to address this concern, such as shared housing options or programs where individuals can be active members in rebuilding homes. The VA will continue to attend meetings in the community where these concerns can be further addressed and various opportunities be shared.
Re-entry services for incarcerated Veterans	There continues to be a high need in our community to assist the elderly incarcerated Veterans in finding housing or nursing home placement. There will be on-going dialogue in this area, and the concern will continue to be discussed at this point in time.

*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: 23

Site: VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 14

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

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	7
Transitional Housing Beds	46
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: 57.
Number of provider (VA and non-VA) participants: 37.)

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	3.16	3.74
Food	4.34	3.65	3.86
Clothing	3.86	3.44	3.62
Emergency (immediate) shelter	4.05	2.84	3.55
Transitional living facility or halfway house	4.13	2.73	3.45
Long-term, permanent housing	2.85	2.49	2.90
Detoxification from substances	4.04	2.92	3.69
Treatment for substance abuse	4.07	2.95	3.84
Services for emotional or psychiatric problems	3.95	3.14	3.71
Treatment for dual diagnosis	3.72	2.83	3.51
Family counseling	3.28	2.89	3.11
Medical services	4.37	3.89	4.04
Women's health care	3.10	3.51	3.17
Help with medication	4.31	3.38	3.87
Drop-in center or day program	3.63	2.97	3.15
AIDS/HIV testing/counseling	3.61	3.25	3.63
TB testing and Treatment	3.85	3.25	3.90
Legal assistance to help restore a driver's license	3.02	2.68	2.87
Hepatitis C testing	3.70	3.44	3.70
Dental care	3.37	2.46	2.91
Eye care	3.81	2.78	3.38
Glasses	3.71	2.76	3.35
VA disability/pension	3.04	3.49	3.14
Welfare payments	2.88	3.31	2.80
SSI/SSD process	3.16	3.05	2.95
Guardianship (financial)	3.08	2.83	2.84
Help managing money	3.54	2.72	3.13
Job training	3.46	3.08	2.96
Help with finding a job or getting employment	3.43	2.97	3.02
Help getting needed documents or identification	3.88	3.16	3.50
Help with transportation	3.63	2.95	3.31
Education	3.38	3.14	3.19
Child care	3.04	2.44	2.64
Family reconciliation assistance	2.94	2.39	2.73
Discharge upgrade	2.87	3.11	2.96
Spiritual	3.94	3.25	3.55
Re-entry services for incarcerated veterans	3.00	3.08	2.94
Elder health care	3.28	3.36	3.11
Credit counseling	2.94	2.78	2.85
Legal assistance for child support issues	2.79	2.46	2.70
Legal assistance for outstanding warrants/fines	2.64	2.54	2.75
Help developing social network	3.67	2.84	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.58	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.54	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.	2.54	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.04	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.92	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.	2.35	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.	1.63	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.33	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.	1.67	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.	2.17	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.79	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.	1.33	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.	1.75	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.	1.71	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 hired a contract residential social worker in July 2010 who is in the process of locating a local provider for emergency beds. We will continue to add additional contact residential beds.
Welfare payments	Have worked to develop and maintain relationships with local and state agencies/programs that can assist Veterans and their families with rental assistance, utility assistance, furniture and other required services.
Legal assistance for outstanding warrants/fines	Working to develop our Veteran Justice Outreach program and get additional information out concerning this program, and develop contacts within the jail system.

***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*

Transitional living facility or halfway house	Develop a working relationship with providers in the community to facilitate transitional/emergency housing for female Veterans, male Veterans and Veterans with families.
Long-term, permanent housing	Continue to develop the HUD-VASH program with increasing staff and level of care that Veterans require in this program. Work to develop a team concept of working with Veterans who have HUD-VASH vouchers to better serve the Veteran.
Legal assistance for outstanding warrants/fines	Develop relationship with local courts and attorneys to work on outstanding warrants and fines. Continue to work on relationship with Polk County Veterans Affairs in developing a Veteran's group at the Polk County Jail. Increase knowledge of our Veteran Justice Outreach program in other counties within Iowa.

*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: 23

Site: VA Nebraska Western Iowa HCS (VAMC Grand Island - 597A4 and VAMC Lincoln - 597, VAMC Omaha- 636)

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: 13

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 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	42
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:
104. Number of provider (VA and non-VA) participants: 52.)

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	3.37	3.74
Food	4.30	3.79	3.86
Clothing	3.94	3.56	3.62
Emergency (immediate) shelter	4.05	3.46	3.55
Transitional living facility or halfway house	3.91	3.21	3.45
Long-term, permanent housing	3.52	2.98	2.90
Detoxification from substances	4.21	3.33	3.69
Treatment for substance abuse	4.33	3.55	3.84
Services for emotional or psychiatric problems	4.19	3.37	3.71
Treatment for dual diagnosis	3.91	3.20	3.51
Family counseling	3.53	3.22	3.11
Medical services	4.59	3.92	4.04
Women's health care	3.59	3.64	3.17
Help with medication	4.54	3.60	3.87
Drop-in center or day program	3.67	3.10	3.15
AIDS/HIV testing/counseling	4.06	3.58	3.63
TB testing and Treatment	4.14	3.67	3.90
Legal assistance to help restore a driver's license	3.19	3.02	2.87
Hepatitis C testing	4.16	3.81	3.70
Dental care	2.69	3.04	2.91
Eye care	3.08	3.25	3.38
Glasses	2.68	3.29	3.35
VA disability/pension	3.47	3.48	3.14
Welfare payments	2.73	3.12	2.80
SSI/SSD process	3.14	3.24	2.95
Guardianship (financial)	2.99	3.04	2.84
Help managing money	3.46	3.04	3.13
Job training	3.07	3.14	2.96
Help with finding a job or getting employment	3.08	3.14	3.02
Help getting needed documents or identification	3.86	3.47	3.50
Help with transportation	3.39	3.20	3.31
Education	3.41	3.06	3.19
Child care	2.89	2.91	2.64
Family reconciliation assistance	2.99	2.88	2.73
Discharge upgrade	3.21	3.13	2.96
Spiritual	3.96	3.38	3.55
Re-entry services for incarcerated veterans	3.18	2.73	2.94
Elder health care	3.53	3.38	3.11
Credit counseling	3.19	2.86	2.85
Legal assistance for child support issues	2.75	2.83	2.70
Legal assistance for outstanding warrants/fines	2.79	2.73	2.75
Help developing social network	3.30	3.20	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?	3.69	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.59	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.	2.50	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.	1.83	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.42	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.	1.68	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.68	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.80	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.08	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.	1.64	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.	1.78	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.	1.92	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	Due to the shortage of shelter beds available specifically for Veterans, we are working successfully with three nonprofit agencies to establish contract beds. This include 12 beds in Omaha, 10 in Lincoln, and five in Grand Island. The Omaha contract was put in place in August 2010 while the Lincoln and Grand Island contracts are pending final approval.
Transitional living facility or halfway house	A technical assistance training was held at the Lincoln VA in January 2010 with seven agencies in attendance. Three agencies applied for beds this year. We continue to recruit for providers in rural areas where there are little or no resources for Veterans.
Help getting needed documents or identification	We have been working with Volunteers of America (VOA) to develop supportive housing for Veterans. VOA is working with a developer to create 75 units with co-located 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

VA disability/pension	The VA Nebraska-Western Iowa Health Care System and the Lincoln Veterans Benefits Administration (VBA) partnered this year to identify and expedite homeless Veteran claims by sharing referrals and locating Veterans to move claims along. This resulted in the Lincoln VBA finishing first in the nation for processing homeless Veterans claims with an average of 78 days to completion.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Drop-in center or day program	We will be developing a drop-in center to provide Veterans will increased access to VA services. The drop-in center will feature immediate assessment, access to vocational rehab, and Veterans Benefits Administration services. Additionally, community services will be available in the drop-in center such a SOARS (SSI/SSDI Outreach, Access, and Recovery) , food assistance programs, and material assistance. The drop-in center will also provide computers, telephones, showers, and laundry services to help Veterans with basic needs.
Help with finding a job or getting employment	Our VA will be reorganizing its vocational rehabilitation programs and will be working on developing a larger Veterans Industries program focusing on expanding community contracts. Currently, we have no external VA contracts.
Transitional living facility or halfway house	WE will be developing and opening a VA Compensated Work Therapy- Transitional Residence (TR) house at the Grand Island Community Based Outpatient Clinic (CBOC). This will be a 10-bed unit to address the needs of lack of housing opportunities in the rural areas and the high number of homeless individuals who enter the VA Substance Abuse Residential Rehabilitation Treatment Program at the CBOC. The TR house is currently being remodeled and program policies are being developed. Expect opening of the facility in February 2011.

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

CHALENG 2010 Survey Results Summary

VISN: 23

Site: VAMC Iowa City, IA - 584

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 10

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 25

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	37
Permanent Housing Beds	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:
189. Number of provider (VA and non-VA) participants: 114.)

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.)	3.93	3.12	3.74
Food	4.04	3.44	3.86
Clothing	3.72	3.38	3.62
Emergency (immediate) shelter	3.70	3.03	3.55
Transitional living facility or halfway house	3.27	2.85	3.45
Long-term, permanent housing	2.98	2.55	2.90
Detoxification from substances	3.60	3.10	3.69
Treatment for substance abuse	3.65	3.19	3.84
Services for emotional or psychiatric problems	3.61	3.06	3.71
Treatment for dual diagnosis	3.42	2.88	3.51
Family counseling	3.20	3.01	3.11
Medical services	3.71	3.54	4.04
Women's health care	3.26	3.28	3.17
Help with medication	3.77	3.15	3.87
Drop-in center or day program	3.49	2.88	3.15
AIDS/HIV testing/counseling	3.58	3.36	3.63
TB testing and Treatment	3.59	3.22	3.90
Legal assistance to help restore a driver's license	3.02	2.77	2.87
Hepatitis C testing	3.42	3.25	3.70
Dental care	2.57	2.54	2.91
Eye care	3.01	2.87	3.38
Glasses	2.93	2.92	3.35
VA disability/pension	3.08	3.34	3.14
Welfare payments	3.09	3.23	2.80
SSI/SSD process	3.05	3.14	2.95
Guardianship (financial)	3.11	3.01	2.84
Help managing money	3.14	2.93	3.13
Job training	3.19	3.28	2.96
Help with finding a job or getting employment	3.20	3.35	3.02
Help getting needed documents or identification	3.82	3.19	3.50
Help with transportation	3.67	3.02	3.31
Education	3.53	3.16	3.19
Child care	3.29	2.81	2.64
Family reconciliation assistance	3.23	2.92	2.73
Discharge upgrade	3.21	3.00	2.96
Spiritual	3.73	3.37	3.55
Re-entry services for incarcerated veterans	3.33	3.02	2.94
Elder health care	3.43	3.14	3.11
Credit counseling	3.10	2.93	2.85
Legal assistance for child support issues	3.12	2.72	2.70
Legal assistance for outstanding warrants/fines	3.06	2.71	2.75
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Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.95	2.02
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System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.87	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 continue to ask for more HUD-VASH vouchers. We also continue to work with our HUD Continuum of Care group to develop more housing.
Dental care	We just had our second VA Grant and Per Diem program open their doors so more Veterans will be able to access care under the Homeless Veterans Dental Program. We have reached out to our community providers in regards to dental assistance. We will be meeting with them in the next couple of weeks.
Emergency (immediate) shelter	Approximately 50 letters were sent out to various providers in our community to establish agreements for emergency housing. We have heard back from two of those 50. We will be meeting with them soon.

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

2. FY 2010 Best Practice Example

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

Long-term, permanent housing	The Scott County HUD Continuum of Care has a committee that will address the needs of affordable permanent housing with the local HUD office. In addition, we will approach them in regards to receiving housing vouchers and discuss the possibility of reinstating the preference list. For example: priority should go to a person who is homeless and a Veteran.
Dental care	With the expansion of the VA Grant and Per Diem programs, dental will be offered to GPD participants under the Homeless Veteran Dental Program. There is a SMILE IOWA event coming to Cedar Rapids the first weekend in November. They will provide dental care to those people. They provide an invaluable service. Bridging the Gap (our local non-profit that organizes our local Stand Down for the past 10 years) has sent out letters to various dentists though out the local Quad Cities area to see if they would be willing to assist with dental care for some of our Veterans. To date we have heard from two dentists. We are planning a time to sit down and discuss their ideas with the board of directors of Bridging the Gap.
Help with finding a job or getting employment	We have the Goodwill grant. Goodwill continues to do go work for our Veterans. This economy has been tough but they have been able to place some of our Veterans. Our VA Compensated Work Therapy/Transitional Work Experience program has expanded drastically in the past few months. They are very busy seeing Veterans all over our catchment area. We continue to have good relationships with our local Workforce Development people.

***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.**