

CHALENG 2010 Survey Results Summary

VISN: 5

Site: VA Maryland HCS (VAMC Baltimore - 512, VAMC Fort Howard - 512A4 and VAMC Perry Point - 512A5)

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: 28

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	30
Transitional Housing Beds	345
Permanent Housing Beds	320

*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:
183. Number of provider (VA and non-VA) participants: 29.)

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.)	4.55	3.29	3.74
Food	4.70	3.46	3.86
Clothing	4.58	3.39	3.62
Emergency (immediate) shelter	4.62	3.25	3.55
Transitional living facility or halfway house	4.57	2.71	3.45
Long-term, permanent housing	3.65	2.28	2.90
Detoxification from substances	4.24	3.37	3.69
Treatment for substance abuse	4.47	3.61	3.84
Services for emotional or psychiatric problems	4.16	3.39	3.71
Treatment for dual diagnosis	4.04	3.21	3.51
Family counseling	3.43	2.75	3.11
Medical services	4.61	3.56	4.04
Women's health care	2.94	3.04	3.17
Help with medication	4.51	3.30	3.87
Drop-in center or day program	4.11	2.67	3.15
AIDS/HIV testing/counseling	4.23	3.11	3.63
TB testing and Treatment	4.48	3.31	3.90
Legal assistance to help restore a driver's license	3.68	2.14	2.87
Hepatitis C testing	4.46	3.32	3.70
Dental care	4.10	2.61	2.91
Eye care	4.53	2.96	3.38
Glasses	4.44	3.00	3.35
VA disability/pension	3.29	3.32	3.14
Welfare payments	3.11	2.85	2.80
SSI/SSD process	3.31	3.07	2.95
Guardianship (financial)	3.04	2.63	2.84
Help managing money	3.86	2.44	3.13
Job training	3.81	2.90	2.96
Help with finding a job or getting employment	3.72	2.93	3.02
Help getting needed documents or identification	4.53	2.71	3.50
Help with transportation	4.32	2.64	3.31
Education	3.95	3.11	3.19
Child care	2.70	1.96	2.64
Family reconciliation assistance	3.24	2.11	2.73
Discharge upgrade	3.26	2.52	2.96
Spiritual	4.31	2.86	3.55
Re-entry services for incarcerated veterans	3.25	2.75	2.94
Elder health care	3.18	2.96	3.11
Credit counseling	3.65	2.54	2.85
Legal assistance for child support issues	3.39	2.39	2.70
Legal assistance for outstanding warrants/fines	3.44	2.43	2.75
Help developing social network	4.14	2.70	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.	3.53	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.05	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.52	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.33	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.	1.81	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.20	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.33	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.	1.32	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.71	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.57	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.40	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.10	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	A contract housing (20 beds) project is being implemented in Baltimore and the Eastern Shore (Salisbury, MD).
Help getting needed documents or identification	We are educating our VA social workers and our community programs about resources to use when obtaining state identification, birth certificates, and Social Security cards
Legal assistance for child support issues	We are developing a relationship with a local agency that may serve as guardian of finances for Veterans receiving Social Security Income Benefits/Social Security Disability Benefits (SSI/SSDI).

***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	For long-term, permanent housing, we continue to use our HUD-VASH vouchers. The number of vouchers for Baltimore and Perry Point is now 320. Veterans needing case management are referred to our HUD-VASH team, who assess their needs for housing and case management. All HUD-VASH participants are assigned a case manager who will work with them throughout the housing process (addressing credit issues, finding a suitable apartment, obtaining furniture and food, etc.) Once housed, all Veterans continue to receive case management to promote their ongoing success.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	We will be implementing contract housing in Baltimore and Salisbury, MD : ten beds for each site.
Women's health care	Maryland Center for Veterans Education & Training (MCVET) will host its first Women's Stand Down and Conference to be held in January, 2011. At present they are convening an advisory board to provide support and oversight for the project.
Help with transportation	In our rural areas, the VA has been participating in a study to determine the needs of Veterans being transported to the VA for clinical services. Money is being appropriated for transportation. In our urban areas, the Health Care for Homeless Veterans (HCHV) office has bus tokens for homeless Veterans to get to local shelters and community programs. However, there is a need for occasional long-distance transportation for Veterans to return to their families or a more relevant program.

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

CHALENG 2010 Survey Results Summary

VISN: 5

Site: VAMC Martinsburg, WV - 613

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 4

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 11

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	86
Permanent Housing Beds	94

*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: 60.
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.)	4.25	3.33	3.74
Food	4.33	3.58	3.86
Clothing	3.97	3.17	3.62
Emergency (immediate) shelter	3.83	2.83	3.55
Transitional living facility or halfway house	3.85	3.50	3.45
Long-term, permanent housing	2.68	3.25	2.90
Detoxification from substances	3.98	3.67	3.69
Treatment for substance abuse	4.17	3.58	3.84
Services for emotional or psychiatric problems	3.73	3.50	3.71
Treatment for dual diagnosis	3.58	3.50	3.51
Family counseling	3.20	2.50	3.11
Medical services	4.22	3.83	4.04
Women's health care	2.65	3.25	3.17
Help with medication	4.14	3.33	3.87
Drop-in center or day program	3.08	2.92	3.15
AIDS/HIV testing/counseling	4.02	3.58	3.63
TB testing and Treatment	4.29	3.83	3.90
Legal assistance to help restore a driver's license	3.08	2.58	2.87
Hepatitis C testing	3.84	3.83	3.70
Dental care	3.24	3.00	2.91
Eye care	3.73	3.50	3.38
Glasses	3.80	3.17	3.35
VA disability/pension	3.19	3.58	3.14
Welfare payments	2.81	2.92	2.80
SSI/SSD process	3.15	3.00	2.95
Guardianship (financial)	2.95	2.92	2.84
Help managing money	3.74	2.83	3.13
Job training	3.22	3.17	2.96
Help with finding a job or getting employment	3.21	3.00	3.02
Help getting needed documents or identification	3.88	3.42	3.50
Help with transportation	3.46	3.25	3.31
Education	3.39	3.42	3.19
Child care	2.64	2.50	2.64
Family reconciliation assistance	3.00	2.58	2.73
Discharge upgrade	3.41	3.17	2.96
Spiritual	3.80	3.83	3.55
Re-entry services for incarcerated veterans	3.17	3.00	2.94
Elder health care	3.17	3.33	3.11
Credit counseling	3.09	3.00	2.85
Legal assistance for child support issues	3.09	2.75	2.70
Legal assistance for outstanding warrants/fines	3.11	2.58	2.75
Help developing social network	3.39	3.17	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.	3.38	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.33	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.56	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.33	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.	1.78	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.25	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.	2.57	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.38	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.89	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.	2.13	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.	2.56	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*

Emergency (immediate) shelter	A new collaborative relationship between our Domiciliary and a local mission has improved our access to the shelter beds. There have also been increased services in the areas of Cumberland, Maryland, and Winchester, Virginia. Domiciliary staff continue to advocate for more emergency housing services.
Long-term, permanent housing	This medical center has received approval for the allocation of 20 additional HUD-VASH vouchers in the Keyser, West Virginia region. These will be utilized in FY 2011. We continue to work with Patriot's Path in the development of additional permanent housing options.
Job training	Potomac Highlands has started offering computer training assistance to Veterans in transitional housing. This has helped Veterans become more employable. West Virginia Work Force has also been working directly with the Veterans in the VA Domiciliary to reduce time in getting enrolled in services and receiving additional employment opportunities.

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

2. FY 2010 Best Practice Example

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

<p>Help with finding a job or getting employment</p>	<p>Martinsburg VAMC Domiciliary will be opening a computer lab specifically for Veterans that are residing in the domiciliary programs (majority are homeless). This will provide Veterans the opportunity to use internet services to explore employment opportunities, post resumes, and communicate electronically with potential new employers. This medical center will also be exploring opportunity to increase vocational rehabilitation staff to increase services for Veterans that are in need of supported employment.</p>
<p>Long-term, permanent housing</p>	<p>Martinsburg VAMC has recently been approved to receive 20 additional HUD-VASH vouchers for fiscal year 2011. These vouchers are established in the Keyser, WV area. These vouchers will include the staff for a social worker to provide case management services to Veterans in receipt of the vouchers. This medical center will maintain a high utilization rate for these vouchers. Additionally, it is planned to have increased aftercare services to increase success rates of Veterans maintaining their long-term permanent employment.</p>
<p>Help with transportation</p>	<p>Martinsburg is a rural city that encompasses a wide area but lacks effective/efficient public transportation. However, many homeless Veterans that this VAMC serves are dependent upon it. The Domiciliary Care for Homeless Veterans (DCHV) has recently tripled its average purchase of bus passes. The additional bus passes will help to offset a recent increase in prices and provide transportation assistance (especially for vocational purposes). This DCHV will also be seeking additional assistance through Volunteer Services to provide more frequent and efficient transportation.</p>

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

CHALENG 2010 Survey Results Summary

VISN: 5

Site: VAMC Washington, DC - 688

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: 95

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: 35

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	38
Transitional Housing Beds	156
Permanent Housing Beds	610

*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:
143. Number of provider (VA and non-VA) participants: 105.)

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.)	3.48	3.03	3.74
Food	3.34	3.21	3.86
Clothing	3.20	3.32	3.62
Emergency (immediate) shelter	3.37	2.69	3.55
Transitional living facility or halfway house	3.16	2.29	3.45
Long-term, permanent housing	2.48	2.06	2.90
Detoxification from substances	3.55	2.93	3.69
Treatment for substance abuse	3.68	3.22	3.84
Services for emotional or psychiatric problems	3.48	3.12	3.71
Treatment for dual diagnosis	3.25	2.97	3.51
Family counseling	2.91	2.64	3.11
Medical services	3.86	3.45	4.04
Women's health care	2.95	3.13	3.17
Help with medication	3.70	3.26	3.87
Drop-in center or day program	3.24	2.77	3.15
AIDS/HIV testing/counseling	3.56	3.26	3.63
TB testing and Treatment	3.83	3.49	3.90
Legal assistance to help restore a driver's license	2.58	2.54	2.87
Hepatitis C testing	3.60	3.33	3.70
Dental care	2.43	2.22	2.91
Eye care	3.22	2.82	3.38
Glasses	3.25	2.82	3.35
VA disability/pension	2.82	3.00	3.14
Welfare payments	2.32	2.68	2.80
SSI/SSD process	2.68	2.70	2.95
Guardianship (financial)	2.40	2.49	2.84
Help managing money	2.79	2.66	3.13
Job training	2.74	2.51	2.96
Help with finding a job or getting employment	2.71	2.55	3.02
Help getting needed documents or identification	3.23	2.87	3.50
Help with transportation	3.19	2.44	3.31
Education	2.77	2.75	3.19
Child care	2.48	2.40	2.64
Family reconciliation assistance	2.44	2.38	2.73
Discharge upgrade	2.58	2.39	2.96
Spiritual	3.22	2.80	3.55
Re-entry services for incarcerated veterans	2.79	2.57	2.94
Elder health care	2.71	2.71	3.11
Credit counseling	2.61	2.62	2.85
Legal assistance for child support issues	2.53	2.38	2.70
Legal assistance for outstanding warrants/fines	2.50	2.28	2.75
Help developing social network	2.76	2.50	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.10	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.10	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.	2.26	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.58	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.73	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.70	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.49	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.38	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.56	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.80	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.62	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.	1.42	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.	1.44	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.	1.59	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 2009 our VA received 245 HUD-VASH housing vouchers. During 2009 and 2010, we placed 234 Veterans into permanent housing by using the vouchers.
Emergency (immediate) shelter	In FY 2010, our VA received funds to contract services for 40 emergency transitional beds in the DC area.
Transitional living facility or halfway house	We are working with four community agencies who are interested in applying for VA Grant and Per Diem funding.

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

2. FY 2010 Best Practice Example

Long-term, permanent housing	We received 245 HUD/VASH voucher in 2009. We have housed 234 of homeless veteran using the housing voucher. We have worked closely with the local housing authorities to achieve this goal. We have also contracted with the Department of Health and Human Service to locate, house and case manage to most chronically homeless Veterans in Washington DC.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Utilize all 225 VASH vouchers received for 2010 in a timely manner. Continue to identify highest risk Veterans for future placement in program as new vouchers are received. Work with community providers to identify additional permanent housing programs for qualifying Veterans.
Transitional living facility or halfway house	Continue to encourage community agencies to apply for VA Grant and Per Diem housing and contract housing. Have the two new 20-bed (for a total of 40 beds) emergency transitional housing contract at least 90% capacity throughout the year
Help with finding a job or getting employment	To work with the newly funded job reintegration grants for Veterans in the Washington DC area. Continue to identify job training/job placement agencies in the community who can provide needed assistance to help place Veterans in jobs and or provide needed skills training to allow Veteran to gain employment.

*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.