

CHALENG 2010 Survey Results Summary

VISN: 7

Site: VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)

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: 15
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	48
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:
388. Number of provider (VA and non-VA) participants: 99.)

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.)	3.40	3.13	3.74
Food	3.56	3.32	3.86
Clothing	3.18	3.27	3.62
Emergency (immediate) shelter	3.24	3.24	3.55
Transitional living facility or halfway house	3.12	3.29	3.45
Long-term, permanent housing	2.61	2.85	2.90
Detoxification from substances	3.29	3.28	3.69
Treatment for substance abuse	3.40	3.42	3.84
Services for emotional or psychiatric problems	3.37	3.48	3.71
Treatment for dual diagnosis	3.26	3.35	3.51
Family counseling	3.09	3.21	3.11
Medical services	3.55	3.39	4.04
Women's health care	3.05	3.36	3.17
Help with medication	3.49	3.39	3.87
Drop-in center or day program	2.67	2.94	3.15
AIDS/HIV testing/counseling	3.22	3.42	3.63
TB testing and Treatment	3.38	3.47	3.90
Legal assistance to help restore a driver's license	2.64	2.89	2.87
Hepatitis C testing	3.24	3.49	3.70
Dental care	2.65	3.11	2.91
Eye care	3.03	3.33	3.38
Glasses	2.99	3.22	3.35
VA disability/pension	2.59	3.23	3.14
Welfare payments	2.34	2.95	2.80
SSI/SSD process	2.54	3.09	2.95
Guardianship (financial)	2.48	3.03	2.84
Help managing money	2.61	2.95	3.13
Job training	2.52	3.05	2.96
Help with finding a job or getting employment	2.51	2.95	3.02
Help getting needed documents or identification	2.96	3.04	3.50
Help with transportation	2.75	2.97	3.31
Education	2.84	3.07	3.19
Child care	2.62	2.81	2.64
Family reconciliation assistance	2.61	3.03	2.73
Discharge upgrade	2.77	3.10	2.96
Spiritual	3.24	3.44	3.55
Re-entry services for incarcerated veterans	2.55	2.94	2.94
Elder health care	2.74	3.36	3.11
Credit counseling	2.56	2.90	2.85
Legal assistance for child support issues	2.44	2.87	2.70
Legal assistance for outstanding warrants/fines	2.34	2.79	2.75
Help developing social network	2.69	3.06	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?	3.38	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.21	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.	2.30	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.07	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.98	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.	2.07	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.	1.82	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.71	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.88	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.82	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.93	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.	1.80	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.86	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.88	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 are attempting to partner with community agencies to develop long-term permanent housing.
Emergency (immediate) shelter	We are attempting to partner with community agencies to develop emergency housing.
Transitional living facility or halfway house	We are attempting to partner with community agencies to develop transitional housing.

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

2. FY 2010 Best Practice Example

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

Long-term, permanent housing	Identify landlords and affordable housing resources within the community to work specifically with Veterans. Expand the VA Grant and Per Diem Program by at least one agency to prepare homeless Veterans for permanent housing.
VA disability/pension	Collaborate with the VA Regional Office Homeless Coordinators to identify and expedite the applications of homeless Veterans. Develop a working relationship between the community providers and the VA Regional Office Homeless Coordinators.
Eye care	Establish a contract with a community agency to provide at least 10 emergency shelter beds.

*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: 7

Site: VAMC - Augusta, GA - 509

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: 0

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	0
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: 41.
Number of provider (VA and non-VA) participants: 40.)

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.)	4.18	3.11	3.74
Food	4.28	3.37	3.86
Clothing	3.75	3.26	3.62
Emergency (immediate) shelter	3.65	2.32	3.55
Transitional living facility or halfway house	3.18	2.18	3.45
Long-term, permanent housing	2.92	2.21	2.90
Detoxification from substances	4.36	3.32	3.69
Treatment for substance abuse	4.41	3.59	3.84
Services for emotional or psychiatric problems	4.33	3.41	3.71
Treatment for dual diagnosis	4.24	3.37	3.51
Family counseling	4.21	2.95	3.11
Medical services	4.41	3.84	4.04
Women's health care	3.38	3.26	3.17
Help with medication	4.55	3.54	3.87
Drop-in center or day program	3.83	2.36	3.15
AIDS/HIV testing/counseling	4.25	3.43	3.63
TB testing and Treatment	4.37	3.51	3.90
Legal assistance to help restore a driver's license	3.46	2.32	2.87
Hepatitis C testing	4.19	3.46	3.70
Dental care	3.38	2.57	2.91
Eye care	3.92	3.06	3.38
Glasses	4.15	3.06	3.35
VA disability/pension	3.43	3.19	3.14
Welfare payments	2.86	2.58	2.80
SSI/SSD process	3.42	2.94	2.95
Guardianship (financial)	3.39	2.61	2.84
Help managing money	3.76	2.58	3.13
Job training	3.31	2.79	2.96
Help with finding a job or getting employment	3.35	2.97	3.02
Help getting needed documents or identification	3.74	3.08	3.50
Help with transportation	3.82	2.54	3.31
Education	3.71	2.81	3.19
Child care	2.80	2.00	2.64
Family reconciliation assistance	2.97	2.43	2.73
Discharge upgrade	3.15	3.00	2.96
Spiritual	4.24	3.31	3.55
Re-entry services for incarcerated veterans	3.28	2.63	2.94
Elder health care	3.57	3.17	3.11
Credit counseling	3.14	2.42	2.85
Legal assistance for child support issues	3.14	2.09	2.70
Legal assistance for outstanding warrants/fines	3.31	2.03	2.75
Help developing social network	4.21	2.56	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.86	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.45	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.65	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.65	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.85	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.	1.85	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.	1.65	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.32	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.50	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.95	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.60	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.45	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.53	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.	1.60	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Emergency (immediate) shelter	We are continuing to work with the community to establish immediate shelter beds.
Long-term, permanent housing	We will continue to work with the Augusta Housing Authority to develop more HUD-VASH housing.
Transitional living facility or halfway house	We are working with the community to establish VA Grant and Per Diem beds on the VA campus.

*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	Continue to collaborate with the community to provide adequate/safe emergency placement for homeless while case management and connection to services is being implemented.
Long-term, permanent housing	Continue to work with the community to develop transitional housing where Veterans can get services implemented and provider appointments set up through case management efforts--all of which will eventually lead to permanent housing.
Transitional living facility or halfway house	We have collaborated with the community towards our first VA Grant and Per Diem program (16 beds for women) to be open at the end of this year. We have also collaborated with the community toward establishing enhanced use lease agreements on the VA campus to be used for transitional housing including a possible VA GPD 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: 7

Site: VAMC Atlanta, GA - 508 (Decatur, GA)

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: 136
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	20
Transitional Housing Beds	202
Permanent Housing Beds	786

*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: 260. Number of provider (VA and non-VA) participants: 39.)

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.)	4.13	3.15	3.74
Food	3.90	3.12	3.86
Clothing	3.82	2.97	3.62
Emergency (immediate) shelter	4.09	2.94	3.55
Transitional living facility or halfway house	3.97	2.94	3.45
Long-term, permanent housing	3.90	2.83	2.90
Detoxification from substances	4.26	2.53	3.69
Treatment for substance abuse	4.32	2.97	3.84
Services for emotional or psychiatric problems	4.00	3.03	3.71
Treatment for dual diagnosis	3.87	2.88	3.51
Family counseling	3.32	2.53	3.11
Medical services	4.48	3.44	4.04
Women's health care	3.08	3.26	3.17
Help with medication	4.45	3.14	3.87
Drop-in center or day program	3.27	2.75	3.15
AIDS/HIV testing/counseling	4.09	3.30	3.63
TB testing and Treatment	4.34	3.33	3.90
Legal assistance to help restore a driver's license	3.15	2.93	2.87
Hepatitis C testing	3.98	3.28	3.70
Dental care	2.78	2.53	2.91
Eye care	3.80	3.09	3.38
Glasses	3.86	3.15	3.35
VA disability/pension	3.31	2.82	3.14
Welfare payments	2.60	2.66	2.80
SSI/SSD process	2.76	2.84	2.95
Guardianship (financial)	2.85	2.93	2.84
Help managing money	3.68	2.91	3.13
Job training	2.87	2.83	2.96
Help with finding a job or getting employment	2.83	2.62	3.02
Help getting needed documents or identification	3.94	2.81	3.50
Help with transportation	3.83	2.66	3.31
Education	3.34	2.84	3.19
Child care	2.68	2.39	2.64
Family reconciliation assistance	2.82	2.59	2.73
Discharge upgrade	3.02	2.88	2.96
Spiritual	3.89	3.00	3.55
Re-entry services for incarcerated veterans	2.90	2.88	2.94
Elder health care	3.24	3.10	3.11
Credit counseling	3.32	2.70	2.85
Legal assistance for child support issues	2.95	2.97	2.70
Legal assistance for outstanding warrants/fines	3.02	2.88	2.75
Help developing social network	3.70	3.03	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?	3.24	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.16	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.	2.83	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.13	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.73	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.	2.61	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.43	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.45	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.48	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.48	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.43	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.	2.23	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.27	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.25	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Job training	We continue to work with the Georgia Department of Labor for job training and job search. VA Compensated Work Therapy coordinator is currently working to develop two additional contracts with outside agencies to provide slots to allow more Veterans to participate in the CWT program. HCHV collaborates (informally) with The Center for Self-Sufficiency. This agency received a federal grant to assist Veterans in securing jobs.
Dental care	The number of dental referrals for homeless Veterans increased from 166 in 2009 to 213 in 2010. However, it continues to be a identified problem with Veterans who are not eligible under the Heather French Act. Dental care was identified as the number one need in our 2010 CHALENG Survey.
VA disability/ pension	The Veteran Benefit Administration Homeless Coordinator visits our homeless program twice a month and assesses Veterans for Non-Service and Service-Connected benefits. Appointments are scheduled with Veterans to meet the VBA Coordinator. The VBA Coordinator also visits two of our VA Grant and Per Diem providers (Gateway Shelter and Salvation Army).

***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

Legal assistance for child support issues	Fatherhood Recovery Initiative Program: we collaborate with the Georgia Office of Child Support Services (Fatherhood Program) and the Georgia Law Center for the Homeless to provide homeless Veterans assistance with child support payments. The goals are to help homeless Veterans resolve child support and child access issues that may become a barrier to their successful re-integration into civilian life; to improve child support payments and parents' contact with their children; and to improve emotional and financial support for children.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Dental care	Continue to identify Veterans in the VA Grant per Diem and Compensated Work Therapy programs that are in need of dental service. Advocate to expand Homeless Veteran Dental Program eligibility to include HUD-VASH clients.
Long-term, permanent housing	Atlanta VAMC has received 740 HUD-VASH vouchers to date. Plus the original HUD-VASH program is still managing 46 vouchers for a total of 786 HUD-VASH vouchers. Additional HUD-VASH case managers will be hired. We will advocate for additional HUD-VASH housing vouchers for the Atlanta area. There is a need for transitional housing for Veterans with families.
VA disability/pension	The Veterans Benefits Administration (VBA) Homeless Coordinator is scheduled to be at the monthly staff meeting on October 13, 2010. Also, she will be at the Healthcare for Homeless Veteran Office on Oct 8th and 22nd, 2010 to see homeless Veterans who are in need of benefits assistance. This will be an ongoing collaborative relationship with the VBA Coordinator and the Homeless Program staff. VBA plans to participate in this year's HCHV Stand Down on Saturday, October 30, 2010, by providing over 40 VBA employees to sign up Veterans eligible for benefits and will attempt to process their claims on the same day.

***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: 7

Site: VAMC Birmingham, AL - 521

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: 15

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	25
Transitional Housing Beds	97
Permanent Housing Beds	80

*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: 59.
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.)	3.77	3.78	3.74
Food	3.98	3.89	3.86
Clothing	3.36	3.67	3.62
Emergency (immediate) shelter	3.84	3.44	3.55
Transitional living facility or halfway house	4.00	3.60	3.45
Long-term, permanent housing	3.61	3.40	2.90
Detoxification from substances	4.41	3.33	3.69
Treatment for substance abuse	4.67	4.00	3.84
Services for emotional or psychiatric problems	3.70	4.25	3.71
Treatment for dual diagnosis	3.19	4.00	3.51
Family counseling	2.86	3.22	3.11
Medical services	4.20	4.10	4.04
Women's health care	2.27	4.10	3.17
Help with medication	4.09	4.00	3.87
Drop-in center or day program	3.11	3.44	3.15
AIDS/HIV testing/counseling	3.65	3.75	3.63
TB testing and Treatment	4.16	4.25	3.90
Legal assistance to help restore a driver's license	3.09	3.22	2.87
Hepatitis C testing	3.93	4.13	3.70
Dental care	2.63	3.70	2.91
Eye care	4.27	3.70	3.38
Glasses	4.34	3.70	3.35
VA disability/pension	2.48	3.90	3.14
Welfare payments	2.10	3.56	2.80
SSI/SSD process	2.77	3.44	2.95
Guardianship (financial)	2.47	3.22	2.84
Help managing money	3.04	3.00	3.13
Job training	2.77	3.38	2.96
Help with finding a job or getting employment	2.64	3.33	3.02
Help getting needed documents or identification	3.77	3.75	3.50
Help with transportation	3.33	3.44	3.31
Education	3.11	3.43	3.19
Child care	2.67	2.67	2.64
Family reconciliation assistance	2.55	2.75	2.73
Discharge upgrade	2.79	3.63	2.96
Spiritual	3.89	4.43	3.55
Re-entry services for incarcerated veterans	2.97	3.11	2.94
Elder health care	2.92	3.44	3.11
Credit counseling	2.73	3.33	2.85
Legal assistance for child support issues	2.63	3.00	2.70
Legal assistance for outstanding warrants/fines	2.63	3.00	2.75
Help developing social network	3.19	3.67	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?	4.22	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.56	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.	2.89	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.11	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.	2.78	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.	1.56	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.89	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.	2.33	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.	2.33	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.78	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.	1.78	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.	2.00	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	We have expanded our HUD-VASH program to Bessemer and Huntsville, Alabama. We currently have 70 vouchers in Bessemer and 35 vouchers in Huntsville. The homeless Veterans who receive care at the VA Community Based Outpatient Clinics there are receiving housing assistance as needed.
Transitional living facility or halfway house	We are still in the process of securing additional halfway house contract beds in the community. We have not been able to obtain a VA Domiciliary for Birmingham at this time. However, the proposed Domiciliary remains a part of our plan to end homelessness among Veterans in five years.
Drop-in center or day program	The drop-in -center Three Hots and a Cot is now open. This facility is funded through donations from the community. We do not have a formal agreement with this facility; however, we work with them as it relates to referrals in the same manner as we do with our other community partners.

***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

SSI/SSD Process	We have established an excellent working relationship with our Social Security Administration (SSA) liaison. At the present time our staff and clients have a clear understanding of the process to follow in order to get a claim processed and benefits awarded. For example, several Veterans have received their Social Security benefits which enabled them to moving into HUD-VASH housing.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	We plan to pursue 75 additional HUD-VASH vouchers. Also, we are going to expand our HUD Shelter Plus Care program to double our current enrollment from 50 to 100 Veterans.
Transitional living facility or halfway house	We plan to pursue an additional 20 contract halfway house beds in the community. These additional beds will enhance our efforts to provide immediate services to our homeless Veterans.
Help with finding a job or getting employment	We have hired staff that will be working with our homeless Veterans to assist them with job development and securing full time employment in the community.

*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: 7

Site: VAMC Charleston, SC - 534

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: 3
2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 0

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	136
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:
187. Number of provider (VA and non-VA) participants: 36.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.18	3.62	3.74
Food	4.24	3.83	3.86
Clothing	4.04	3.83	3.62
Emergency (immediate) shelter	4.21	3.06	3.55
Transitional living facility or halfway house	4.28	3.29	3.45
Long-term, permanent housing	3.45	3.06	2.90
Detoxification from substances	4.29	3.93	3.69
Treatment for substance abuse	4.48	4.03	3.84
Services for emotional or psychiatric problems	4.20	4.00	3.71
Treatment for dual diagnosis	3.89	3.87	3.51
Family counseling	3.32	3.47	3.11
Medical services	4.45	4.16	4.04
Women's health care	2.97	3.81	3.17
Help with medication	4.40	3.90	3.87
Drop-in center or day program	3.34	3.16	3.15
AIDS/HIV testing/counseling	3.92	4.07	3.63
TB testing and Treatment	4.50	4.21	3.90
Legal assistance to help restore a driver's license	2.99	3.33	2.87
Hepatitis C testing	4.11	4.03	3.70
Dental care	3.60	3.43	2.91
Eye care	4.04	3.60	3.38
Glasses	3.94	3.43	3.35
VA disability/pension	2.76	3.70	3.14
Welfare payments	2.50	3.10	2.80
SSI/SSD process	2.70	3.28	2.95
Guardianship (financial)	2.86	3.50	2.84
Help managing money	3.51	3.20	3.13
Job training	2.97	3.13	2.96
Help with finding a job or getting employment	2.95	3.10	3.02
Help getting needed documents or identification	3.71	3.60	3.50
Help with transportation	3.79	3.30	3.31
Education	3.58	3.67	3.19
Child care	2.69	2.52	2.64
Family reconciliation assistance	2.67	2.73	2.73
Discharge upgrade	3.08	3.21	2.96
Spiritual	3.89	3.17	3.55
Re-entry services for incarcerated veterans	2.87	3.20	2.94
Elder health care	2.88	3.47	3.11
Credit counseling	2.91	3.30	2.85
Legal assistance for child support issues	2.73	2.77	2.70
Legal assistance for outstanding warrants/fines	2.87	2.97	2.75
Help developing social network	3.49	3.23	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.88	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.88	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.	2.90	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.68	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.95	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.59	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.50	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.62	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	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.	2.38	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.76	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.	1.43	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.	1.81	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*

VA disability/ pension	Crisis Ministries offers quick access for Veterans in applying for VA and Social Security benefits. Last year 1Crisis Ministries assisted 116 people with benefits, and 42 of 116 were Veterans.
Help managing money	Series of financial seminars was conducted and rated favorably by Veterans.
Help with finding a job or getting employment	We support community job fairs and share information with Veterans. We continue to partner with local nonprofits to provide job training opportunities for 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

Long-term, permanent housing	Our VA HUD-VASH Program has a good working relationship with Myrtle Beach Housing Authority. VA staff recently screened 30 Veterans at two housing authority sign-up sessions, and six Veterans now have vouchers.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Help managing money	Continue to partner with Financial Services and Financial/Family Assistant Management Services to offer seminars for budgeting, credit counseling, how to set up bank account, etc. Seminars were well received in FY 2010 and we will host more in FY 2011.
Help with finding a job or getting employment	Continue to partner with local agencies to hire Veterans (Goodwill and South Carolina Employment Services and Vocational Rehab, etc.). Support VA Compensated Work Therapy Program's efforts to secure contracts/job placement in the community for Veterans.
Long-term, permanent housing	Expand HUD-VASH Program in Charleston from 70 vouchers to 95 vouchers. Expand Myrtle Beach HUD-VASH Program from 35 vouchers to 60 vouchers and offer 50 vouchers in Savannah, Georgia.

*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: 7

Site: VAMC Columbia, SC - 544

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: 0

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	191
Permanent Housing Beds	165

*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: 68.
Number of provider (VA and non-VA) participants: 21.)

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.)	3.87	3.90	3.74
Food	4.32	4.05	3.86
Clothing	3.89	4.15	3.62
Emergency (immediate) shelter	4.03	3.32	3.55
Transitional living facility or halfway house	4.23	3.35	3.45
Long-term, permanent housing	2.66	2.81	2.90
Detoxification from substances	3.91	3.55	3.69
Treatment for substance abuse	4.02	3.65	3.84
Services for emotional or psychiatric problems	3.59	3.71	3.71
Treatment for dual diagnosis	3.45	3.50	3.51
Family counseling	2.81	3.35	3.11
Medical services	4.06	4.05	4.04
Women's health care	2.54	3.50	3.17
Help with medication	3.97	4.00	3.87
Drop-in center or day program	2.67	2.82	3.15
AIDS/HIV testing/counseling	3.17	3.53	3.63
TB testing and Treatment	3.77	4.05	3.90
Legal assistance to help restore a driver's license	2.51	2.95	2.87
Hepatitis C testing	3.27	3.94	3.70
Dental care	2.53	2.65	2.91
Eye care	3.17	3.45	3.38
Glasses	3.09	3.45	3.35
VA disability/pension	2.52	3.55	3.14
Welfare payments	2.02	2.89	2.80
SSI/SSD process	2.43	3.45	2.95
Guardianship (financial)	2.44	3.44	2.84
Help managing money	3.12	3.21	3.13
Job training	2.86	3.60	2.96
Help with finding a job or getting employment	3.23	3.55	3.02
Help getting needed documents or identification	3.57	3.29	3.50
Help with transportation	3.73	3.35	3.31
Education	2.95	3.15	3.19
Child care	2.13	2.61	2.64
Family reconciliation assistance	1.92	3.00	2.73
Discharge upgrade	2.52	3.05	2.96
Spiritual	3.81	3.61	3.55
Re-entry services for incarcerated veterans	2.92	3.00	2.94
Elder health care	2.36	3.33	3.11
Credit counseling	2.63	3.30	2.85
Legal assistance for child support issues	2.06	2.89	2.70
Legal assistance for outstanding warrants/fines	2.40	2.63	2.75
Help developing social network	2.97	2.89	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?	3.87	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.47	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.00	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.	2.64	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.71	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.	1.57	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.93	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.	2.08	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.	2.71	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.07	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.50	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.50	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.	2.00	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	We received 25 additional HUD-VASH vouchers in the Greenville area during FY10.
Emergency (immediate) shelter	We will continue to help Veterans find immediate shelter. This may include homeless Veterans remaining with a friend or family member. However, it is rare where a Veteran is unable to quickly move into transitional housing.
Help with finding a job or getting employment	We partner with and refer Veterans to the local CareerOneStop provider. Staff also posts known opened positions at various companies throughout the community that Veterans can apply for. In addition, we utilize services provided by a local agency awarded a Department of Labor Homeless Veterans Reintegration Programs (DOL-HVRP) grant that focuses on assisting Veterans in obtaining and maintaining employment. We encourage Veterans to participate in job fairs. We provide education on how to apply for jobs, complete job applications and resumes.

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

2. FY 2010 Best Practice Example

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

Long-term, permanent housing	Continue to advocate for HUD-VASH vouchers in the Dorn VA Medical Center catchment area.
Emergency (immediate) shelter	Since the Salvation Army closed several years ago, there are two emergency shelters (Oliver Gospel Mission and His House) in the Columbia/Lexington area. Usually, homeless Veterans can be placed in one of our transitional beds on the day he/she presents to our program. In the rare incident where transitional housing cannot be provided, homeless Veterans can normally remain with a friend or family member.
Dental care	Continue to identify homeless Veterans who have been in contract or transitional housing for 60 days (consecutive) and refer for dental services under the Homeless Veteran Dental 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: 7

Site: VAMC Dublin, GA - 557

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

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

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

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

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

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	6
Permanent Housing Beds	65

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 61.
Number of provider (VA and non-VA) participants: 35.)

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.)	3.86	3.34	3.74
Food	3.98	3.53	3.86
Clothing	3.53	3.50	3.62
Emergency (immediate) shelter	3.29	2.81	3.55
Transitional living facility or halfway house	2.74	2.16	3.45
Long-term, permanent housing	2.57	2.41	2.90
Detoxification from substances	3.65	2.94	3.69
Treatment for substance abuse	3.96	3.22	3.84
Services for emotional or psychiatric problems	3.38	3.31	3.71
Treatment for dual diagnosis	3.16	3.03	3.51
Family counseling	2.61	3.10	3.11
Medical services	3.93	3.78	4.04
Women's health care	2.38	3.53	3.17
Help with medication	3.96	3.41	3.87
Drop-in center or day program	2.84	2.19	3.15
AIDS/HIV testing/counseling	3.75	3.34	3.63
TB testing and Treatment	4.33	3.50	3.90
Legal assistance to help restore a driver's license	2.83	2.41	2.87
Hepatitis C testing	3.82	3.28	3.70
Dental care	3.28	3.09	2.91
Eye care	3.78	3.13	3.38
Glasses	3.95	3.13	3.35
VA disability/pension	2.06	3.45	3.14
Welfare payments	1.60	2.90	2.80
SSI/SSD process	1.75	2.97	2.95
Guardianship (financial)	1.89	2.34	2.84
Help managing money	3.73	2.53	3.13
Job training	2.71	2.71	2.96
Help with finding a job or getting employment	2.95	2.74	3.02
Help getting needed documents or identification	3.47	3.19	3.50
Help with transportation	3.21	2.45	3.31
Education	2.92	2.52	3.19
Child care	2.00	2.00	2.64
Family reconciliation assistance	2.61	2.35	2.73
Discharge upgrade	2.45	2.43	2.96
Spiritual	3.65	2.97	3.55
Re-entry services for incarcerated veterans	2.93	2.77	2.94
Elder health care	2.70	2.93	3.11
Credit counseling	2.84	2.39	2.85
Legal assistance for child support issues	2.41	2.35	2.70
Legal assistance for outstanding warrants/fines	2.48	2.10	2.75
Help developing social network	2.86	2.58	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?	3.52	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.50	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.50	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.78	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.06	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.	2.38	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.	1.65	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.76	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.	1.82	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.	1.88	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.53	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.	1.65	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.	1.94	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.	2.06	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*

Legal assistance for outstanding warrants/fines	We are currently on the Georgia Parole Board's approved facility list. We have an informal partnership with a local agency that provides assistance with felony forgiveness in the State of Georgia. Case management staff continue to work closely with probation and parole officers to assist Veterans in meeting their legal obligations.
Help managing money	We have developed two new money management classes to assist Veterans with money management and financial savings.
Emergency (immediate) shelter	We have identified the following community providers which can provide emergency shelter and care for our Veterans: Brother Charlie Rescue Center, Macon Salvation Army, Albany Salvation Army, Brunswick Salvation Army, Savannah Salvation Army, Old Savannah City Mission, Union Mission, and Inner City Night Shelter.

***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

SSI/SSD Process	We work directly with the SSI/SSD adjudicator to advocate for Veteran applications and ensure all needed documentation has been provided for review.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Help with finding a job or getting employment	We will continue to work with local area agencies to develop work employment opportunities for Veterans. We continue to work closely with the Georgia Department of Labor in providing resource opportunities on the VAMC Campus. We hope to expand services for employment search to larger employment pools by providing transportation to those locations.
Legal assistance for outstanding warrants/fines	Continue to develop formal and informal partnerships to assist Veterans with legal counseling and felony forgiveness programs.
Help managing money	Will continue to work towards formal and informal partnerships to assist with money management training and guidance. Will continue to seek partnerships to assist the Veteran with credit management and credit score improvement.

*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: 7

Site: VAMC Tuscaloosa, AL - 679

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

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1. Number of Homeless Veteran Families (Veterans with minor dependents)
Served in FY 2010 by Local VA Homeless Program: 5
2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 1

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	10
Transitional Housing Beds	89
Permanent Housing Beds	87

*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: 66.
Number of provider (VA and non-VA) participants: 22.)

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.)	3.63	4.45	3.74
Food	3.89	4.27	3.86
Clothing	3.56	4.23	3.62
Emergency (immediate) shelter	3.76	3.65	3.55
Transitional living facility or halfway house	3.20	3.76	3.45
Long-term, permanent housing	2.91	3.60	2.90
Detoxification from substances	3.98	3.45	3.69
Treatment for substance abuse	4.05	4.23	3.84
Services for emotional or psychiatric problems	3.97	4.36	3.71
Treatment for dual diagnosis	3.68	4.27	3.51
Family counseling	3.09	3.86	3.11
Medical services	4.11	4.41	4.04
Women's health care	2.90	4.19	3.17
Help with medication	4.20	4.23	3.87
Drop-in center or day program	3.36	3.40	3.15
AIDS/HIV testing/counseling	3.51	4.36	3.63
TB testing and Treatment	3.86	4.32	3.90
Legal assistance to help restore a driver's license	3.16	3.67	2.87
Hepatitis C testing	3.54	4.37	3.70
Dental care	2.97	4.14	2.91
Eye care	3.84	4.27	3.38
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Help managing money	3.38	3.81	3.13
Job training	2.84	4.14	2.96
Help with finding a job or getting employment	2.69	4.23	3.02
Help getting needed documents or identification	3.30	4.19	3.50
Help with transportation	3.48	3.90	3.31
Education	3.00	4.00	3.19
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Family reconciliation assistance	2.76	3.50	2.73
Discharge upgrade	2.84	3.81	2.96
Spiritual	3.71	4.24	3.55
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Credit counseling	2.84	3.50	2.85
Legal assistance for child support issues	2.62	3.35	2.70
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VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.13	3.55

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Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.43	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.78	1.84
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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	We located potential emergency housing (e.g., hotels) -- contracts pending.
Long-term, permanent housing	Through our local housing authority, 25 additional HUD-VASH and 30 additional Shelter Plus Care slots were awarded in 2010.
VA disability/pension	Our program works closely with Disabled American Veterans to assist Veterans with claims and to get timely benefit determinations. We also have a Veterans Benefits Administration (VBA) representative who visits the Tuscaloosa VA Medical Center one day each week from 8am to 4:30pm. This VBA employee assists Veterans who are seeking assistance with various Veteran benefits, including, but not limited to: filing claims for compensation and pension, seeking information about existing claims, VA home loans, educational benefits and death benefits. There has been an increase in the number of homeless Veterans who received benefits and who have qualified for Veterans Housing programs such as HUD-VASH and Shelter Plus Care.

*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	In terms of permanent housing, the best practice implemented has involved demonstrating the need for additional HUD-VASH and HUD Shelter Plus Care slots through community education and involvement. This has been in conjunction with developing mutually beneficial relationships with landlords and VA, and mobilizing community services to assist Veterans in maintaining stable housing (e.g., community based education on homelessness among Veterans, extensive outreach to the homeless population). Also we have a create a housing search team to identify permanent housing resources by contacts with faith-based organizations, civic organizations, women's groups, property owners, and a variety of other entities in the community to locate housing. Housing search teams often include staff, homeless and formerly homeless Veterans, and concerned citizens. The teams often drive around rural and urban areas to identify suitable, and affordable housing.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

VA disability/pension	1. Benefits representative visit on site at least once weekly. 2. Involve VA Regional Office in annual Stand Down and CHALENG meetings.
Job training	1. Include VRS Specialist as part of the interdisciplinary treatment team. 2. Provide education to staff and Veterans on vocational rehab resources and assistance offered by the VA and the state. 3. Establish relationships with private employers by inviting them to seminars, and other events at the VA that spotlight the advantages of hiring Veterans.
Long-term, permanent housing	1. Establish contracts with housing resources in the community to provided long term and intermediate lengths of stay housing (e.g., extended stay hotels, etc.) as Veterans transition into independent living. 2. Develop a psych-educational groups to Veteran that focuses on developing or improving personal skills that increase the chance of a successful transition into community living. (e.g., money management and credit counseling, domestic/family/interpersonal relationships).

***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.**