

CHALENG 2010 Survey Results Summary

VISN: 8

Site: VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)

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: 100

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: 14

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	167
Permanent Housing Beds	625

*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: 120. Number of provider (VA and non-VA) participants: 102.)

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.)	3.97	2.97	3.74
Food	3.92	3.19	3.86
Clothing	3.70	3.16	3.62
Emergency (immediate) shelter	3.79	2.43	3.55
Transitional living facility or halfway house	3.58	2.65	3.45
Long-term, permanent housing	3.17	2.51	2.90
Detoxification from substances	3.91	3.04	3.69
Treatment for substance abuse	3.88	3.20	3.84
Services for emotional or psychiatric problems	3.78	3.02	3.71
Treatment for dual diagnosis	3.59	2.93	3.51
Family counseling	3.39	2.93	3.11
Medical services	4.25	3.49	4.04
Women's health care	3.04	2.97	3.17
Help with medication	4.16	3.13	3.87
Drop-in center or day program	3.07	2.68	3.15
AIDS/HIV testing/counseling	3.67	3.33	3.63
TB testing and Treatment	3.82	3.36	3.90
Legal assistance to help restore a driver's license	2.65	2.64	2.87
Hepatitis C testing	3.71	3.31	3.70
Dental care	2.70	2.52	2.91
Eye care	3.69	3.00	3.38
Glasses	3.63	2.99	3.35
VA disability/pension	3.18	3.19	3.14
Welfare payments	2.66	2.93	2.80
SSI/SSD process	2.85	2.74	2.95
Guardianship (financial)	2.88	2.58	2.84
Help managing money	3.40	2.58	3.13
Job training	3.05	2.69	2.96
Help with finding a job or getting employment	2.99	2.74	3.02
Help getting needed documents or identification	3.41	2.75	3.50
Help with transportation	3.30	2.62	3.31
Education	3.38	2.85	3.19
Child care	2.53	2.44	2.64
Family reconciliation assistance	2.60	2.51	2.73
Discharge upgrade	2.93	2.55	2.96
Spiritual	3.46	3.11	3.55
Re-entry services for incarcerated veterans	2.81	2.77	2.94
Elder health care	3.05	2.79	3.11
Credit counseling	2.92	2.58	2.85
Legal assistance for child support issues	2.55	2.39	2.70
Legal assistance for outstanding warrants/fines	2.66	2.34	2.75
Help developing social network	3.00	2.59	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?	3.40	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.46	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.	2.38	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.75	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.91	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.	1.92	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.	1.53	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.	1.78	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.	2.11	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.82	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.60	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.	1.63	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.	1.85	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	Emergency shelter continues to be a great need. The only expansion of these beds for Veterans has been accomplished through the contract residential treatment program that can provide residential care to those Veterans who require treatment.
Long-term, permanent housing	Permanent housing has been accomplished through the expansion of the HUD-VASH program. We work to rapidly issue vouchers and house Veterans. The program has leveraged community resources (obtaining utility deposits, waivers of application fees and security deposits, and large donations of furnishings and household items) to move Veterans directly from homelessness into their apartments or rental homes. The team has successfully partnered with the community to capitalize on the fact that there are two college towns where student populations tend to leave furniture at the end of semesters. The challenge has been to accommodate donations as storage for such items is difficult to obtain through VA.
Transitional living facility or halfway house	During this fiscal year we increased our number of transitional housing beds by 52 with a new VA Grant and Per Diem (GPD) program opening in Tallahassee. We have had multiple partners apply for GPD funding. There were six proposals submitted from this area recently.

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

2. FY 2010 Best Practice Example

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

<p>Long-term, permanent housing</p>	<p>Seventy-five (75) new HUD-VASH vouchers will be issued to Veterans. Request 25 additional vouchers to support 24/7 low demand shelter and rapid re-housing efforts targeting chronically homeless. Seek partnerships with landlords for affordable rental housing for Veterans. Continue partnerships with local housing authorities to assist in accessing Section 8 vouchers for Veterans.</p>
<p>Emergency (immediate) shelter</p>	<p>Funds requested for FY 2011 to develop 24/7 low demand emergency treatment program. The goal is to have ten beds operational by mid 2011. Continue to advocate for increased emergency shelter.</p>
<p>Transitional living facility or halfway house</p>	<p>The Alachua County Housing Authority was awarded a grant for 112 beds under the VA Grant and Per Diem program. Plans are to work with this community partner to gain site control and open project by mid 2011. Will continue to sponsor grant writing workshops and seek out new partners for Grant and Per Diem program. Budget request for FY 2011 includes funds to expand contract residential treatment to sites in Jacksonville, Tallahassee, and Thomasville, GA. The projected funding would result in 20 additional contract treatment beds located throughout the primary service area.</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: 8

Site: VAH Tampa, FL - 673

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: 27

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	58
Transitional Housing Beds	58
Permanent Housing Beds	375

*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: 18.
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.)	3.93	2.82	3.74
Food	3.88	3.00	3.86
Clothing	3.69	3.25	3.62
Emergency (immediate) shelter	3.44	3.00	3.55
Transitional living facility or halfway house	3.44	3.33	3.45
Long-term, permanent housing	2.41	2.25	2.90
Detoxification from substances	3.53	2.42	3.69
Treatment for substance abuse	3.60	3.08	3.84
Services for emotional or psychiatric problems	3.38	3.50	3.71
Treatment for dual diagnosis	3.38	3.42	3.51
Family counseling	2.80	2.55	3.11
Medical services	4.25	3.67	4.04
Women's health care	2.31	3.27	3.17
Help with medication	3.64	3.09	3.87
Drop-in center or day program	2.85	2.25	3.15
AIDS/HIV testing/counseling	3.40	3.27	3.63
TB testing and Treatment	3.87	3.58	3.90
Legal assistance to help restore a driver's license	3.00	2.58	2.87
Hepatitis C testing	3.36	3.50	3.70
Dental care	2.33	2.25	2.91
Eye care	3.94	2.67	3.38
Glasses	4.00	2.67	3.35
VA disability/pension	3.81	3.60	3.14
Welfare payments	2.87	2.91	2.80
SSI/SSD process	2.80	2.82	2.95
Guardianship (financial)	2.87	2.70	2.84
Help managing money	2.86	2.58	3.13
Job training	2.94	2.42	2.96
Help with finding a job or getting employment	2.81	2.50	3.02
Help getting needed documents or identification	3.44	2.00	3.50
Help with transportation	2.50	2.50	3.31
Education	2.80	2.25	3.19
Child care	2.77	1.58	2.64
Family reconciliation assistance	2.31	1.91	2.73
Discharge upgrade	2.54	2.60	2.96
Spiritual	3.00	2.82	3.55
Re-entry services for incarcerated veterans	2.62	2.60	2.94
Elder health care	2.67	3.58	3.11
Credit counseling	2.85	1.73	2.85
Legal assistance for child support issues	2.85	1.82	2.70
Legal assistance for outstanding warrants/fines	2.46	1.82	2.75
Help developing social network	3.38	2.36	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.00	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.33	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.	3.60	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.25	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.	3.50	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.25	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	3.25	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.	3.00	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.	3.33	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	3.00	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.75	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.50	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.	2.75	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Dental care	No new free or low-cost dental services have been developed. Staff continue to participate in local homeless coalitions to increase capacity for dental services to the homeless population.
Long-term, permanent housing	We obtained 200 new HUD-VASH vouchers for fiscal year 2010.
Food	Partnership with food share program was re-established after we hired a peer support health technician who is able to pick up food on a weekly basis. We distribute this food to HUD-VASH participants in need.

***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	Request 300 HUD-VASH Section 8 vouchers to meet need in four-county area.
Emergency (immediate) shelter	We will continue to work with the Homeless Coalitions in Hillsborough, Pasco, Polk, and Hernando County to increase emergency shelter beds. In particular, we have a desperate need for shelter for families.
Child care	We are working with the Homeless Coalitions around the issues of child care.

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

CHALENG 2010 Survey Results Summary

VISN: 8

Site: VAMC Bay Pines - 516

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: 90

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: 14

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	157
Permanent Housing Beds	596

*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: 366. Number of provider (VA and non-VA) participants: 137.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.80	3.19	3.74
Food	3.96	3.51	3.86
Clothing	3.57	3.27	3.62
Emergency (immediate) shelter	3.62	2.73	3.55
Transitional living facility or halfway house	3.60	2.89	3.45
Long-term, permanent housing	3.06	2.63	2.90
Detoxification from substances	3.88	2.76	3.69
Treatment for substance abuse	3.96	3.27	3.84
Services for emotional or psychiatric problems	3.94	3.38	3.71
Treatment for dual diagnosis	3.63	3.22	3.51
Family counseling	3.07	2.76	3.11
Medical services	4.37	3.79	4.04
Women's health care	3.10	3.50	3.17
Help with medication	4.21	3.23	3.87
Drop-in center or day program	3.12	2.72	3.15
AIDS/HIV testing/counseling	3.93	3.56	3.63
TB testing and Treatment	4.14	3.54	3.90
Legal assistance to help restore a driver's license	2.66	2.42	2.87
Hepatitis C testing	4.00	3.44	3.70
Dental care	2.89	2.64	2.91
Eye care	3.57	2.85	3.38
Glasses	3.52	2.75	3.35
VA disability/pension	3.27	3.25	3.14
Welfare payments	2.43	2.74	2.80
SSI/SSD process	2.82	2.83	2.95
Guardianship (financial)	2.85	2.59	2.84
Help managing money	3.20	2.55	3.13
Job training	2.90	2.84	2.96
Help with finding a job or getting employment	2.82	2.70	3.02
Help getting needed documents or identification	3.68	2.96	3.50
Help with transportation	3.61	2.84	3.31
Education	3.22	2.87	3.19
Child care	2.66	1.94	2.64
Family reconciliation assistance	2.76	2.15	2.73
Discharge upgrade	3.10	2.63	2.96
Spiritual	3.61	3.05	3.55
Re-entry services for incarcerated veterans	2.86	2.63	2.94
Elder health care	3.18	3.04	3.11
Credit counseling	2.87	2.41	2.85
Legal assistance for child support issues	2.56	2.14	2.70
Legal assistance for outstanding warrants/fines	2.66	2.19	2.75
Help developing social network	3.09	2.69	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.49	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.58	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.	2.35	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.60	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.76	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.	2.03	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.	1.52	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.51	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.	1.63	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.	1.78	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.	1.51	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.	1.51	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.	1.75	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 increased Section 8 and other subsidized permanent housing opportunities from 321 to 596. We also expanded a community partner email group to inform a broad range of organizations about Veteran-specific funding opportunities. We also developed an intranet resource directory.
Emergency (immediate) shelter	We developed informal agreements with three emergency shelters and increased outreach to another three.
Help with finding a job or getting employment	We developed relationships with three community organizations that provide employment and job-seeker assistance. We engaged one VA Grant and Per Diem provider to offer job skill building workshops. Also, one community partner applied for a Department of Labor Homeless Veterans Reintegration Program (DOL-HVRP) grant.

***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	In FY 2010, we developed a partnership with the Pinellas County Public Defender. The County provided two legal assistance and education groups per month for residents of our Domiciliary. This program began in July 2010, and to date, 21 Veterans have received information and/or legal assistance.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Develop a 30-bed Safe Haven contract which will position Veterans to move into safe, quality long term transitional or permanent housing. Develop a collaborative partnership with one new public Housing Authority and at least 10 landlords in a rural part of our service area. Engage community partners to provide 20 Veteran-specific HUD Shelter Plus Care Beds.
Dental care	Develop at least two community partnerships that will provide low income or free dental services to Veterans who are homeless. Continue to work closely with our partners in the VA Dental Clinic to ensure that all eligible Veterans residing in our Domiciliary and Grant and Per Diem Housing programs have access to the Homeless Veterans Dental Program. Offer mobile medical and dental services at three Stand Down events.
Emergency (immediate) shelter	Develop a 10-bed emergency shelter contract which will position Veterans to move into transition or quality long term housing. Continue to work with our community partners to develop at least ten new Veteran specific emergency shelter beds to include five for families. Cultivate relationships with at least two public detox facilities. Keep local shelter providers and Homeless Coalition partners informed of all VA funding opportunities. Provide 12 community presentations aimed at increasing awareness of Veteran specific needs, services offered through the Bay Pines Health Care for Homeless Veterans Program, and Federal funding opportunities to provide housing and supportive services for Veterans who are homeless.

***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: 8

Site: VAMC Miami, FL - 546

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: 2

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

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	10
Transitional Housing Beds	132
Permanent Housing Beds	245

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

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

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

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 45.
Number of provider (VA and non-VA) participants: 47.)

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.)	3.95	2.98	3.74
Food	3.91	3.41	3.86
Clothing	3.29	3.11	3.62
Emergency (immediate) shelter	4.12	2.98	3.55
Transitional living facility or halfway house	4.34	3.35	3.45
Long-term, permanent housing	2.85	2.47	2.90
Detoxification from substances	3.80	3.21	3.69
Treatment for substance abuse	4.02	3.24	3.84
Services for emotional or psychiatric problems	3.95	3.24	3.71
Treatment for dual diagnosis	3.76	3.18	3.51
Family counseling	3.08	2.87	3.11
Medical services	4.44	3.76	4.04
Women's health care	2.54	3.02	3.17
Help with medication	4.32	3.52	3.87
Drop-in center or day program	3.34	2.91	3.15
AIDS/HIV testing/counseling	3.51	3.77	3.63
TB testing and Treatment	3.81	3.58	3.90
Legal assistance to help restore a driver's license	2.74	2.68	2.87
Hepatitis C testing	3.24	3.33	3.70
Dental care	3.93	2.53	2.91
Eye care	4.13	3.00	3.38
Glasses	4.18	3.09	3.35
VA disability/pension	3.54	3.53	3.14
Welfare payments	2.74	3.07	2.80
SSI/SSD process	3.14	3.40	2.95
Guardianship (financial)	2.68	2.72	2.84
Help managing money	3.60	2.59	3.13
Job training	2.92	2.89	2.96
Help with finding a job or getting employment	3.15	2.84	3.02
Help getting needed documents or identification	3.59	2.88	3.50
Help with transportation	3.66	2.93	3.31
Education	3.24	3.11	3.19
Child care	2.45	2.47	2.64
Family reconciliation assistance	2.54	2.52	2.73
Discharge upgrade	3.06	3.05	2.96
Spiritual	3.33	2.86	3.55
Re-entry services for incarcerated veterans	2.79	2.87	2.94
Elder health care	2.63	2.83	3.11
Credit counseling	2.94	2.40	2.85
Legal assistance for child support issues	2.91	2.32	2.70
Legal assistance for outstanding warrants/fines	3.06	2.44	2.75
Help developing social network	3.59	3.00	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?	4.02	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.74	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.	2.51	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.88	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.13	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.	1.76	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.70	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.76	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.50	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.25	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.	1.58	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.	1.63	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.	1.78	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	Nearly all of the 140 HUD-VASH vouchers allocated in FY 2009 have been utilized for homeless Veterans. The FY 2008 vouchers have all been allocated. Currently, recruitment is being conducted for case managers for the FY2010 allocation.
Emergency (immediate) shelter	The Miami VA received funding for a 40-bed Domiciliary Care for Homeless Veterans Residential Rehabilitation Program. This will be helpful in stabilizing chronically homeless in preparation for VA Grant Per Diem transitional housing or HUD-VASH permanent housing..
Transitional living facility or halfway house	Since last year's CHALENG Report, one of the Miami VA's existing Grant and Per Diem providers was granted an additional 25 beds, which opened during this year. We were also funded for contract transitional beds. The Miami VA also received funding for a 40-bed Domiciliary Care for Homeless Veterans Residential Rehabilitation Program. This is a major achievement and the Domiciliary will open in October 2011.

***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 a strong relationship with our local social security office and we now have a representative of the SSA coming to our office to provide direct services to homeless veterans. The social Security Office recognizes the difficulties in communicating important claims information with the homeless by mail or phone. By providing this service in our homeless program office, they are able to engage clients more easily and provide better follow-up services. We have been able to help veterans untangle complex problems with their social security disability issues and have a cooperative relationship with the SSA . Dozens of veterans have been helped by this process. Using the same philosophy and model, we have established a relationship with our county Veterans Services office and we are working with them to process VA claims for Service-connection and Non-service-Connected Pensions.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	We currently have 245 HUD-VASH vouchers and will have another 100 for the FY 2010 allocation. Permanent housing still seems to be the number one need for this area. Next year, the Miami VA will open a Domiciliary, and this will serve as a feeder for both the HUD-VASH and VA Grant and Per Diem (GPD) programs. With 132 GPD beds in this area and several community and faith-based emergency housing facilities that accommodate homeless Vets for 60 days, there is a steady stream of housing-ready Veterans who are good candidates for permanent housing. This is in addition to the Veterans that are appropriate the housing first model.
Help with finding a job or getting employment	Expansion in the Miami VA's Transitional Work Experience (TWE) program will provide more opportunities for employment of Veterans who need a supportive environment to rejoin the workforce. Opportunities in TWE should at least double, during FY2011. Additionally, the Homeless Veterans Reintegration Program, through the Dept. of Labor should continue to provide employment opportunities. Economic factors in the employment sector continue to present challenges for Veterans prepared to join the workforce. In certain locales within the catchment area, the only jobs available are minimum wage service-industry jobs, especially in restaurants and bars, which are not conducive to the recovery issues of the client base.
Food	This was a need stated by a number of homeless Veterans who were surveyed, rather than providers. Food banks in the area have been depleted by the general public, suffering from the poor economy in South Florida. The Health Care for Homeless Veterans Program does purchase emergency food supplies from general post funds accounts, subject to approval by our medical center.

***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: 8

Site: VAMC West Palm Beach, FL - 548

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: 46

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	56
Permanent Housing Beds	180

*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: 76.
Number of provider (VA and non-VA) participants: 42.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.46	3.36	3.74
Food	4.52	3.36	3.86
Clothing	4.26	3.48	3.62
Emergency (immediate) shelter	4.30	2.24	3.55
Transitional living facility or halfway house	4.34	2.85	3.45
Long-term, permanent housing	3.24	2.71	2.90
Detoxification from substances	4.33	3.53	3.69
Treatment for substance abuse	4.43	3.62	3.84
Services for emotional or psychiatric problems	4.25	3.59	3.71
Treatment for dual diagnosis	3.78	3.64	3.51
Family counseling	3.14	2.79	3.11
Medical services	4.51	3.97	4.04
Women's health care	3.00	3.45	3.17
Help with medication	4.45	3.60	3.87
Drop-in center or day program	3.50	3.12	3.15
AIDS/HIV testing/counseling	4.22	3.59	3.63
TB testing and Treatment	4.29	3.76	3.90
Legal assistance to help restore a driver's license	2.95	2.53	2.87
Hepatitis C testing	4.20	3.65	3.70
Dental care	3.44	2.53	2.91
Eye care	4.01	3.15	3.38
Glasses	4.01	3.09	3.35
VA disability/pension	3.11	3.69	3.14
Welfare payments	2.84	2.79	2.80
SSI/SSD process	3.13	3.03	2.95
Guardianship (financial)	3.02	3.06	2.84
Help managing money	3.60	2.76	3.13
Job training	3.37	3.06	2.96
Help with finding a job or getting employment	3.50	3.03	3.02
Help getting needed documents or identification	3.72	2.70	3.50
Help with transportation	4.27	2.79	3.31
Education	3.30	2.91	3.19
Child care	2.64	2.21	2.64
Family reconciliation assistance	2.67	2.38	2.73
Discharge upgrade	2.88	2.63	2.96
Spiritual	3.87	3.03	3.55
Re-entry services for incarcerated veterans	3.36	2.94	2.94
Elder health care	3.19	3.09	3.11
Credit counseling	3.27	2.62	2.85
Legal assistance for child support issues	2.73	2.40	2.70
Legal assistance for outstanding warrants/fines	2.67	2.31	2.75
Help developing social network	3.66	2.79	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?	3.57	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.86	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.	2.76	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.33	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.48	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.	2.48	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.	1.90	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.05	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.	2.45	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.	2.68	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.32	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.	1.95	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.	2.17	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.	2.67	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Dental care	Our VA dentists treat referred Veterans under the Homeless Veteran Dental Program (HVDP). We continue to work closely with Palm Beach County Department of Health and other community homeless providers.
Welfare payments	Our staff continues to work closely with the Department of Health and Human Services to assist Veterans who are eligible for additional benefits due to their income status. West Palm Beach VAMC has an informal agreement with the Social Security representative who comes to the VA twice a month to assist Veterans in obtaining needed benefits by filing for Social Security or Social Security Disability. We also assist homeless Veterans by providing guidance on how to apply for food stamps, on-line or in person.
SSI/SSD process	We have an existing working relationship with the local Social Security office. A Social Security representative comes to our VA every two weeks to meet with Veterans to either file new claims or provide a status report on existing claims.

***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

<p>Long-term, permanent housing</p>	<p>The West Palm Beach VA Medical Center HUD-VASH Program has been identified as a best practice. The HUD-VASH Program attributes its success to the commitment and professional relationships both with internal and external stakeholders. The HUD-VASH Team has an excellent relationship with VA Voluntary Services. This relationship has served as a primary source for homeless HUD-VASH Veterans to receive needed donated furniture and housing items. In addition to providing donated goods, Voluntary Services has also demonstrated an important role in assisting with coordination of HUD-VASH annual events (HUD-VASH Picnic and HUD-VASH Holiday Event) and linkages with community organizations and charities. The HUD-VASH Team, with the collaboration of Voluntary Services and the Marine Corps, sponsor an annual HUD-VASH Holiday Toy drive for our homeless Veterans with dependents. This event has been a success and is held in a festive scene at the WPB Fisher House annually. An annual HUD-VASH picnic is hosted and funded by the American Legion and Purple Heart Association. Over sixty participants, their families, and the West Palm Beach Public Housing Authority attended the event and were recognized for their contributions. Our HUD-VASH team has also successfully fostered key relationships with several community providers to access available HUD Homeless Prevention and Rapid Re-housing Program (HPRP). These funds were specifically designated for homeless persons to receive assistance with utility and rental deposits. Through the generous efforts of our community partners, the HUD-VASH program has received over \$5,000.00 in monetary assistance provided to our Veterans. The facility Medical Center Director is also very active in the community as a member of the Palm Beach County Homeless Advisory Board. HUD-VASH's relationship with the VA Compensated Work Therapy (CWT) program is also immeasurable. CWT provides vocational education and job training and boosts participants' sense of self worth. Currently, 30% of Veterans enrolled in HUD-VASH have secured employment through the efforts of CWT.</p>
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	We haven been actively involved with the local public housing authority in assisting Veterans secure housing once cleared and deemed appropriate. The HUD-VASH team will continue to network with other counties in our catchment area to determine the need and to request additional HUD-VASH vouchers to address that need.
Emergency (immediate) shelter	We will continue to be actively involved with the Palm Beach County Homeless Program Planning Committee. This committee has been instrumental in identifying a location, admission criteria for the 'shelter' and the number of beds allocated. We will continue to work with SW Leadership and VISN 8 Homeless Network Coordinator in requesting support/funds for the establishment of homeless Veterans shelter contract.
Dental care	The homeless program staff will continue to actively network and seek out dental services for homeless Veterans at low to no cost. We will collaborate with Dental Service to track the unmet needs of homeless Veterans that do not meet the criteria to participate in 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: 8

Site: VAMC San Juan, PR - 672

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

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

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

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 5

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 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	12
Permanent Housing Beds	56

*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: 27.
Number of provider (VA and non-VA) participants: 37.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.60	3.44	3.74
Food	4.30	3.70	3.86
Clothing	4.23	3.50	3.62
Emergency (immediate) shelter	4.54	3.46	3.55
Transitional living facility or halfway house	4.48	3.38	3.45
Long-term, permanent housing	4.00	3.38	2.90
Detoxification from substances	4.74	3.64	3.69
Treatment for substance abuse	4.54	3.68	3.84
Services for emotional or psychiatric problems	4.60	3.72	3.71
Treatment for dual diagnosis	4.55	3.25	3.51
Family counseling	4.13	3.64	3.11
Medical services	4.81	3.88	4.04
Women's health care	3.75	3.79	3.17
Help with medication	4.56	3.62	3.87
Drop-in center or day program	4.21	3.58	3.15
AIDS/HIV testing/counseling	4.17	3.86	3.63
TB testing and Treatment	4.52	3.65	3.90
Legal assistance to help restore a driver's license	2.90	2.95	2.87
Hepatitis C testing	4.20	3.57	3.70
Dental care	3.00	3.50	2.91
Eye care	4.20	3.29	3.38
Glasses	4.04	3.10	3.35
VA disability/pension	3.00	3.21	3.14
Welfare payments	2.59	3.14	2.80
SSI/SSD process	3.00	2.71	2.95
Guardianship (financial)	3.00	3.10	2.84
Help managing money	3.50	3.16	3.13
Job training	3.13	3.40	2.96
Help with finding a job or getting employment	3.04	3.64	3.02
Help getting needed documents or identification	4.24	3.95	3.50
Help with transportation	3.96	3.48	3.31
Education	3.36	3.10	3.19
Child care	2.71	3.00	2.64
Family reconciliation assistance	3.39	3.45	2.73
Discharge upgrade	3.50	3.06	2.96
Spiritual	3.40	3.77	3.55
Re-entry services for incarcerated veterans	3.20	3.27	2.94
Elder health care	3.07	3.48	3.11
Credit counseling	2.95	3.27	2.85
Legal assistance for child support issues	2.68	3.23	2.70
Legal assistance for outstanding warrants/fines	2.94	3.10	2.75
Help developing social network	3.71	3.61	3.14

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

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

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.58	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.54	3.55

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.88	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.35	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.44	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.	2.40	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.	1.96	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.91	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.91	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.33	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.39	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.	2.26	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.00	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.38	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 55 HUD-VASH vouchers and 41 Veterans have been placed in permanent housing.
VA disability/pension	Coordination between Veterans Affairs Regional Office (VARO) and our Health Care for Homeless Veterans (HCHV) program has resulted in more Veterans being made aware of their benefits and submitting applications.
Job training	We have a VA Compensated Work Therapy coordinator and Vocational Rehabilitation specialist. She works with the private sector in identifying job opportunities for our Veterans. In addition there are 34 positions available locally with the National Cemetery Administration (NCA). NCA would like to work with us to fill those positions with our homeless Veterans.

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

2. FY 2010 Best Practice Example

Job Training	We will increase our referrals to the VA Compensated Work Therapy and other government agencies, like the local Department of Labor programs by 70% to train and place more homeless Veterans into jobs.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Health Care for Homeless Veterans Program will keep using HUD-VASH vouchers and other similar resources available to address this long term permanent housing need.
Dental care	Health Care for Homeless Veteran Program will increase referrals to the Homeless Veteran Dental Program.
Emergency (immediate) shelter	Health Care for Homeless Veterans will keep working through more informal agreements to increase opportunities for immediate shelters for our homeless Veterans.

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

CHALENG 2010 Survey Results Summary

VISN: 8

Site: VAMC Orlando, FL-675

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: 37
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	205
Permanent Housing Beds	480

*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: 179. Number of provider (VA and non-VA) participants: 38.)

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.)	4.32	3.06	3.74
Food	4.50	3.39	3.86
Clothing	4.06	3.39	3.62
Emergency (immediate) shelter	4.02	2.77	3.55
Transitional living facility or halfway house	4.23	3.38	3.45
Long-term, permanent housing	3.04	3.16	2.90
Detoxification from substances	3.80	3.10	3.69
Treatment for substance abuse	4.08	3.52	3.84
Services for emotional or psychiatric problems	3.92	3.25	3.71
Treatment for dual diagnosis	3.73	3.19	3.51
Family counseling	3.15	2.90	3.11
Medical services	4.29	3.65	4.04
Women's health care	2.86	3.13	3.17
Help with medication	4.36	3.48	3.87
Drop-in center or day program	3.08	2.74	3.15
AIDS/HIV testing/counseling	3.77	3.84	3.63
TB testing and Treatment	4.22	3.87	3.90
Legal assistance to help restore a driver's license	2.83	2.80	2.87
Hepatitis C testing	3.81	3.61	3.70
Dental care	3.28	3.10	2.91
Eye care	3.66	3.29	3.38
Glasses	3.69	3.35	3.35
VA disability/pension	3.03	3.53	3.14
Welfare payments	2.48	3.17	2.80
SSI/SSD process	2.83	3.45	2.95
Guardianship (financial)	2.33	3.00	2.84
Help managing money	3.26	2.84	3.13
Job training	2.74	2.91	2.96
Help with finding a job or getting employment	3.01	2.80	3.02
Help getting needed documents or identification	3.81	3.23	3.50
Help with transportation	3.62	2.81	3.31
Education	3.42	2.90	3.19
Child care	2.24	2.59	2.64
Family reconciliation assistance	2.49	2.73	2.73
Discharge upgrade	2.81	3.03	2.96
Spiritual	3.77	3.31	3.55
Re-entry services for incarcerated veterans	2.99	2.91	2.94
Elder health care	3.01	3.17	3.11
Credit counseling	2.73	2.86	2.85
Legal assistance for child support issues	2.59	2.73	2.70
Legal assistance for outstanding warrants/fines	2.73	2.48	2.75
Help developing social network	3.27	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?	3.90	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.66	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.	2.58	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.90	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.92	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.42	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.41	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.57	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.	1.86	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.	2.52	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.82	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.50	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.	1.91	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.64	1.89

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

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

E. Action Plans: FY 2010 and FY 2011

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

Long-term, permanent housing	We have received additional HUD-VASH vouchers and housed approximately 200 Veterans
Help with finding a job or getting employment	We have added additional staff to our Vocational Rehabilitation Department and we continue working toward developing Compensated Work Therapy/Transitional Work Experience positions for clients.
Drop-in center or day program	We continue to work closely with our local HUD Continuum of Care group. However, due to community financial constraints, property has not been located to establish a drop-in center. We conduct outreach at other locations where a variety of services are provided. This includes the CITA Rescue Mission in Brevard County and Compassion Corner in Orlando.

***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	Our total number of HUD-VASH vouchers for our six county catchment area is now 480. We are in the process of hiring staff who will provide the case management services. This will allow us to house an additional 180 Veterans.
Dental care	We have established a fee-basis arrangement with Orange Blossom Dental. Veteran who are in the Domiciliary or VA Grant and Per Diem Program for 60 days or longer are eligible for these services under the Homeless Veteran Dental Program. We will work on developing similar arrangements for dental services with community partners closer to some of our GPD Programs in other counties.
Medical services	We will work on establishing improved process for medical services and having a dedicated medical provider for the Homeless 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.