

CHALENG 2008 Survey Results Summary

VISN 6

Site: VAMC Asheville, NC - 637

Note: 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 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 124
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 5

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	30	25
Transitional Housing Beds	50	5
Permanent Housing Beds	35	100

*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 (homeless Veterans and VA/ community providers). Number of total participants: 48

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	4.13	3.46	3.70
Food	4.81	3.85	3.85
Clothing	4.12	3.77	3.61
Emergency (immediate) shelter	4.06	3.15	3.50
Halfway house or transitional living facility	3.78	2.96	3.35
Long-term, permanent housing	2.32	2.12	2.64
Detoxification from substances	4.20	3.08	3.59
Treatment for substance abuse	4.47	3.08	3.78
Services for emotional or psychiatric problems	3.44	3.22	3.63
Treatment for dual diagnosis	3.60	3.19	3.42
Family counseling	2.50	2.73	2.99
Medical services	4.07	3.73	3.96
Women's health care	2.38	2.84	3.09
Help with medication	4.21	3.40	3.79
Drop-in center or day program	2.92	3.20	3.08
AIDS/HIV testing/counseling	3.36	3.64	3.62
TB testing	3.77	3.79	3.96
TB treatment	3.36	3.83	3.59
Hepatitis C testing	3.46	3.79	3.73
Dental care	2.44	2.28	2.90
Eye care	3.35	3.20	3.25
Glasses	3.41	3.26	3.19
VA disability/pension	2.18	3.40	3.12
Welfare payments	2.71	3.43	2.78
SSI/SSD process	2.62	3.21	2.90
Guardianship (financial)	2.77	3.00	2.75
Help managing money	3.07	2.92	3.00
Job training	3.43	3.48	2.98
Help with finding a job or getting employment	3.07	3.54	3.12
Help getting needed documents or identification	3.87	3.92	3.52
Help with transportation	3.81	3.04	3.28
Education	3.20	3.16	3.13
Child care	3.00	2.52	2.49
Family reconciliation assistance	2.64	2.91	2.63
Discharge upgrade	2.83	3.21	2.91
Spiritual	3.93	3.73	3.51
Re-entry services for incarcerated Veterans	2.58	2.76	2.80
Elder Healthcare	3.18	3.26	3.01
Credit counseling	2.92	3.25	2.77
Legal assistance for child support issues	3.09	3.08	2.60
Legal assistance for outstanding warrants/fines	3.38	2.75	2.69
Help developing social network	3.13	3.40	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

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

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	No
Agencies that provide legal assistance for outstanding warrants/fines	No

2. 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	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.93	3.62

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. 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.	3.13	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.04	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.55	1.93
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.	2.82	2.28
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.	2.13	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.86	1.67
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.	2.09	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.41	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.27	1.99
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.	2.05	1.63
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.	2.05	1.68
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.	2.29	1.86

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

**VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	Asheville received 35 Section 8 vouchers and a HUD-VA Supported Housing case manager position. Mountain Housing Opportunity (MHO) is interested in converting an abandoned building on our VA campus into permanent housing. Also, the Office of Assets Enterprise Management (OAEM) is interested in a VA land use project to create permanent housing.
Dental Care	Fifteen homeless Veterans in our VA Grant and Per Diem program have received a full course of dental care -- more are expected to receive care soon. A master list of community dental providers is being created by the Asheville- Buncombe Homeless Coalition.
Emergency (immediate) shelter	Western Carolina Rescue Mission opened an emergency shelter for women with children. The Asheville-Buncombe Community Christian Ministry (ABCCM) opened up a wet shelter. There are two beds for women and four for men.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.**

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Mountain Housing Opportunities, Inc. (MHO) received a \$50,000 grant from the City of Asheville for a feasibility study to look at turning abandoned buildings on VA grounds into permanent housing for homeless Veterans.
Agency #2	The Asheville-Buncombe Community Christian Ministry (ABCCM) purchased a \$5 million hotel located one mile from our VA. It added 100 VA Grant and Per Diem beds and 50 single room occupancy units.
Agency #3	(no agency identified)

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Long-term, permanent housing	Continue to explore possibility of converting unused land/buildings on VA property to permanent housing for homeless Veterans under VA's enhanced use lease program. HUD-VASH coordinator will develop relationships with new landlords who accept Section 8 vouchers. Explore idea of partnering with Habitat for Humanities to have Veterans build houses for other Veterans.
Dental care	Continue expansion of the Homeless Veterans Dental Program (HVDP) This will hopefully extend to female Veterans if new a Grant Per Diem program is started at women's shelter.
Emergency (immediate) shelter	Continue to develop "wet shelter" in Asheville. Still need to find a facility for men's beds. Encourage communication between shelters so homeless Veterans will know if emergency bed is available before arrival. Increase staff at ABCCM Veterans Quarters so that all 30 shelter beds can be utilized.

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.**

CHALENG 2008 Survey Results Summary

VISN 6

Site: VAMC Beckley, WV - 517

Note: 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 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. Estimated Number of Homeless Veterans: 18
2. Service Area type: Predominantly rural
3. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program: 0

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	0
Transitional Housing Beds	0	10
Permanent Housing Beds	0	15

*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 (homeless Veterans and VA/ community providers). Number of total participants: 27

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		2.83	3.70
Food		3.08	3.85
Clothing		2.92	3.61
Emergency (immediate) shelter		3.04	3.50
Halfway house or transitional living facility		2.50	3.35
Long-term, permanent housing		2.17	2.64
Detoxification from substances		3.08	3.59
Treatment for substance abuse		3.13	3.78
Services for emotional or psychiatric problems		3.63	3.63
Treatment for dual diagnosis		3.54	3.42
Family counseling		2.79	2.99
Medical services		3.71	3.96
Women's health care		3.42	3.09
Help with medication		3.50	3.79
Drop-in center or day program		2.92	3.08
AIDS/HIV testing/counseling		3.33	3.62
TB testing		3.54	3.96
TB treatment		3.38	3.59
Hepatitis C testing		3.54	3.73
Dental care		2.58	2.90
Eye care		3.08	3.25
Glasses		3.00	3.19
VA disability/pension		3.42	3.12
Welfare payments		2.96	2.78
SSI/SSD process		3.23	2.90
Guardianship (financial)		3.13	2.75
Help managing money		3.04	3.00
Job training		3.21	2.98
Help with finding a job or getting employment		3.21	3.12
Help getting needed documents or identification		2.87	3.52
Help with transportation		2.78	3.28
Education		3.04	3.13
Child care		2.48	2.49
Family reconciliation assistance		2.61	2.63
Discharge upgrade		2.91	2.91
Spiritual		3.22	3.51
Re-entry services for incarcerated Veterans		2.65	2.80
Elder Healthcare		3.17	3.01
Credit counseling		2.65	2.77
Legal assistance for child support issues		2.43	2.60
Legal assistance for outstanding warrants/fines		2.35	2.69
Help developing social network		2.74	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

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

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	No
Psychiatric/substance abuse inpatient (hospitals, wards)	No
Nursing homes	No
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	No
Agencies that provide legal assistance for outstanding warrants/fines	No

2. 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?	3.44	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.04	3.62

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. 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.	1.80	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.60	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.93	1.93
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.	1.36	2.28
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	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.50	1.67
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.	1.21	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.86	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.43	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.64	1.63
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.	1.21	1.68
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.	1.79	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	There has been no progress in developing permanent housing resources or access due to lack of staff involvement.
Halfway house or transitional living facility	Several meetings were held to encourage local providers to apply for VA Grant and Per Diem funding.
Help with transportation	A meeting of providers was held at local Veterans service organization to discuss transportation options.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	(no agency identified)
Agency #2	(no agency identified)
Agency #3	(no agency identified)

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Long-term, permanent housing	Continue to pursue non-profits that express an interest in assisting homeless Veterans. HUD-VASH may also be a good option, particularly for homeless Veterans engaged in VA Compensated Work Therapy.
Help with transportation	Work with the existing transportation network to pursue assisting homeless Veterans. Request increased outreach for current program.
Emergency (immediate) shelter	Pursue the development of specific homeless Veteran beds. Establish relationships with local facilities via MOUs.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.

CHALENG 2008 Survey Results Summary

VISN 6

Site: VAMC Durham, NC - 558

Note: 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 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 400
2. **Service Area type:** Even mix of urban and rural
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 5

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	15
Transitional Housing Beds	9	20
Permanent Housing Beds	35	20

*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 (homeless Veterans and VA/ community providers). Number of total 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	3.67	2.67	3.70
Food	2.33	3.00	3.85
Clothing	2.33	2.67	3.61
Emergency (immediate) shelter	2.94	2.83	3.50
Halfway house or transitional living facility	3.06	2.50	3.35
Long-term, permanent housing	1.89	2.50	2.64
Detoxification from substances	3.82	3.67	3.59
Treatment for substance abuse	3.69	3.33	3.78
Services for emotional or psychiatric problems	3.25	3.50	3.63
Treatment for dual diagnosis	3.13	2.83	3.42
Family counseling	3.38	2.40	2.99
Medical services	3.35	3.67	3.96
Women's health care	3.62	3.33	3.09
Help with medication	2.81	3.00	3.79
Drop-in center or day program	2.50	2.33	3.08
AIDS/HIV testing/counseling	3.56	3.33	3.62
TB testing	3.18	3.67	3.96
TB treatment	3.69	3.83	3.59
Hepatitis C testing	3.69	3.50	3.73
Dental care	1.88	2.50	2.90
Eye care	2.59	2.40	3.25
Glasses	2.65	2.60	3.19
VA disability/pension	2.71	2.80	3.12
Welfare payments	2.65	2.40	2.78
SSI/SSD process	3.12	2.60	2.90
Guardianship (financial)	3.13	3.00	2.75
Help managing money	3.50	2.17	3.00
Job training	2.59	2.50	2.98
Help with finding a job or getting employment	2.44	2.50	3.12
Help getting needed documents or identification	3.59	2.83	3.52
Help with transportation	2.81	2.33	3.28
Education	2.69	3.20	3.13
Child care	3.33	2.50	2.49
Family reconciliation assistance	3.56	2.50	2.63
Discharge upgrade	3.44	2.83	2.91
Spiritual	2.75	3.33	3.51
Re-entry services for incarcerated Veterans	3.33	1.83	2.80
Elder Healthcare	3.67	2.67	3.01
Credit counseling	2.69	2.67	2.77
Legal assistance for child support issues	3.47	2.33	2.60
Legal assistance for outstanding warrants/fines	3.07	2.17	2.69
Help developing social network	2.76	2.00	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

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

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
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Psychiatric/substance abuse inpatient (hospitals, wards)	No
Nursing homes	No
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	No
Agencies that provide legal assistance for outstanding warrants/fines	No

2. 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?	3.41	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.47	3.62

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

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

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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.	3.00	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.67	1.67
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.	2.50	1.80
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System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.67	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Halfway house or transitional living facility	Volunteers of American plans to open up 24 1-bedroom units by December 2008.
VA disability/pension	Our staff is working with local VA service officers to assist homeless Veterans with completing their pension requests.
Help with finding a job or getting employment	We meet regularly with our VA Intensive Therapy/Compensated Work Therapy program to make referrals and review joint cases.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	North Carolina Employment Security Commission (Veteran Unit, Durham) provides weekly employment counseling services and assists in other homeless Veteran related activities like our Stand Down.
Agency #2	Durham County Veteran Services Office provides VA benefits counseling to homeless Veterans and attends our Stand Down events.
Agency #3	Volunteers of America is building 24 1-bedroom apartments for participants in its VA Grant and Per Diem program.

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Transitional living facility or halfway house	Opening soon: Maple Court - 24 units for homeless Veterans; Healing With Care -18 units for homeless males and female; TROSA - 25 units for homeless Veterans.
Long-term, permanent housing	Will use HUD-VASH Section 8 housing vouchers to place Veterans in permanent housing.
Dental care	Will develop MOA with Lincoln Community dental clinic and UNC-Dental School to provide dental services to 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 2009. Results of these 2009 targets will be reported in next year's CHALENG report.

CHALENG 2008 Survey Results Summary

VISN 6

Site: VAMC Fayetteville, NC - 565

Note: 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 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 498
2. **Service Area type:** Predominantly rural
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 2

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	40
Transitional Housing Beds	21	40
Permanent Housing Beds	0	40

*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 (homeless Veterans and VA/ community providers). Number of total 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	3.88	2.58	3.70
Food	4.13	2.94	3.85
Clothing	3.50	2.74	3.61
Emergency (immediate) shelter	3.63	2.55	3.50
Halfway house or transitional living facility	4.13	2.77	3.35
Long-term, permanent housing	2.75	2.00	2.64
Detoxification from substances	3.86	2.23	3.59
Treatment for substance abuse	4.00	2.40	3.78
Services for emotional or psychiatric problems	3.88	2.27	3.63
Treatment for dual diagnosis	4.00	2.20	3.42
Family counseling	3.25	2.14	2.99
Medical services	3.88	2.87	3.96
Women's health care	3.20	2.27	3.09
Help with medication	4.00	2.32	3.79
Drop-in center or day program	3.38	2.09	3.08
AIDS/HIV testing/counseling	3.86	2.69	3.62
TB testing	3.50	2.90	3.96
TB treatment	3.50	2.79	3.59
Hepatitis C testing	3.00	2.68	3.73
Dental care	3.29	1.90	2.90
Eye care	4.13	2.21	3.25
Glasses	3.50	2.38	3.19
VA disability/pension	2.50	3.07	3.12
Welfare payments	2.38	2.62	2.78
SSI/SSD process	3.13	2.68	2.90
Guardianship (financial)	3.29	2.59	2.75
Help managing money	3.00	2.48	3.00
Job training	3.13	2.75	2.98
Help with finding a job or getting employment	3.29	3.00	3.12
Help getting needed documents or identification	3.88	2.89	3.52
Help with transportation	4.13	2.42	3.28
Education	3.13	2.47	3.13
Child care	3.00	1.89	2.49
Family reconciliation assistance	3.57	1.93	2.63
Discharge upgrade	3.00	2.44	2.91
Spiritual	3.88	2.90	3.51
Re-entry services for incarcerated Veterans	2.71	2.00	2.80
Elder Healthcare	3.43	2.26	3.01
Credit counseling	2.50	2.19	2.77
Legal assistance for child support issues	2.50	2.00	2.60
Legal assistance for outstanding warrants/fines	2.57	1.93	2.69
Help developing social network	2.75	2.30	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

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

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	No
Agencies that provide legal assistance for outstanding warrants/fines	No

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	2.66	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.07	3.62

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. 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.	2.09	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.52	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.68	1.93
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.	1.76	2.28
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.	1.66	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.43	1.67
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.	1.53	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.57	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.47	1.99
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.	1.36	1.63
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.	1.25	1.68
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.	1.46	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Emergency (immediate) shelter	Hope Center emergency shelter is being renovated and will re-open.
Halfway house or transitional living facility	New Hanover County Health Department has been assisting in holding meetings with community agencies to provide information about applying for VA Grant and Per Diem funding. At least four agencies will apply in 2009.
Long-term, permanent housing	We are still working with the city and county to establish long-term permanent housing.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Good Shepherd Ministries (Wilmington) is a VA Grant and Per Diem provider that has encouraged other agencies to apply for VA funding. They have given tours of their facility and have offered advice about how to write a VA GPD application.
Agency #2	(no agency identified)
Agency #3	(no agency identified)

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Long-term, permanent housing	We will continue to work with and support existing community partners, while seeking to develop new partnerships and projects to increase housing opportunities throughout our service area.
Transitional living facility or halfway house	Increase community outreach efforts with appropriate prospective providers to educate them on VA Grant Per Diem funding and to encourage them to apply.
Emergency (immediate) shelter	Continue to partner with community and local homeless coalition to re-open shelter that closed in 2006, as well as to seek other shelter resources for Veterans and their children.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.

CHALENG 2008 Survey Results Summary

VISN 6

Site: VAMC Hampton, VA - 590

Note: 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 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 500
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 3

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	150
Transitional Housing Beds	22	60
Permanent Housing Beds	140	100

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 86

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	3.91	3.56	3.70
Food	3.45	3.38	3.85
Clothing	3.34	3.36	3.61
Emergency (immediate) shelter	2.80	2.35	3.50
Halfway house or transitional living facility	3.15	2.66	3.35
Long-term, permanent housing	1.96	1.97	2.64
Detoxification from substances	3.98	2.97	3.59
Treatment for substance abuse	4.07	3.42	3.78
Services for emotional or psychiatric problems	4.04	3.38	3.63
Treatment for dual diagnosis	3.70	3.50	3.42
Family counseling	2.78	2.95	2.99
Medical services	4.00	3.77	3.96
Women's health care	3.03	3.36	3.09
Help with medication	4.12	3.49	3.79
Drop-in center or day program	2.60	2.49	3.08
AIDS/HIV testing/counseling	3.98	3.67	3.62
TB testing	4.33	3.57	3.96
TB treatment	4.10	3.50	3.59
Hepatitis C testing	4.17	3.61	3.73
Dental care	2.34	2.24	2.90
Eye care	3.57	2.82	3.25
Glasses	3.54	2.71	3.19
VA disability/pension	3.31	3.55	3.12
Welfare payments	2.25	2.95	2.78
SSI/SSD process	2.56	3.08	2.90
Guardianship (financial)	2.30	2.81	2.75
Help managing money	3.00	2.73	3.00
Job training	2.67	2.68	2.98
Help with finding a job or getting employment	2.49	2.82	3.12
Help getting needed documents or identification	3.83	2.87	3.52
Help with transportation	2.87	2.77	3.28
Education	2.76	2.77	3.13
Child care	2.00	1.97	2.49
Family reconciliation assistance	2.43	2.11	2.63
Discharge upgrade	2.49	2.92	2.91
Spiritual	3.77	3.56	3.51
Re-entry services for incarcerated Veterans	2.55	2.55	2.80
Elder Healthcare	2.95	3.13	3.01
Credit counseling	2.49	2.82	2.77
Legal assistance for child support issues	2.21	2.39	2.60
Legal assistance for outstanding warrants/fines	2.31	2.43	2.69
Help developing social network	3.11	2.92	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

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

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	Yes
Agencies that provide legal assistance for outstanding warrants/fines	No

2. 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?	3.76	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.84	3.62

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. 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.	2.63	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.15	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.15	1.93
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.	2.19	2.28
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.	1.38	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.54	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.84	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.08	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.04	1.99
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.	1.54	1.63
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.	1.65	1.68
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.	1.81	1.86

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

**VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	New single room occupancy complex (60 units) will open later this year in Virginia Beach.
Dental Care	We now have a contract with a new community dental clinic to provide care under the Homeless Veterans Dental Program (HVDP). More contracts with a wide variety of specialty services are still needed.
Emergency (immediate) shelter	We have not made any progress. Disabled American Veterans (Chapter 4) would like to assist, but it currently does not have funds or an appropriate property.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.**

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Norfolk's Office to End Homelessness (OFH) operates a "Housing First" program which permanently houses three of our most chronically mentally ill and treatment-resistant Veterans.
Agency #2	Virginia Supportive Housing manages two homeless SROs (single room occupancy) facilities in Norfolk and Newport Beach. They are due to open a third in Virginia Beach this month. Many formerly homeless individuals now have permanent housing.
Agency #3	HELP (Hampton Ecumenical Lodging and Provisions, Inc.) is a contracted agency that provides dental care to our homeless Veterans.

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

<p>Emergency (immediate) shelter</p>	<p>We have a serious lack of emergency shelter beds especially for disabled individuals in the warmer months. We are aware of all the community resources but there are no agencies/groups interested in opening shelter. One of our local Disabled American Veterans shelters expresses interest in providing shelter but doesn't have the funds or property.</p>
<p>Long-term, permanent housing</p>	<p>Forty additional HUD-VASH vouchers were funded for our facility. We are still hiring staff, so once staff are in place those vouchers may really help. A 60- bed SRO (Cloverleaf Apartments) is due to open in October 2008 in Virginia Beach and is focusing on housing for chronically homeless individuals.</p>
<p>Dental care</p>	<p>While we do have homeless dental funds, many homeless Veterans in our VA Domiciliary are ineligible for our Grant Per Diem program In addition, our community partner does not provide the full array of dental services and scheduling/billing issues are very cumbersome. we would do well to find a different community provider and to also extend the benefits to Veterans in our VA Domiciliary substance abuse programs.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.**

CHALENG 2008 Survey Results Summary

VISN 6

Site: VAMC Richmond, VA - 652

Note: 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 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 279
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 2

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	75
Transitional Housing Beds	31	50
Permanent Housing Beds	43	50

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total 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	4.62	4.13	3.70
Food	4.92	4.29	3.85
Clothing	4.46	4.00	3.61
Emergency (immediate) shelter	3.23	2.38	3.50
Halfway house or transitional living facility	4.00	3.63	3.35
Long-term, permanent housing	2.36	2.13	2.64
Detoxification from substances	3.92	3.13	3.59
Treatment for substance abuse	4.83	4.50	3.78
Services for emotional or psychiatric problems	4.69	4.50	3.63
Treatment for dual diagnosis	4.15	4.25	3.42
Family counseling	3.45	3.00	2.99
Medical services	4.85	4.25	3.96
Women's health care	2.82	4.13	3.09
Help with medication	4.46	4.13	3.79
Drop-in center or day program	4.69	2.57	3.08
AIDS/HIV testing/counseling	4.46	4.25	3.62
TB testing	4.62	4.13	3.96
TB treatment	3.85	4.13	3.59
Hepatitis C testing	4.23	4.13	3.73
Dental care	1.92	1.88	2.90
Eye care	4.00	3.75	3.25
Glasses	3.85	3.63	3.19
VA disability/pension	2.58	3.88	3.12
Welfare payments	1.91	3.00	2.78
SSI/SSD process	2.18	3.38	2.90
Guardianship (financial)	1.82	2.00	2.75
Help managing money	2.42	2.38	3.00
Job training	3.18	3.75	2.98
Help with finding a job or getting employment	3.25	3.13	3.12
Help getting needed documents or identification	5.00	4.00	3.52
Help with transportation	4.54	2.63	3.28
Education	3.33	2.75	3.13
Child care	1.55	1.38	2.49
Family reconciliation assistance	1.36	2.00	2.63
Discharge upgrade	2.33	3.75	2.91
Spiritual	4.92	4.13	3.51
Re-entry services for incarcerated Veterans	3.82	3.25	2.80
Elder Healthcare	2.64	2.88	3.01
Credit counseling	2.77	2.13	2.77
Legal assistance for child support issues	1.64	2.38	2.60
Legal assistance for outstanding warrants/fines	2.33	2.25	2.69
Help developing social network	4.08	3.88	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

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

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	No
Agencies that provide legal assistance for outstanding warrants/fines	No

2. 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?	4.13	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.38	3.62

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. 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.	3.14	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.14	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.86	1.93
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.	3.29	2.28
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.	1.86	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.14	1.67
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.	2.14	1.80
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	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.43	1.99
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.	1.14	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.43	1.68
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.	1.86	1.86

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

**VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Emergency (immediate) shelter	VA continues to refer clients to a local central intake for area shelters.
Halfway house or transitional living facility	Safe Haven runs a new VA Grant and Per Diem program for dually-diagnosed Veterans.
Re-entry services for incarcerated veterans	VA homeless program and other VA mental health staff are working together to place formerly incarcerated Veterans into shelters, and VA Grant and Per Diem programs

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.**

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Commonwealth Catholic Charities (Central Intake) provides case coordination for difficult-to-place Veterans.
Agency #2	Daily Planet Dental Clinic provides dental services to our Veterans under the Homeless Veterans Dental Program (HVDP).
Agency #3	Richmond Redevelopment Housing Authority works to link our Veterans with willing landlords who provide low-income housing.

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Dental care	Develop dental initiative.
Long-term, permanent housing	Develop HUD-VASH program by securing 35 Section 8 vouchers
Emergency (immediate) shelter	Develop a Veteran-only shelter.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.

CHALENG 2008 Survey Results Summary

VISN 6

Site: VAMC Salem, VA - 658

Note: 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 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 40
2. **Service Area type:** Predominantly rural
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 0

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	0
Transitional Housing Beds	7	0
Permanent Housing Beds	35	20

*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 (homeless Veterans and VA/ community providers). Number of total participants: 34

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	4.58	3.30	3.70
Food	4.71	3.67	3.85
Clothing	4.65	2.89	3.61
Emergency (immediate) shelter	4.58	4.11	3.50
Halfway house or transitional living facility	3.13	3.44	3.35
Long-term, permanent housing	2.08	2.44	2.64
Detoxification from substances	4.27	3.56	3.59
Treatment for substance abuse	4.41	3.89	3.78
Services for emotional or psychiatric problems	4.43	3.56	3.63
Treatment for dual diagnosis	3.95	3.56	3.42
Family counseling	3.36	2.56	2.99
Medical services	4.58	4.11	3.96
Women's health care	3.17	3.14	3.09
Help with medication	4.41	4.00	3.79
Drop-in center or day program	3.93	3.33	3.08
AIDS/HIV testing/counseling	4.50	3.50	3.62
TB testing	4.73	3.50	3.96
TB treatment	4.50	3.50	3.59
Hepatitis C testing	4.68	3.13	3.73
Dental care	2.30	2.70	2.90
Eye care	3.61	2.89	3.25
Glasses	3.53	2.67	3.19
VA disability/pension	3.56	3.78	3.12
Welfare payments	3.17	2.89	2.78
SSI/SSD process	3.56	3.44	2.90
Guardianship (financial)	2.30	3.00	2.75
Help managing money	3.75	2.89	3.00
Job training	3.41	3.56	2.98
Help with finding a job or getting employment	3.32	3.13	3.12
Help getting needed documents or identification	4.52	3.25	3.52
Help with transportation	3.68	3.33	3.28
Education	4.00	2.75	3.13
Child care	3.20	2.50	2.49
Family reconciliation assistance	2.91	2.33	2.63
Discharge upgrade	3.93	3.17	2.91
Spiritual	4.82	3.67	3.51
Re-entry services for incarcerated Veterans	3.67	3.11	2.80
Elder Healthcare	3.56	3.33	3.01
Credit counseling	3.33	2.88	2.77
Legal assistance for child support issues	3.70	2.75	2.60
Legal assistance for outstanding warrants/fines	4.00	2.86	2.69
Help developing social network	4.30	3.11	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

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

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	No
Psychiatric/substance abuse inpatient (hospitals, wards)	No
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	No
Agencies that provide legal assistance for outstanding warrants/fines	No

2. 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?	3.80	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.70	3.62

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. 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.	3.33	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.50	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.56	1.93
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.	2.13	2.28
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.33	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.22	1.67
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.	1.44	1.80
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	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.33	1.99
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.	1.00	1.63
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.	1.22	1.68
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.	1.44	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	Salem VA Medical Center was awarded 35 HUD-VA Supported Housing vouchers for permanent housing.
Dental Care	Veterans are receiving care under the Homeless Veterans Dental Program (HVDP).
Halfway house or transitional living facility	New VA Grant and Per Diem program for female Veterans approved with seven beds.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Total Action Against Poverty Transitional Living Center (TAP-TLC) was awarded VA Grant and Per Diem funding to start a program for female Veterans.
Agency #2	(no agency identified)
Agency #3	(no agency identified)

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Long-term, permanent housing	Utilize 35 HUD-VASH vouchers for Veterans. Will also continue to work with local HUD Continuum of Care group to develop additional resources for homeless Veterans.
Dental care	Homeless Veterans Dental Program to be utilized by female Veterans placed in new VA Grant Per Diem program.
Transitional living facility or halfway house	We will assist Veterans with utilization of existing transitional beds 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 2009. Results of these 2009 targets will be reported in next year's CHALENG report.

CHALENG 2008 Survey Results Summary

VISN 6

Site: VAMC Salisbury, NC - 659

Note: 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 2008.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. **Estimated Number of Homeless Veterans:** 500
2. **Service Area type:** Even mix of urban and rural
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 55

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	15	50
Transitional Housing Beds	65	150
Permanent Housing Beds	35	150

*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 (homeless Veterans and VA/ community providers). Number of total participants: 132

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	3.47	2.92	3.70
Food	3.52	3.28	3.85
Clothing	3.27	3.16	3.61
Emergency (immediate) shelter	3.19	2.87	3.50
Halfway house or transitional living facility	2.87	2.73	3.35
Long-term, permanent housing	2.45	2.35	2.64
Detoxification from substances	3.31	2.88	3.59
Treatment for substance abuse	3.78	2.97	3.78
Services for emotional or psychiatric problems	3.63	2.81	3.63
Treatment for dual diagnosis	3.07	2.74	3.42
Family counseling	2.69	2.73	2.99
Medical services	3.66	3.26	3.96
Women's health care	2.68	3.00	3.09
Help with medication	3.67	3.04	3.79
Drop-in center or day program	2.90	2.46	3.08
AIDS/HIV testing/counseling	3.47	3.04	3.62
TB testing	3.89	3.03	3.96
TB treatment	3.44	2.97	3.59
Hepatitis C testing	3.53	3.01	3.73
Dental care	2.40	2.55	2.90
Eye care	2.75	2.83	3.25
Glasses	2.62	2.80	3.19
VA disability/pension	2.60	3.22	3.12
Welfare payments	2.27	3.04	2.78
SSI/SSD process	2.55	2.96	2.90
Guardianship (financial)	2.49	2.74	2.75
Help managing money	2.78	2.54	3.00
Job training	2.47	2.84	2.98
Help with finding a job or getting employment	2.54	2.96	3.12
Help getting needed documents or identification	3.29	3.23	3.52
Help with transportation	3.38	2.57	3.28
Education	2.96	2.82	3.13
Child care	2.47	2.44	2.49
Family reconciliation assistance	2.66	2.42	2.63
Discharge upgrade	2.89	2.96	2.91
Spiritual	3.60	3.08	3.51
Re-entry services for incarcerated Veterans	2.74	2.41	2.80
Elder Healthcare	2.74	2.61	3.01
Credit counseling	2.64	2.73	2.77
Legal assistance for child support issues	2.65	2.49	2.60
Legal assistance for outstanding warrants/fines	2.45	2.53	2.69
Help developing social network	2.89	2.59	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

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

1. Existing Agreements with Community Service Types:

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Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	No
Agencies that provide legal assistance for outstanding warrants/fines	No

2. 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?	3.21	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.36	3.62

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

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. 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.	2.52	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.78	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.99	1.93
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.	2.08	2.28
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.	1.86	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.58	1.67
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	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.06	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.90	1.99
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.	1.66	1.63
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.	1.67	1.68
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.	1.79	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	Community Link (Charlotte) assists Veterans with securing permanent housing. Rowan County Housing Authority is helping us implement our HUD-VA Supported Housing program. With their assistance, we placed 35 Veterans into Section 8 permanent housing.
Halfway house or transitional living facility	We closed one of our VA Grant and Per Diem programs due to numerous safety violations. We have four GPD programs operating and hope to expand in FY 2009.
Family counseling	We have worked with our VA Mental Health Clinic to improve access to services. The need for family counseling and evening groups still exists.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.**

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Rowan Helping Ministry provides shelter beds for homeless Veterans -- whether they are Rowan County residents or not.
Agency #2	Rowan County Housing Authority is helping us implement our HUD-VA Supported Housing program. With their assistance, we placed 35 Veterans into Section 8 permanent housing.
Agency #3	(no agency identified)

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Long-term, permanent housing	Our VA Healthcare for Homeless Veterans coordinator will develop relationships with apartment managers and Housing Authority to secure housing for use of Section 8 vouchers. Work on building partnerships within community for development of an SRO facility for Veterans only.
Emergency (immediate) shelter	Work closer with shelter providers to transition homeless Veterans as quickly as possible from the shelters to long-term housing programs. thereby freeing up bed space for other homeless Veterans. Encourage communication with shelters so homeless Veterans will know if emergency beds are available.
Transitional living facility or halfway house	Increase partnership with community providers for the establishment of more VA Grant Per Diem programs, especially for Veterans with disabilities and female Veterans. Work with existing VA Grant Per Diem providers to explore the possibilities of increasing their beds.

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.**