

## CHALENG 2008 Survey Results Summary

### VISN 16

#### Site: VA Central Arkansas Veterans HCS - 598

**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:** 550
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:** 1

#### 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 | 221                                 | 29                                  |
| Permanent Housing Beds    | 163                                 | 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: 60**

| <b>Need Ranking (1=Need Unmet ....<br/>5= Need Met)</b> | <b>Site homeless<br/>Veteran mean score</b> | <b>Site provider<br/>mean score</b> | <b>VHA Mean Score<br/>(nationwide)*(all<br/>participants)</b> |
|---|---|-------------------------------------|---|
| Personal hygiene  | 3.93  | 3.46                                | 3.70  |
| Food  | 3.81  | 3.77                                | 3.85  |
| Clothing  | 3.48  | 3.54                                | 3.61  |
| Emergency (immediate) shelter                           | 3.78  | 3.37                                | 3.50  |
| Halfway house or transitional living facility           | 4.11  | 3.30                                | 3.35  |
| Long-term, permanent housing                            | 3.21  | 2.92                                | 2.64  |
| Detoxification from substances                          | 4.21  | 3.80                                | 3.59  |
| Treatment for substance abuse                           | 4.15  | 4.00                                | 3.78  |
| Services for emotional or psychiatric problems          | 3.85  | 3.76                                | 3.63  |
| Treatment for dual diagnosis                            | 3.30  | 3.71                                | 3.42  |
| Family counseling                                       | 2.96  | 3.12                                | 2.99  |
| Medical services  | 3.89  | 3.92                                | 3.96  |
| Women's health care                                     | 3.06  | 3.58                                | 3.09  |
| Help with medication                                    | 3.89  | 3.67                                | 3.79  |
| Drop-in center or day program                           | 4.19  | 4.20                                | 3.08  |
| AIDS/HIV testing/counseling                             | 3.85  | 3.68                                | 3.62  |
| TB testing  | 3.96  | 3.90                                | 3.96  |
| TB treatment  | 3.14  | 3.81                                | 3.59  |
| Hepatitis C testing                                     | 3.74  | 3.77                                | 3.73  |
| Dental care   | 3.00  | 3.00                                | 2.90  |
| Eye care  | 3.96  | 3.27                                | 3.25  |
| Glasses   | 3.93  | 3.17                                | 3.19  |
| VA disability/pension                                   | 2.81  | 3.92                                | 3.12  |
| Welfare payments  | 2.20  | 3.33                                | 2.78  |
| SSI/SSD process   | 2.32  | 3.48                                | 2.90  |
| Guardianship (financial)                                | 2.81  | 2.91                                | 2.75  |
| Help managing money                                     | 3.61  | 3.09                                | 3.00  |
| Job training  | 2.96  | 3.17                                | 2.98  |
| Help with finding a job or getting employment           | 3.00  | 3.52                                | 3.12  |
| Help getting needed documents or identification         | 3.54  | 3.50                                | 3.52  |
| Help with transportation                                | 3.70  | 3.15                                | 3.28  |
| Education   | 3.44  | 3.04                                | 3.13  |
| Child care  | 2.72  | 2.70                                | 2.49  |
| Family reconciliation assistance                        | 2.60  | 2.73                                | 2.63  |
| Discharge upgrade                                       | 2.76  | 3.52                                | 2.91  |
| Spiritual   | 2.91  | 3.21                                | 3.51  |
| Re-entry services for incarcerated Veterans             | 3.09  | 3.36                                | 2.80  |
| Elder Healthcare  | 2.76  | 3.23                                | 3.01  |
| Credit counseling                                       | 2.48  | 3.00                                | 2.77  |
| Legal assistance for child support issues               | 3.00  | 2.91                                | 2.60  |
| Legal assistance for outstanding warrants/fines         | 3.00  | 3.00                                | 2.69  |
| Help developing social network                          | 3.00  | 3.23                                | 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   | Yes  |
| Agencies that provide child care                                      | Yes  |
| Agencies that provide legal assistance for child support issues       | No   |
| Agencies that provide legal assistance for outstanding warrants/fines | Yes  |

### 2. Community Ratings of VA/Community Integration\*

| Integration Scale:<br>1 (low) to 5 (high)  | Site Mean Score | VHA (nationwide) Mean Score** |
|--|-----------------|-------------------------------|
| <b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?             | 3.93            | 3.56                          |
| <b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency. | 4.00            | 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

| <b>Implementation Scale</b><br><b>1 = None</b> , no steps taken to initiate implementation of the strategy.<br><b>2 = Low</b> , in planning and/or initial minor steps taken.<br><b>3 = Moderate</b> , significant steps taken but full implementation not achieved.<br><b>4 = High</b> , strategy fully implemented.  | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.   | 3.24                   | 2.57                                 |
| <b>Co-location of Services</b> - Services from the VA and your agency provided in one location.  | 2.18                   | 1.84                                 |
| <b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.  | 2.25                   | 1.93                                 |
| <b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.   | 2.00                   | 2.28                                 |
| <b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.   | 2.00                   | 1.60                                 |
| <b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.   | 2.08                   | 1.67                                 |
| <b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.   | 2.08                   | 1.80                                 |
| <b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.  | 2.42                   | 2.19                                 |
| <b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.  | 2.92                   | 1.99                                 |
| <b>Flexible Funding</b> – 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.   | 2.08                   | 1.63                                 |
| <b>Use of Special Waivers</b> - 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. | 2.25                   | 1.68                                 |
| <b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.   | 2.09                   | 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\***

|                                      |   |
|--------------------------------------|---|
| <b>Long-term, permanent housing</b>  | We continue to use HUD-VA Supported Housing Section 8 vouchers for permanent housing. With 105 additional vouchers received in FY 2008, we will no longer be dependent on a local coalition's resources for housing Veterans with felony charges. |
| <b>Dental Care</b>                   | We continue to refer eligible VA Grant and Per Diem and Domiciliary residents to the VA Homeless Veterans Dental Program. Non-eligible Veterans are referred to River City Ministry.  |
| <b>Emergency (immediate) shelter</b> | We do outreach and education groups at two local shelters (Union Rescue Mission, Salvation Army) in the evening hours for Veterans. We have also expanded outreach to another shelter, Lighthouse Mission.  |

**\*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.**

|                  |  |
|------------------|--|
| <b>Agency #1</b> | River City Ministry, Inc. remains an active supporter of homeless Veterans needing dental care that are not eligible for services through the VA.  |
| <b>Agency #2</b> | St. Francis House, Inc., is not only a VA Grant and Per Diem provider, but an active supporter of Veterans requiring social services for long-term, permanent housing. They partner with us to provide emergency shelter grant funds and food for homeless Veterans. |
| <b>Agency #3</b> | Jefferson Comprehensive Care Services entered a formal memorandum of agreement with VA this year that would assist with dental care, and outreach and screening for HIV and other communicable diseases.   |

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

|   |  |
|---|--|
| <p><b>VA disability/pension</b></p>                       | <p>Plan to become a part of the SOARS network and support training for Health Care for Homeless Veterans case managers. Will also work with Veterans Benefits Administration to schedule a training for VA case managers aimed at developing effective "Statements in Support of Claims" for homeless Veterans.</p>  |
| <p><b>Re-entry services for incarcerated veterans</b></p> | <p>We have requested a Health Care for Re-entry Veterans Specialist position through the Uniform Mental Health Services package. This will support our current outreach efforts to incarcerated Veterans and allow us to expand from written correspondence to face-to-face outreach to incarcerated Veterans.</p>   |
| <p><b>Dental care</b></p>                                 | <p>Thanks to the Homeless Veterans Dental Program, dental care dropped from the #2 highest unmet need to #3. We will continue to promote access to dental care through this initiative and through ongoing community partnerships. We expect that within the next five years it will no longer be one of the top three unmet needs of homeless Veterans in Central Arkansas.</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 16

**Site: VA Gulf Coast HCS - 520, Biloxi, MS, Pensacola, FL**

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

#### 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 | 0                                   | 50                                  |
| Permanent Housing Beds    | 35                                  | 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: 31**

| <b>Need Ranking (1=Need Unmet ....<br/>5= Need Met)</b> | <b>Site homeless<br/>Veteran mean score</b> | <b>Site provider<br/>mean score</b> | <b>VHA Mean Score<br/>(nationwide)*(all<br/>participants)</b> |
|---|---|-------------------------------------|---|
| Personal hygiene  | 3.75  | 3.11                                | 3.70  |
| Food  | 3.15  | 4.00                                | 3.85  |
| Clothing  | 2.90  | 3.75                                | 3.61  |
| Emergency (immediate) shelter                           | 3.19  | 2.89                                | 3.50  |
| Halfway house or transitional living facility           | 3.16  | 2.89                                | 3.35  |
| Long-term, permanent housing                            | 1.79  | 2.33                                | 2.64  |
| Detoxification from substances                          | 3.53  | 3.00                                | 3.59  |
| Treatment for substance abuse                           | 3.84  | 3.22                                | 3.78  |
| Services for emotional or psychiatric problems          | 3.44  | 3.22                                | 3.63  |
| Treatment for dual diagnosis                            | 3.33  | 3.00                                | 3.42  |
| Family counseling                                       | 2.79  | 2.89                                | 2.99  |
| Medical services  | 3.79  | 3.22                                | 3.96  |
| Women's health care                                     | 2.58  | 3.22                                | 3.09  |
| Help with medication                                    | 3.89  | 3.11                                | 3.79  |
| Drop-in center or day program                           | 2.75  | 2.33                                | 3.08  |
| AIDS/HIV testing/counseling                             | 3.47  | 3.44                                | 3.62  |
| TB testing  | 3.80  | 3.33                                | 3.96  |
| TB treatment  | 3.50  | 3.00                                | 3.59  |
| Hepatitis C testing                                     | 3.56  | 3.33                                | 3.73  |
| Dental care   | 2.12  | 2.67                                | 2.90  |
| Eye care  | 2.79  | 3.00                                | 3.25  |
| Glasses   | 2.55  | 3.44                                | 3.19  |
| VA disability/pension                                   | 2.56  | 3.67                                | 3.12  |
| Welfare payments  | 2.38  | 3.44                                | 2.78  |
| SSI/SSD process   | 2.25  | 3.11                                | 2.90  |
| Guardianship (financial)                                | 2.36  | 3.38                                | 2.75  |
| Help managing money                                     | 2.53  | 3.00                                | 3.00  |
| Job training  | 2.47  | 3.00                                | 2.98  |
| Help with finding a job or getting employment           | 2.19  | 2.89                                | 3.12  |
| Help getting needed documents or identification         | 2.95  | 3.22                                | 3.52  |
| Help with transportation                                | 2.89  | 2.78                                | 3.28  |
| Education   | 2.88  | 3.11                                | 3.13  |
| Child care  | 2.77  | 2.44                                | 2.49  |
| Family reconciliation assistance                        | 3.00  | 2.29                                | 2.63  |
| Discharge upgrade                                       | 2.80  | 3.00                                | 2.91  |
| Spiritual   | 3.53  | 3.33                                | 3.51  |
| Re-entry services for incarcerated Veterans             | 2.50  | 2.67                                | 2.80  |
| Elder Healthcare  | 2.69  | 3.13                                | 3.01  |
| Credit counseling                                       | 2.00  | 2.78                                | 2.77  |
| Legal assistance for child support issues               | 2.47  | 2.67                                | 2.60  |
| Legal assistance for outstanding warrants/fines         | 1.86  | 2.78                                | 2.69  |
| Help developing social network                          | 2.19  | 3.22                                | 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)              | Yes  |
| Nursing homes   | Yes  |
| Faith-based organizations   | Yes  |
| 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:<br>1 (low) to 5 (high)  | Site Mean Score | VHA (nationwide) Mean Score** |
|--|-----------------|-------------------------------|
| <b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?             | 4.11            | 3.56                          |
| <b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency. | 4.56            | 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

| <b>Implementation Scale</b><br><b>1 = None</b> , no steps taken to initiate implementation of the strategy.<br><b>2 = Low</b> , in planning and/or initial minor steps taken.<br><b>3 = Moderate</b> , significant steps taken but full implementation not achieved.<br><b>4 = High</b> , strategy fully implemented.  | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.   | 2.33                   | 2.57                                 |
| <b>Co-location of Services</b> - Services from the VA and your agency provided in one location.  | 1.11                   | 1.84                                 |
| <b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.  | 1.33                   | 1.93                                 |
| <b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.   | 1.78                   | 2.28                                 |
| <b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.   | 1.00                   | 1.60                                 |
| <b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.   | 1.11                   | 1.67                                 |
| <b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.   | 1.00                   | 1.80                                 |
| <b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.  | 1.67                   | 2.19                                 |
| <b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.  | 1.44                   | 1.99                                 |
| <b>Flexible Funding</b> – 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.   | 1.11                   | 1.63                                 |
| <b>Use of Special Waivers</b> - 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. | 1.33                   | 1.68                                 |
| <b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.   | 1.22                   | 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\***

|                                      |   |
|--------------------------------------|---|
| <b>Food</b>                          | Two soup kitchens are closing, but additional churches have started feeding the homeless.   |
| <b>Treatment for substance abuse</b> | Because of long waits to get Veterans into treatment, we've been using other community programs. This continues to be a problem area. |
| <b>Dental Care</b>                   | We have met with a local free medical clinic that offers dental services.   |

\*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.**

|                  |                        |
|------------------|------------------------|
| <b>Agency #1</b> | (no agency identified) |
| <b>Agency #2</b> | (no agency identified) |
| <b>Agency #3</b> | (no agency identified) |

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

|  |   |
|--|---|
| <b>Food</b>  | Due to changes in the way some food is distributed, a list is needed to identify places and times that food is available. This is currently being formulated.   |
| <b>Emergency (immediate) shelter</b>                 | Two of the primary encampment sites in the Pensacola area have been scheduled for development. This will leave these individuals even more displaced. The goal is to help these individuals find short-term and eventually longer-term housing. |
| <b>Transitional living facility or halfway house</b> | Assist in establishment of VA Grant Per Diem program transitional housing programs.   |

**\*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 16

#### Site: VAMC Alexandria, LA - 502

**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:** 600
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:** 11

#### 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                                   | 200                                 |
| Transitional Housing Beds | 12                                  | 200                                 |
| Permanent Housing Beds    | 60                                  | 35                                  |

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

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

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

**C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 110**

| <b>Need Ranking (1=Need Unmet ....<br/>5= Need Met)</b> | <b>Site homeless<br/>Veteran mean score</b> | <b>Site provider<br/>mean score</b> | <b>VHA Mean Score<br/>(nationwide)*(all<br/>participants)</b> |
|---|---|-------------------------------------|---|
| Personal hygiene  | 3.69  | 3.69                                | 3.70  |
| Food  | 3.74  | 3.75                                | 3.85  |
| Clothing  | 3.76  | 3.82                                | 3.61  |
| Emergency (immediate) shelter                           | 3.66  | 3.51                                | 3.50  |
| Halfway house or transitional living facility           | 3.43  | 3.10                                | 3.35  |
| Long-term, permanent housing                            | 2.55  | 2.52                                | 2.64  |
| Detoxification from substances                          | 3.40  | 3.36                                | 3.59  |
| Treatment for substance abuse                           | 3.67  | 3.47                                | 3.78  |
| Services for emotional or psychiatric problems          | 3.44  | 3.52                                | 3.63  |
| Treatment for dual diagnosis                            | 3.18  | 3.21                                | 3.42  |
| Family counseling                                       | 3.02  | 3.22                                | 2.99  |
| Medical services  | 3.70  | 3.77                                | 3.96  |
| Women's health care                                     | 2.89  | 3.63                                | 3.09  |
| Help with medication                                    | 3.82  | 3.57                                | 3.79  |
| Drop-in center or day program                           | 2.95  | 2.90                                | 3.08  |
| AIDS/HIV testing/counseling                             | 3.61  | 3.64                                | 3.62  |
| TB testing  | 3.76  | 3.67                                | 3.96  |
| TB treatment  | 3.40  | 3.64                                | 3.59  |
| Hepatitis C testing                                     | 3.50  | 3.68                                | 3.73  |
| Dental care   | 2.72  | 2.46                                | 2.90  |
| Eye care  | 2.91  | 2.84                                | 3.25  |
| Glasses   | 2.63  | 2.87                                | 3.19  |
| VA disability/pension                                   | 2.61  | 3.56                                | 3.12  |
| Welfare payments  | 2.74  | 3.10                                | 2.78  |
| SSI/SSD process   | 3.15  | 3.05                                | 2.90  |
| Guardianship (financial)                                | 2.85  | 2.86                                | 2.75  |
| Help managing money                                     | 2.90  | 2.89                                | 3.00  |
| Job training  | 2.58  | 3.03                                | 2.98  |
| Help with finding a job or getting employment           | 2.88  | 3.23                                | 3.12  |
| Help getting needed documents or identification         | 3.29  | 3.20                                | 3.52  |
| Help with transportation                                | 3.19  | 2.81                                | 3.28  |
| Education   | 3.37  | 3.15                                | 3.13  |
| Child care  | 2.51  | 2.34                                | 2.49  |
| Family reconciliation assistance                        | 2.74  | 2.63                                | 2.63  |
| Discharge upgrade                                       | 2.90  | 2.87                                | 2.91  |
| Spiritual   | 3.60  | 3.58                                | 3.51  |
| Re-entry services for incarcerated Veterans             | 2.64  | 2.62                                | 2.80  |
| Elder Healthcare  | 2.85  | 3.23                                | 3.01  |
| Credit counseling                                       | 2.63  | 2.55                                | 2.77  |
| Legal assistance for child support issues               | 2.56  | 2.47                                | 2.60  |
| Legal assistance for outstanding warrants/fines         | 2.44  | 2.34                                | 2.69  |
| Help developing social network                          | 2.90  | 2.78                                | 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:**

| <b>Service Types</b>  | <b>Local VA has existing collaborative agreement with this agency type?</b> |
|---|---|
| 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\***

| <b>Integration Scale:</b><br>1 (low) to 5 (high)   | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?             | 3.74                   | 3.56                                 |
| <b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency. | 3.85                   | 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

| <b>Implementation Scale</b><br><b>1 = None</b> , no steps taken to initiate implementation of the strategy.<br><b>2 = Low</b> , in planning and/or initial minor steps taken.<br><b>3 = Moderate</b> , significant steps taken but full implementation not achieved.<br><b>4 = High</b> , strategy fully implemented.  | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.   | 2.48                   | 2.57                                 |
| <b>Co-location of Services</b> - Services from the VA and your agency provided in one location.  | 2.11                   | 1.84                                 |
| <b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.  | 2.04                   | 1.93                                 |
| <b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.   | 2.58                   | 2.28                                 |
| <b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.   | 2.00                   | 1.60                                 |
| <b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.   | 1.96                   | 1.67                                 |
| <b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.   | 2.16                   | 1.80                                 |
| <b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.  | 2.54                   | 2.19                                 |
| <b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.  | 1.92                   | 1.99                                 |
| <b>Flexible Funding</b> – 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.   | 1.79                   | 1.63                                 |
| <b>Use of Special Waivers</b> - 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. | 2.04                   | 1.68                                 |
| <b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.   | 1.92                   | 1.86                                 |

\*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\***

|                                      |   |
|--------------------------------------|---|
| <b>Drop-in center or day program</b> | The local Salvation Army now has a day-program for the homeless. Efforts will be made to work with local coalitions to open additional day programs and drop-in centers.    |
| <b>Emergency (immediate) shelter</b> | The number of emergency shelter beds has not increased as planned. Therefore we will encourage community partnering with VA to expand the number of emergency shelter beds. |
| <b>Long-term, permanent housing</b>  | We have a new HUD-VA Supported Housing program with 35 vouchers. Several Veterans have been approved.   |

\*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.**

|                  |  |
|------------------|--|
| <b>Agency #1</b> | Lafayette Catholic Charities opened a transitional living program for homeless Veterans in Lafayette.                                  |
| <b>Agency #2</b> | Salvation Army opened a drop-in center for the homeless in Alexandria that provides hot meals, leisure time activities, and resources. |
| <b>Agency #3</b> | (no agency identified)   |

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

|  |   |
|--|---|
| <b>Long-term, permanent housing</b>                  | The VA has partnered with HUD, resulting in a permanent housing program (HUD-VASH) for homeless Veterans, This site has received 35 vouchers to provide housing for homeless Veterans. Additional vouchers will be provided during FY 2009. |
| <b>Emergency (immediate) shelter</b>                 | The Health Care for Homeless Veterans program continues to work with the local homeless coalition and other community agencies to provide additional emergency shelter for the homeless.  |
| <b>Transitional living facility or halfway house</b> | Plans for opening a transitional living house for female Veterans with children in Opelousas, LA, sponsored by Lafayette Catholic Charities.  |

**\*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 16

#### Site: VAMC Fayetteville, AR - 564

**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:** 450
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:** 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                                   | 50                                  |
| Transitional Housing Beds | 54                                  | 10                                  |
| Permanent Housing Beds    | 35                                  | 35                                  |

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

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

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

**C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 51**

| <b>Need Ranking (1=Need Unmet ....<br/>5= Need Met)</b> | <b>Site homeless<br/>Veteran mean score</b> | <b>Site provider<br/>mean score</b> | <b>VHA Mean Score<br/>(nationwide)*(all<br/>participants)</b> |
|---|---|-------------------------------------|---|
| Personal hygiene  | 4.53  | 3.08                                | 3.70  |
| Food  | 4.35  | 3.77                                | 3.85  |
| Clothing  | 3.51  | 3.54                                | 3.61  |
| Emergency (immediate) shelter                           | 4.56  | 2.77                                | 3.50  |
| Halfway house or transitional living facility           | 4.66  | 2.69                                | 3.35  |
| Long-term, permanent housing                            | 2.26  | 2.54                                | 2.64  |
| Detoxification from substances                          | 4.21  | 3.43                                | 3.59  |
| Treatment for substance abuse                           | 4.54  | 3.40                                | 3.78  |
| Services for emotional or psychiatric problems          | 4.00  | 3.27                                | 3.63  |
| Treatment for dual diagnosis                            | 3.17  | 3.14                                | 3.42  |
| Family counseling                                       | 2.53  | 2.77                                | 2.99  |
| Medical services  | 4.49  | 3.71                                | 3.96  |
| Women's health care                                     | 1.29  | 3.50                                | 3.09  |
| Help with medication                                    | 4.54  | 3.69                                | 3.79  |
| Drop-in center or day program                           | 2.90  | 3.00                                | 3.08  |
| AIDS/HIV testing/counseling                             | 3.68  | 3.50                                | 3.62  |
| TB testing  | 4.42  | 4.07                                | 3.96  |
| TB treatment  | 3.17  | 3.93                                | 3.59  |
| Hepatitis C testing                                     | 3.94  | 4.07                                | 3.73  |
| Dental care   | 2.80  | 3.36                                | 2.90  |
| Eye care  | 3.27  | 3.43                                | 3.25  |
| Glasses   | 3.09  | 3.14                                | 3.19  |
| VA disability/pension                                   | 2.03  | 3.87                                | 3.12  |
| Welfare payments  | 1.67  | 3.54                                | 2.78  |
| SSI/SSD process   | 1.88  | 3.54                                | 2.90  |
| Guardianship (financial)                                | 1.52  | 3.62                                | 2.75  |
| Help managing money                                     | 3.21  | 3.15                                | 3.00  |
| Job training  | 2.44  | 3.60                                | 2.98  |
| Help with finding a job or getting employment           | 3.42  | 3.29                                | 3.12  |
| Help getting needed documents or identification         | 3.18  | 3.31                                | 3.52  |
| Help with transportation                                | 3.88  | 2.71                                | 3.28  |
| Education   | 3.00  | 3.38                                | 3.13  |
| Child care  | 1.46  | 2.62                                | 2.49  |
| Family reconciliation assistance                        | 1.80  | 2.83                                | 2.63  |
| Discharge upgrade                                       | 2.22  | 3.23                                | 2.91  |
| Spiritual   | 3.91  | 3.69                                | 3.51  |
| Re-entry services for incarcerated Veterans             | 1.63  | 2.92                                | 2.80  |
| Elder Healthcare  | 1.73  | 3.50                                | 3.01  |
| Credit counseling                                       | 1.63  | 3.08                                | 2.77  |
| Legal assistance for child support issues               | 1.67  | 2.83                                | 2.60  |
| Legal assistance for outstanding warrants/fines         | 2.06  | 2.67                                | 2.69  |
| Help developing social network                          | 2.76  | 3.00                                | 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? |
|---|--|
| 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:<br>1 (low) to 5 (high)  | Site Mean Score | VHA (nationwide) Mean Score** |
|--|-----------------|-------------------------------|
| <b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?             | 3.75            | 3.56                          |
| <b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency. | 3.81            | 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

| <b>Implementation Scale</b><br><b>1 = None</b> , no steps taken to initiate implementation of the strategy.<br><b>2 = Low</b> , in planning and/or initial minor steps taken.<br><b>3 = Moderate</b> , significant steps taken but full implementation not achieved.<br><b>4 = High</b> , strategy fully implemented.  | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.   | 2.08                   | 2.57                                 |
| <b>Co-location of Services</b> - Services from the VA and your agency provided in one location.  | 1.69                   | 1.84                                 |
| <b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.  | 1.54                   | 1.93                                 |
| <b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.   | 1.31                   | 2.28                                 |
| <b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.   | 1.31                   | 1.60                                 |
| <b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.   | 1.33                   | 1.67                                 |
| <b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.   | 1.42                   | 1.80                                 |
| <b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.  | 2.08                   | 2.19                                 |
| <b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.  | 1.92                   | 1.99                                 |
| <b>Flexible Funding</b> – 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.   | 1.67                   | 1.63                                 |
| <b>Use of Special Waivers</b> - 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. | 1.82                   | 1.68                                 |
| <b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.   | 2.00                   | 1.86                                 |

\*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\***

|  |   |
|--|---|
| <b>Halfway house or transitional living facility</b> | We are contracting for 10 transitional housing beds in Rogers -- and negotiating for four beds in Fort Smith.   |
| <b>Long-term, permanent housing</b>                  | VA Medical Center Fayetteville was awarded 35 HUD-VA Supported Housing vouchers in May 2008.  |
| <b>Help with transportation</b>                      | We will continue to use the Disabled American Veterans van system, Ozark Regional Transit, University of Arkansas Freetransit System, VA shuttle services to Joplin (Missouri), and House Inc.'s van for homeless Veterans. |

**\*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 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.**

|                  |  |
|------------------|--|
| <b>Agency #1</b> | House Inc. has a new 10-bed VA contract program in Rogers, Arkansas along with 10-bed VA contract and 34-bed VA Grant and Per Diem programs in Joplin, Missouri. |
| <b>Agency #2</b> | Next Step Day Center (Fort Smith Arkansas) will be contracted for four transitional housing beds. Project to be completed in October 2008.                       |
| <b>Agency #3</b> | (no agency identified)   |

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

|  |   |
|--|---|
| <b>Long-term, permanent housing</b>                  | Continue to work to establish HUD-VASH program and seek more vouchers in the upcoming years.  |
| <b>Help with transportation</b>                      | Health Care for Homeless Veterans staff will continue to work with Disabled American Veterans and VA transportation services to provide reliable transportation. Funding for transportation is very limited.  |
| <b>Help with finding a job or getting employment</b> | Will continue to use the Compensated Work Therapy program at VA in Fayetteville, AR. Continue to coordinate services between VA, employment agencies, and The House Inc (VA Grant and Per Diem provider). The House, Inc. now has an education coordinator to assist with job training options. |

**\*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 16

#### Site: VAMC Houston, TX - 580

**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:** 2,932
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:** 19

#### 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 | 150                                 | 50                                  |
| Permanent Housing Beds    | 445                                 | 1500                                |

\*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: 162**

| <b>Need Ranking (1=Need Unmet ....<br/>5= Need Met)</b> | <b>Site homeless<br/>Veteran mean score</b> | <b>Site provider<br/>mean score</b> | <b>VHA Mean Score<br/>(nationwide)*(all<br/>participants)</b> |
|---|---|-------------------------------------|---|
| Personal hygiene  | 3.81  | 3.06                                | 3.70  |
| Food  | 3.91  | 3.33                                | 3.85  |
| Clothing  | 3.54  | 3.33                                | 3.61  |
| Emergency (immediate) shelter                           | 3.82  | 2.72                                | 3.50  |
| Halfway house or transitional living facility           | 3.62  | 2.86                                | 3.35  |
| Long-term, permanent housing                            | 2.61  | 2.41                                | 2.64  |
| Detoxification from substances                          | 3.71  | 2.61                                | 3.59  |
| Treatment for substance abuse                           | 4.25  | 2.81                                | 3.78  |
| Services for emotional or psychiatric problems          | 3.90  | 3.17                                | 3.63  |
| Treatment for dual diagnosis                            | 3.74  | 3.06                                | 3.42  |
| Family counseling                                       | 2.92  | 3.03                                | 2.99  |
| Medical services  | 4.19  | 3.75                                | 3.96  |
| Women's health care                                     | 3.31  | 3.22                                | 3.09  |
| Help with medication                                    | 4.32  | 3.19                                | 3.79  |
| Drop-in center or day program                           | 3.51  | 2.83                                | 3.08  |
| AIDS/HIV testing/counseling                             | 3.83  | 3.60                                | 3.62  |
| TB testing  | 4.21  | 3.51                                | 3.96  |
| TB treatment  | 3.80  | 3.51                                | 3.59  |
| Hepatitis C testing                                     | 4.08  | 3.45                                | 3.73  |
| Dental care   | 2.51  | 2.61                                | 2.90  |
| Eye care  | 3.06  | 2.57                                | 3.25  |
| Glasses   | 3.02  | 2.59                                | 3.19  |
| VA disability/pension                                   | 2.98  | 3.14                                | 3.12  |
| Welfare payments  | 2.45  | 2.89                                | 2.78  |
| SSI/SSD process   | 2.73  | 3.08                                | 2.90  |
| Guardianship (financial)                                | 2.49  | 2.69                                | 2.75  |
| Help managing money                                     | 3.16  | 2.39                                | 3.00  |
| Job training  | 2.94  | 3.17                                | 2.98  |
| Help with finding a job or getting employment           | 3.15  | 3.20                                | 3.12  |
| Help getting needed documents or identification         | 3.71  | 3.14                                | 3.52  |
| Help with transportation                                | 3.77  | 2.78                                | 3.28  |
| Education   | 3.01  | 2.83                                | 3.13  |
| Child care  | 2.53  | 2.36                                | 2.49  |
| Family reconciliation assistance                        | 2.54  | 2.56                                | 2.63  |
| Discharge upgrade                                       | 2.67  | 2.65                                | 2.91  |
| Spiritual   | 3.62  | 3.00                                | 3.51  |
| Re-entry services for incarcerated Veterans             | 2.57  | 2.65                                | 2.80  |
| Elder Healthcare  | 3.01  | 2.97                                | 3.01  |
| Credit counseling                                       | 2.89  | 2.41                                | 2.77  |
| Legal assistance for child support issues               | 2.67  | 2.81                                | 2.60  |
| Legal assistance for outstanding warrants/fines         | 2.83  | 3.00                                | 2.69  |
| Help developing social network                          | 3.32  | 3.03                                | 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   | Yes  |
| 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 | Yes  |

### 2. Community Ratings of VA/Community Integration\*

| Integration Scale:<br>1 (low) to 5 (high)  | Site Mean Score | VHA (nationwide) Mean Score** |
|--|-----------------|-------------------------------|
| <b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?             | 3.33            | 3.56                          |
| <b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency. | 3.24            | 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

| <b>Implementation Scale</b><br><b>1 = None</b> , no steps taken to initiate implementation of the strategy.<br><b>2 = Low</b> , in planning and/or initial minor steps taken.<br><b>3 = Moderate</b> , significant steps taken but full implementation not achieved.<br><b>4 = High</b> , strategy fully implemented.  | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.   | 2.28                   | 2.57                                 |
| <b>Co-location of Services</b> - Services from the VA and your agency provided in one location.  | 1.60                   | 1.84                                 |
| <b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.  | 1.69                   | 1.93                                 |
| <b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.   | 2.09                   | 2.28                                 |
| <b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.   | 1.69                   | 1.60                                 |
| <b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.   | 1.65                   | 1.67                                 |
| <b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.   | 1.80                   | 1.80                                 |
| <b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.  | 1.91                   | 2.19                                 |
| <b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.  | 2.00                   | 1.99                                 |
| <b>Flexible Funding</b> – 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.   | 1.57                   | 1.63                                 |
| <b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services. | 1.74                   | 1.68                                 |
| <b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.   | 1.97                   | 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\***

|   |   |
|---|---|
| <b>Long-term, permanent housing</b>                   | Several Veterans are now at the U.S. VETS Supported Housing program.  |
| <b>Emergency (immediate) shelter</b>                  | We assisted our local homeless coalition in a "street sweep" and got several Veterans off the streets and into the Rapid Rehousing Program.   |
| <b>Services for emotional or psychiatric problems</b> | We are working with Harris County Courts on a jail diversion project; and with the Houston Police Department to refer Veterans with psychiatric issues to our VA rather than face arrest. The initiative is still new, but we are diverting Veterans into services. |

**\*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.**

|                  |   |
|------------------|---|
| <b>Agency #1</b> | U.S. Veterans Initiative (U.S. VETS) provides permanent, supported housing to Veterans living on fixed incomes.   |
| <b>Agency #2</b> | Salvation Army shelters many Veterans awaiting placement in a VA Grant and Per Diem or VA-contracted transitional housing program.  |
| <b>Agency #3</b> | Harris County Courts is a participating in a program where Veterans with minor or non-violent offenses can be referred to VA for treatment instead of being incarcerated. |

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

|                                      |   |
|--------------------------------------|---|
| <b>Long-term, permanent housing</b>  | In addition to the HUD Shelter Plus Care program that houses 60 Veterans in the greater Houston area we started the VASH program which will house 385 additional Veterans. Three staff have been hired for VASH and eight more will be hired during FY 2009. We will also continue to use the U.S. Vets supportive housing program for disabled Veterans. |
| <b>Emergency (immediate) shelter</b> | In FY 2008, we opened the VA Domiciliary that houses 40 Veterans. We will seek to expand the number of Veterans that can be serviced through the Domiciliary here in Houston.   |
| <b>Treatment for substance abuse</b> | We will seek additional funding for Grant Per Diem, along with utilizing the VASH fund to pay for additional treatment for Veterans, especially female Veterans that are unable to benefit from the Grant Per Diem program.   |

**\*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 16

**Site: VAMC Jackson, MS - 586**

**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:** 910
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:** 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                                   | 83                                  |
| Transitional Housing Beds | 80                                  | 200                                 |
| Permanent Housing Beds    | 35                                  | 85                                  |

\*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: 110**

| <b>Need Ranking (1=Need Unmet ....<br/>5= Need Met)</b> | <b>Site homeless<br/>Veteran mean score</b> | <b>Site provider<br/>mean score</b> | <b>VHA Mean Score<br/>(nationwide)*(all<br/>participants)</b> |
|---|---|-------------------------------------|---|
| Personal hygiene  | 4.52  | 3.72                                | 3.70  |
| Food  | 4.67  | 3.96                                | 3.85  |
| Clothing  | 4.46  | 3.76                                | 3.61  |
| Emergency (immediate) shelter                           | 4.68  | 3.63                                | 3.50  |
| Halfway house or transitional living facility           | 4.61  | 3.72                                | 3.35  |
| Long-term, permanent housing                            | 2.81  | 2.80                                | 2.64  |
| Detoxification from substances                          | 4.52  | 3.80                                | 3.59  |
| Treatment for substance abuse                           | 4.73  | 3.96                                | 3.78  |
| Services for emotional or psychiatric problems          | 4.36  | 3.78                                | 3.63  |
| Treatment for dual diagnosis                            | 3.94  | 3.76                                | 3.42  |
| Family counseling                                       | 3.02  | 3.33                                | 2.99  |
| Medical services  | 4.52  | 4.17                                | 3.96  |
| Women's health care                                     | 3.04  | 3.66                                | 3.09  |
| Help with medication                                    | 4.49  | 4.00                                | 3.79  |
| Drop-in center or day program                           | 3.43  | 3.11                                | 3.08  |
| AIDS/HIV testing/counseling                             | 4.07  | 3.91                                | 3.62  |
| TB testing  | 4.11  | 4.00                                | 3.96  |
| TB treatment  | 3.38  | 4.00                                | 3.59  |
| Hepatitis C testing                                     | 4.05  | 3.84                                | 3.73  |
| Dental care   | 3.27  | 3.33                                | 2.90  |
| Eye care  | 3.48  | 3.33                                | 3.25  |
| Glasses   | 3.24  | 3.17                                | 3.19  |
| VA disability/pension                                   | 3.08  | 3.71                                | 3.12  |
| Welfare payments  | 2.45  | 3.16                                | 2.78  |
| SSI/SSD process   | 2.81  | 3.22                                | 2.90  |
| Guardianship (financial)                                | 2.56  | 3.07                                | 2.75  |
| Help managing money                                     | 2.71  | 2.98                                | 3.00  |
| Job training  | 2.92  | 3.24                                | 2.98  |
| Help with finding a job or getting employment           | 3.27  | 3.39                                | 3.12  |
| Help getting needed documents or identification         | 3.95  | 3.52                                | 3.52  |
| Help with transportation                                | 4.33  | 3.59                                | 3.28  |
| Education   | 3.31  | 3.46                                | 3.13  |
| Child care  | 2.46  | 2.82                                | 2.49  |
| Family reconciliation assistance                        | 2.74  | 2.89                                | 2.63  |
| Discharge upgrade                                       | 2.67  | 3.18                                | 2.91  |
| Spiritual   | 4.51  | 3.56                                | 3.51  |
| Re-entry services for incarcerated Veterans             | 2.71  | 2.93                                | 2.80  |
| Elder Healthcare  | 3.17  | 3.24                                | 3.01  |
| Credit counseling                                       | 2.67  | 2.84                                | 2.77  |
| Legal assistance for child support issues               | 2.52  | 2.83                                | 2.60  |
| Legal assistance for outstanding warrants/fines         | 2.45  | 2.72                                | 2.69  |
| Help developing social network                          | 3.25  | 3.26                                | 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)              | Yes  |
| Nursing homes   | Yes  |
| Faith-based organizations   | No   |
| Agencies that provide child care                                      | Yes  |
| 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:<br>1 (low) to 5 (high)  | Site Mean Score | VHA (nationwide) Mean Score** |
|--|-----------------|-------------------------------|
| <b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?             | 4.33            | 3.56                          |
| <b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency. | 4.10            | 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

| <b>Implementation Scale</b><br><b>1 = None</b> , no steps taken to initiate implementation of the strategy.<br><b>2 = Low</b> , in planning and/or initial minor steps taken.<br><b>3 = Moderate</b> , significant steps taken but full implementation not achieved.<br><b>4 = High</b> , strategy fully implemented.  | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.   | 3.16                   | 2.57                                 |
| <b>Co-location of Services</b> - Services from the VA and your agency provided in one location.  | 1.89                   | 1.84                                 |
| <b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.  | 2.16                   | 1.93                                 |
| <b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.   | 2.62                   | 2.28                                 |
| <b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.   | 1.54                   | 1.60                                 |
| <b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.   | 2.05                   | 1.67                                 |
| <b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.   | 2.03                   | 1.80                                 |
| <b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.  | 2.59                   | 2.19                                 |
| <b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.  | 2.24                   | 1.99                                 |
| <b>Flexible Funding</b> – 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.   | 1.97                   | 1.63                                 |
| <b>Use of Special Waivers</b> - 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. | 1.84                   | 1.68                                 |
| <b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.   | 2.27                   | 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\***

|  |   |
|--|---|
| <b>Welfare payments</b>                            | Veterans were assisted in applying for Food Stamps.   |
| <b>Long-term, permanent housing</b>                | We received 35 HUD-VA Supported Housing vouchers to use in the Jackson area. Two local HUD Continuum of Care proposals for Veteran-specific permanent housing projects were rejected.   |
| <b>Re-entry services for incarcerated veterans</b> | We continue to depend on the I.S.I.A.H. Project (Innovative Solutions in Assisting Homelessness), a VA Grant and Per Diem program that specializes in serving recently incarcerated Veterans. We are still trying to get a VA re-entry specialist to do outreach in the penal system. |

**\*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.**

|                  |  |
|------------------|--|
| <b>Agency #1</b> | Common Bond Association, Inc. operates the I.S.I.A.H. Project (Innovative Solutions in Assisting Homelessness), a VA Grant and Per Diem program that specializes in serving recently incarcerated Veterans since 1999. The program accepts referrals from courts, jails, and the penal system. |
| <b>Agency #2</b> | (no agency identified)   |
| <b>Agency #3</b> | (no agency identified)   |

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

|   |   |
|---|---|
| <p><b>Credit counseling</b></p>                               | <p>1) Survey of Veterans currently receiving services to determine need, nature and depth of problem. A) develop survey B) review results 2) Review existing services at the Per Diem programs and community resources 3) Develop plan to offer via additional community services to homeless Veterans.</p>   |
| <p><b>Help managing money</b></p>                             | <p>1) Survey of Veterans to determine need, nature and depth of problem. A) develop survey B) review results 2) Review existing services at the per diem programs and community resources. 3) Develop plan to offer via additional new community services to homeless Veterans.</p>   |
| <p><b>Legal assistance for outstanding warrants/fines</b></p> | <p>1) Survey of Veterans currently receiving services to determine need, nature, and depth of problem. A) develop survey B) review results 2) For fines, work with Veterans on action plan to address problem. This may include Veteran having own payment plan to resolve fine. 3) For outstanding warrants, encourage Veteran to consider resolving problem which may include legal assistance. 4) Begin to explore legal assistance avenues in addition to current resource.</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 16

#### Site: VAMC New Orleans, LA - 629

**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:** 2,800
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:** 32

#### 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                                   | 110                                 |
| Transitional Housing Beds | 172                                 | 150                                 |
| Permanent Housing Beds    | 165                                 | 70                                  |

\*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: 76**

| <b>Need Ranking (1=Need Unmet ....<br/>5= Need Met)</b> | <b>Site homeless<br/>Veteran mean score</b> | <b>Site provider<br/>mean score</b> | <b>VHA Mean Score<br/>(nationwide)*(all<br/>participants)</b> |
|---|---|-------------------------------------|---|
| Personal hygiene  | 4.35  | 3.52                                | 3.70  |
| Food  | 4.33  | 3.90                                | 3.85  |
| Clothing  | 3.69  | 3.43                                | 3.61  |
| Emergency (immediate) shelter                           | 4.20  | 3.09                                | 3.50  |
| Halfway house or transitional living facility           | 4.24  | 3.45                                | 3.35  |
| Long-term, permanent housing                            | 2.84  | 2.78                                | 2.64  |
| Detoxification from substances                          | 4.00  | 2.70                                | 3.59  |
| Treatment for substance abuse                           | 4.24  | 3.61                                | 3.78  |
| Services for emotional or psychiatric problems          | 3.96  | 3.48                                | 3.63  |
| Treatment for dual diagnosis                            | 3.65  | 3.52                                | 3.42  |
| Family counseling                                       | 3.25  | 3.10                                | 2.99  |
| Medical services  | 4.42  | 3.61                                | 3.96  |
| Women's health care                                     | 2.56  | 2.75                                | 3.09  |
| Help with medication                                    | 4.41  | 3.59                                | 3.79  |
| Drop-in center or day program                           | 3.51  | 3.30                                | 3.08  |
| AIDS/HIV testing/counseling                             | 3.67  | 3.55                                | 3.62  |
| TB testing  | 4.31  | 4.05                                | 3.96  |
| TB treatment  | 3.52  | 3.73                                | 3.59  |
| Hepatitis C testing                                     | 3.93  | 3.71                                | 3.73  |
| Dental care   | 2.90  | 2.82                                | 2.90  |
| Eye care  | 3.66  | 3.27                                | 3.25  |
| Glasses   | 3.48  | 3.32                                | 3.19  |
| VA disability/pension                                   | 3.06  | 3.32                                | 3.12  |
| Welfare payments  | 2.32  | 3.36                                | 2.78  |
| SSI/SSD process   | 2.84  | 3.23                                | 2.90  |
| Guardianship (financial)                                | 2.61  | 3.05                                | 2.75  |
| Help managing money                                     | 3.58  | 3.04                                | 3.00  |
| Job training  | 3.11  | 2.77                                | 2.98  |
| Help with finding a job or getting employment           | 3.09  | 2.81                                | 3.12  |
| Help getting needed documents or identification         | 4.18  | 3.41                                | 3.52  |
| Help with transportation                                | 4.16  | 3.41                                | 3.28  |
| Education   | 3.76  | 3.05                                | 3.13  |
| Child care  | 2.27  | 2.30                                | 2.49  |
| Family reconciliation assistance                        | 2.87  | 2.55                                | 2.63  |
| Discharge upgrade                                       | 3.09  | 2.81                                | 2.91  |
| Spiritual   | 4.24  | 3.15                                | 3.51  |
| Re-entry services for incarcerated Veterans             | 3.00  | 2.75                                | 2.80  |
| Elder Healthcare  | 2.72  | 2.63                                | 3.01  |
| Credit counseling                                       | 3.34  | 2.55                                | 2.77  |
| Legal assistance for child support issues               | 2.79  | 2.52                                | 2.60  |
| Legal assistance for outstanding warrants/fines         | 3.10  | 2.59                                | 2.69  |
| Help developing social network                          | 3.76  | 2.90                                | 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 | Yes  |

### 2. Community Ratings of VA/Community Integration\*

| Integration Scale:<br>1 (low) to 5 (high)  | Site Mean Score | VHA (nationwide) Mean Score** |
|--|-----------------|-------------------------------|
| <b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?             | 3.52            | 3.56                          |
| <b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency. | 3.87            | 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

| <b>Implementation Scale</b><br><b>1 = None</b> , no steps taken to initiate implementation of the strategy.<br><b>2 = Low</b> , in planning and/or initial minor steps taken.<br><b>3 = Moderate</b> , significant steps taken but full implementation not achieved.<br><b>4 = High</b> , strategy fully implemented.  | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.   | 2.64                   | 2.57                                 |
| <b>Co-location of Services</b> - Services from the VA and your agency provided in one location.  | 2.24                   | 1.84                                 |
| <b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.  | 2.10                   | 1.93                                 |
| <b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.   | 2.57                   | 2.28                                 |
| <b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.   | 2.36                   | 1.60                                 |
| <b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.   | 2.14                   | 1.67                                 |
| <b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.   | 2.57                   | 1.80                                 |
| <b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.  | 2.68                   | 2.19                                 |
| <b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.  | 2.43                   | 1.99                                 |
| <b>Flexible Funding</b> – 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.   | 1.81                   | 1.63                                 |
| <b>Use of Special Waivers</b> - 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                                 |
| <b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.   | 2.20                   | 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\***

|  |  |
|--|--|
| <b>Emergency (immediate) shelter</b>                 | The Salvation Army re-opened 95 beds.  |
| <b>Long-term, permanent housing</b>                  | Our program received 140 HUD-VA Supported Housing vouchers in FY 2008. With FEMA (Federal Emergency Management Agency) vouchers being discontinued, we could still use 70 additional vouchers for FY 2009.   |
| <b>Halfway house or transitional living facility</b> | Raven's Outreach Center has opened 30 beds in Baton Rouge; Start Corporation in Houma was awarded 12 beds, but startup has been delayed due to Hurricanes Gustav and Ike. Quad Area Community Action Agency, Inc (Hammond) is starting construction on a 38-bed VA Grant and Per Diem facility. Volunteers of America of Greater New Orleans is planning to open 50 beds by FY 2009; Metamorphosis, Inc. in Baton Bourge will provide six beds for women by November 2008. |

**\*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.**

|                  |   |
|------------------|---|
| <b>Agency #1</b> | Ozanam Inn provides shelter, identification cards, food, clothing, showers, and referrals to VA.  |
| <b>Agency #2</b> | St. Joseph Rebuild Center provides offices for our VA homeless staff, a VA nurse, and a VA eligibility clerk to see Veterans every Tuesday. This helps up identify Veterans and get them VA services. |
| <b>Agency #3</b> | (no agency identified)  |

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

|   |  |
|---|--|
| <p><b>Long-term, permanent housing</b></p>                  | <p>Complete hiring of VASH case managers. Screen and place Veterans into VASH-funded housing using the 90 unused vouchers (out of 140). Request 70 additional HUD vouchers for FY 2009.</p>  |
| <p><b>Emergency (immediate) shelter</b></p>                 | <p>The plan is to continue active participation with homeless coalitions to stay aware of new shelter beds coming open.</p>  |
| <p><b>Transitional living facility or halfway house</b></p> | <p>Refer prospective providers to upcoming Grant Per Diem technical assistance training. Explore through homeless coalition potential VA Grant and Per Diem providers where beds are most needed. Also, present at homeless coalition meetings when NOFA comes out for Grant Per Diem. Develop existing Grant Per Diem projects already awarded as stated on page 13 of this report.</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 16

#### Site: VAMC Oklahoma City, OK - 635

**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:** 250
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                                   | 0                                   |
| Transitional Housing Beds | 54                                  | 0                                   |
| Permanent Housing Beds    | 35                                  | 65                                  |

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

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

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

**C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 62**

| <b>Need Ranking (1=Need Unmet ....<br/>5= Need Met)</b> | <b>Site homeless<br/>Veteran mean score</b> | <b>Site provider<br/>mean score</b> | <b>VHA Mean Score<br/>(nationwide)*(all<br/>participants)</b> |
|---|---|-------------------------------------|---|
| Personal hygiene  | 3.81  | 3.33                                | 3.70  |
| Food  | 4.17  | 3.53                                | 3.85  |
| Clothing  | 3.30  | 3.47                                | 3.61  |
| Emergency (immediate) shelter                           | 3.96  | 3.33                                | 3.50  |
| Halfway house or transitional living facility           | 4.17  | 3.03                                | 3.35  |
| Long-term, permanent housing                            | 3.14  | 2.73                                | 2.64  |
| Detoxification from substances                          | 3.48  | 3.23                                | 3.59  |
| Treatment for substance abuse                           | 3.58  | 3.40                                | 3.78  |
| Services for emotional or psychiatric problems          | 3.63  | 3.43                                | 3.63  |
| Treatment for dual diagnosis                            | 3.32  | 3.27                                | 3.42  |
| Family counseling                                       | 3.07  | 3.03                                | 2.99  |
| Medical services  | 4.28  | 3.77                                | 3.96  |
| Women's health care                                     | 2.95  | 3.14                                | 3.09  |
| Help with medication                                    | 4.27  | 3.72                                | 3.79  |
| Drop-in center or day program                           | 3.21  | 2.73                                | 3.08  |
| AIDS/HIV testing/counseling                             | 3.97  | 3.50                                | 3.62  |
| TB testing  | 4.37  | 3.77                                | 3.96  |
| TB treatment  | 3.44  | 3.70                                | 3.59  |
| Hepatitis C testing                                     | 4.00  | 3.54                                | 3.73  |
| Dental care   | 2.94  | 2.57                                | 2.90  |
| Eye care  | 2.29  | 2.27                                | 3.25  |
| Glasses   | 2.55  | 2.21                                | 3.19  |
| VA disability/pension                                   | 3.13  | 3.43                                | 3.12  |
| Welfare payments  | 2.24  | 3.30                                | 2.78  |
| SSI/SSD process   | 2.54  | 3.30                                | 2.90  |
| Guardianship (financial)                                | 2.39  | 2.83                                | 2.75  |
| Help managing money                                     | 3.83  | 2.57                                | 3.00  |
| Job training  | 3.28  | 2.70                                | 2.98  |
| Help with finding a job or getting employment           | 3.34  | 3.00                                | 3.12  |
| Help getting needed documents or identification         | 3.87  | 3.27                                | 3.52  |
| Help with transportation                                | 3.73  | 3.00                                | 3.28  |
| Education   | 3.41  | 3.03                                | 3.13  |
| Child care  | 2.70  | 2.30                                | 2.49  |
| Family reconciliation assistance                        | 2.64  | 2.48                                | 2.63  |
| Discharge upgrade                                       | 2.50  | 3.07                                | 2.91  |
| Spiritual   | 3.58  | 3.50                                | 3.51  |
| Re-entry services for incarcerated Veterans             | 3.07  | 3.07                                | 2.80  |
| Elder Healthcare  | 3.07  | 3.07                                | 3.01  |
| Credit counseling                                       | 2.82  | 2.63                                | 2.77  |
| Legal assistance for child support issues               | 2.67  | 2.43                                | 2.60  |
| Legal assistance for outstanding warrants/fines         | 3.07  | 2.30                                | 2.69  |
| Help developing social network                          | 3.07  | 3.00                                | 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:**

| <b>Service Types</b>  | <b>Local VA has existing collaborative agreement with this agency type?</b> |
|---|---|
| Correctional Facilities (Jails, prisons, courts)                      | Yes   |
| Psychiatric/substance abuse inpatient (hospitals, wards)              | Yes   |
| Nursing homes   | Yes   |
| Faith-based organizations   | Yes   |
| 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 | Yes   |

**2. Community Ratings of VA/Community Integration\***

| <b>Integration Scale:</b><br>1 (low) to 5 (high)   | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?             | 3.94                   | 3.56                                 |
| <b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency. | 3.97                   | 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

| <b>Implementation Scale</b><br><b>1 = None</b> , no steps taken to initiate implementation of the strategy.<br><b>2 = Low</b> , in planning and/or initial minor steps taken.<br><b>3 = Moderate</b> , significant steps taken but full implementation not achieved.<br><b>4 = High</b> , strategy fully implemented.  | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.   | 2.95                   | 2.57                                 |
| <b>Co-location of Services</b> - Services from the VA and your agency provided in one location.  | 2.20                   | 1.84                                 |
| <b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.  | 2.37                   | 1.93                                 |
| <b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.   | 2.42                   | 2.28                                 |
| <b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.   | 1.84                   | 1.60                                 |
| <b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.   | 1.89                   | 1.67                                 |
| <b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.   | 2.05                   | 1.80                                 |
| <b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.  | 2.68                   | 2.19                                 |
| <b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.  | 2.32                   | 1.99                                 |
| <b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.   | 2.00                   | 1.63                                 |
| <b>Use of Special Waivers</b> - 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. | 1.95                   | 1.68                                 |
| <b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.   | 2.25                   | 1.86                                 |

\*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\***

|                                     |   |
|-------------------------------------|---|
| <b>Long-term, permanent housing</b> | HUD funding has been provided for new permanent housing; we are waiting for project completion.   |
| <b>Eye care</b>                     | We are still working through our local homeless coalition providers for eye care.                 |
| <b>Help with transportation</b>     | There's a new transportation system in place to get Veterans to community services and job sites. |

**\*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.**

|                  |   |
|------------------|---|
| <b>Agency #1</b> | Oklahoma City Housing Authority has provided a specialist to help us get our HUD-VA Supported Housing vouchers quickly. |
| <b>Agency #2</b> | Healing Hands wrote two grants to facilitate city-wide transportation for homeless in our community.                    |
| <b>Agency #3</b> | (no agency identified)  |

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

|                                     |   |
|-------------------------------------|---|
| <b>Long-term, permanent housing</b> | Continue to use the HUD-VASH vouchers to assist Veterans get into their own housing.  |
| <b>Dental care</b>                  | Consult with and identify additional community resources to address dental needs. The Health Care for Homeless Veterans outreach worker will continue to expand her role in the community by increasing her work with other community agencies. |
| <b>Eye care</b>                     | Same actions as for dental care need. Since service is not available for most Veterans at our VAMC, working with community agencies is our only option for this need.   |

**\*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 16

#### Site: VAMC Shreveport, LA - 667

**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:** 200
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            | 0                                   | 100                                 |
| Transitional Housing Beds | 80                                  | 100                                 |
| 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: 123**

| <b>Need Ranking (1=Need Unmet ....<br/>5= Need Met)</b> | <b>Site homeless<br/>Veteran mean score</b> | <b>Site provider<br/>mean score</b> | <b>VHA Mean Score<br/>(nationwide)*(all<br/>participants)</b> |
|---|---|-------------------------------------|---|
| Personal hygiene  | 4.30  | 3.74                                | 3.70  |
| Food  | 4.45  | 3.79                                | 3.85  |
| Clothing  | 4.25  | 3.70                                | 3.61  |
| Emergency (immediate) shelter                           | 4.60  | 3.64                                | 3.50  |
| Halfway house or transitional living facility           | 4.50  | 3.60                                | 3.35  |
| Long-term, permanent housing                            | 3.59  | 2.98                                | 2.64  |
| Detoxification from substances                          | 4.59  | 3.91                                | 3.59  |
| Treatment for substance abuse                           | 4.67  | 3.96                                | 3.78  |
| Services for emotional or psychiatric problems          | 4.27  | 3.78                                | 3.63  |
| Treatment for dual diagnosis                            | 4.11  | 3.41                                | 3.42  |
| Family counseling                                       | 3.66  | 3.24                                | 2.99  |
| Medical services  | 4.47  | 4.04                                | 3.96  |
| Women's health care                                     | 3.82  | 3.78                                | 3.09  |
| Help with medication                                    | 4.29  | 3.89                                | 3.79  |
| Drop-in center or day program                           | 3.55  | 3.04                                | 3.08  |
| AIDS/HIV testing/counseling                             | 4.36  | 3.78                                | 3.62  |
| TB testing  | 4.41  | 4.09                                | 3.96  |
| TB treatment  | 4.22  | 3.91                                | 3.59  |
| Hepatitis C testing                                     | 4.32  | 3.98                                | 3.73  |
| Dental care   | 2.85  | 3.27                                | 2.90  |
| Eye care  | 4.53  | 3.41                                | 3.25  |
| Glasses   | 4.47  | 3.41                                | 3.19  |
| VA disability/pension                                   | 3.76  | 3.67                                | 3.12  |
| Welfare payments  | 3.76  | 3.33                                | 2.78  |
| SSI/SSD process   | 3.76  | 3.47                                | 2.90  |
| Guardianship (financial)                                | 3.90  | 3.02                                | 2.75  |
| Help managing money                                     | 3.97  | 3.13                                | 3.00  |
| Job training  | 3.95  | 3.31                                | 2.98  |
| Help with finding a job or getting employment           | 3.93  | 3.33                                | 3.12  |
| Help getting needed documents or identification         | 4.21  | 3.66                                | 3.52  |
| Help with transportation                                | 4.32  | 3.45                                | 3.28  |
| Education   | 4.13  | 3.41                                | 3.13  |
| Child care  | 3.92  | 2.69                                | 2.49  |
| Family reconciliation assistance                        | 3.03  | 2.73                                | 2.63  |
| Discharge upgrade                                       | 3.86  | 3.29                                | 2.91  |
| Spiritual   | 4.31  | 3.54                                | 3.51  |
| Re-entry services for incarcerated Veterans             | 3.97  | 3.02                                | 2.80  |
| Elder Healthcare  | 3.94  | 3.36                                | 3.01  |
| Credit counseling                                       | 1.96  | 2.87                                | 2.77  |
| Legal assistance for child support issues               | 1.91  | 2.77                                | 2.60  |
| Legal assistance for outstanding warrants/fines         | 2.01  | 2.66                                | 2.69  |
| Help developing social network                          | 4.00  | 3.31                                | 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                                      | Yes  |
| Agencies that provide legal assistance for child support issues       | Yes  |
| Agencies that provide legal assistance for outstanding warrants/fines | Yes  |

### 2. Community Ratings of VA/Community Integration\*

| Integration Scale:<br>1 (low) to 5 (high)  | Site Mean Score | VHA (nationwide) Mean Score** |
|--|-----------------|-------------------------------|
| <b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?             | 4.17            | 3.56                          |
| <b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency. | 4.21            | 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

| <b>Implementation Scale</b><br><b>1 = None</b> , no steps taken to initiate implementation of the strategy.<br><b>2 = Low</b> , in planning and/or initial minor steps taken.<br><b>3 = Moderate</b> , significant steps taken but full implementation not achieved.<br><b>4 = High</b> , strategy fully implemented.  | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.   | 2.85                   | 2.57                                 |
| <b>Co-location of Services</b> - Services from the VA and your agency provided in one location.  | 1.44                   | 1.84                                 |
| <b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.  | 2.31                   | 1.93                                 |
| <b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.   | 2.35                   | 2.28                                 |
| <b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.   | 1.88                   | 1.60                                 |
| <b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.   | 1.69                   | 1.67                                 |
| <b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.   | 2.04                   | 1.80                                 |
| <b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.  | 2.42                   | 2.19                                 |
| <b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.  | 2.15                   | 1.99                                 |
| <b>Flexible Funding</b> – 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                   | 1.63                                 |
| <b>Use of Special Waivers</b> - 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                                 |
| <b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.   | 2.16                   | 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\***

|  |   |
|--|---|
| <b>Halfway house or transitional living facility</b> | We are waiting on final approval of a VA Capital Grant for 40 beds (Volunteers of America).   |
| <b>Long-term, permanent housing</b>                  | We have 47 Veterans housed in Shelter Plus Care. We now have a new HUD-VA Supported Housing program with 35 beds -- and will request more for FY 2009.                                |
| <b>Dental Care</b>                                   | We refer Veterans that qualify for the Homeless Veterans Dental Program to our VA. We do the best we can with those Veterans who are not eligible -- referring to community agencies. |

**\*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.**

|                  |   |
|------------------|---|
| <b>Agency #1</b> | Housing Authority of the City of Bossier City is now providing HUD Shelter Plus Care vouchers for 47 of our Veterans.               |
| <b>Agency #2</b> | Bossier Parish Housing Authority provides HUD-VA Supported Housing vouchers and have been great in helping our program get started. |
| <b>Agency #3</b> | Volunteers of America received first-round approval for a capital grant that will create 40 VA Grant and Per Diem beds.             |

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

|  |  |
|--|--|
| <b>Long-term, permanent housing</b>                  | Currently have 35 HUD-VASH vouchers (awarded this summer). Requested additional vouchers for FY 2009. Continue to work closely with HUD Shelter Plus Care Housing program. Build relationships with HUD subsidized properties.               |
| <b>Dental care</b>                                   | Continue to refer all Veterans that qualify for VA dental care to dental clinic. Refer Veterans not eligible for VA dental care to community agencies. Continue to advocate for dental care for Shelter Plus Care and HUD-VASH participants. |
| <b>Help with finding a job or getting employment</b> | Continue to work with vocational rehabilitation program and make referrals. Utilize VA Compensated Work Therapy program.   |

\*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 16

#### Site: VAMC Muskogee, OK-623 (Tulsa, OK)

**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: 250
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: 1

#### 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 | 37                                  | 10                                  |
| Permanent Housing Beds    | 35                                  | 35                                  |

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

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

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

**C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 50**

| <b>Need Ranking (1=Need Unmet ....<br/>5= Need Met)</b> | <b>Site homeless<br/>Veteran mean score</b> | <b>Site provider<br/>mean score</b> | <b>VHA Mean Score<br/>(nationwide)*(all<br/>participants)</b> |
|---|---|-------------------------------------|---|
| Personal hygiene  | 3.62  | 3.42                                | 3.70  |
| Food  | 3.77  | 3.92                                | 3.85  |
| Clothing  | 3.09  | 3.92                                | 3.61  |
| Emergency (immediate) shelter                           | 4.09  | 3.83                                | 3.50  |
| Halfway house or transitional living facility           | 4.23  | 2.92                                | 3.35  |
| Long-term, permanent housing                            | 2.38  | 3.17                                | 2.64  |
| Detoxification from substances                          | 4.09  | 2.79                                | 3.59  |
| Treatment for substance abuse                           | 4.81  | 2.88                                | 3.78  |
| Services for emotional or psychiatric problems          | 4.27  | 3.25                                | 3.63  |
| Treatment for dual diagnosis                            | 4.05  | 3.00                                | 3.42  |
| Family counseling                                       | 2.33  | 3.14                                | 2.99  |
| Medical services  | 4.14  | 3.59                                | 3.96  |
| Women's health care                                     | 2.25  | 2.90                                | 3.09  |
| Help with medication                                    | 4.38  | 3.57                                | 3.79  |
| Drop-in center or day program                           | 3.22  | 3.27                                | 3.08  |
| AIDS/HIV testing/counseling                             | 3.76  | 3.58                                | 3.62  |
| TB testing  | 4.14  | 4.00                                | 3.96  |
| TB treatment  | 3.41  | 3.74                                | 3.59  |
| Hepatitis C testing                                     | 3.90  | 3.19                                | 3.73  |
| Dental care   | 2.73  | 2.46                                | 2.90  |
| Eye care  | 2.90  | 2.78                                | 3.25  |
| Glasses   | 2.70  | 2.82                                | 3.19  |
| VA disability/pension                                   | 2.10  | 3.48                                | 3.12  |
| Welfare payments  | 1.94  | 2.73                                | 2.78  |
| SSI/SSD process   | 2.67  | 3.22                                | 2.90  |
| Guardianship (financial)                                | 2.44  | 2.77                                | 2.75  |
| Help managing money                                     | 2.37  | 2.96                                | 3.00  |
| Job training  | 2.71  | 2.91                                | 2.98  |
| Help with finding a job or getting employment           | 3.10  | 3.32                                | 3.12  |
| Help getting needed documents or identification         | 3.05  | 3.26                                | 3.52  |
| Help with transportation                                | 2.55  | 3.00                                | 3.28  |
| Education   | 2.55  | 2.86                                | 3.13  |
| Child care  | 1.81  | 2.55                                | 2.49  |
| Family reconciliation assistance                        | 2.31  | 2.64                                | 2.63  |
| Discharge upgrade                                       | 2.44  | 2.77                                | 2.91  |
| Spiritual   | 3.33  | 2.86                                | 3.51  |
| Re-entry services for incarcerated Veterans             | 2.56  | 2.52                                | 2.80  |
| Elder Healthcare  | 2.19  | 2.77                                | 3.01  |
| Credit counseling                                       | 1.83  | 2.76                                | 2.77  |
| Legal assistance for child support issues               | 2.25  | 2.55                                | 2.60  |
| Legal assistance for outstanding warrants/fines         | 2.10  | 2.68                                | 2.69  |
| Help developing social network                          | 2.47  | 3.05                                | 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   | Yes  |
| 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 | Yes  |

### 2. Community Ratings of VA/Community Integration\*

| Integration Scale:<br>1 (low) to 5 (high)  | Site Mean Score | VHA (nationwide) Mean Score** |
|--|-----------------|-------------------------------|
| <b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?             | 3.54            | 3.56                          |
| <b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency. | 3.50            | 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

| <b>Implementation Scale</b><br><b>1 = None</b> , no steps taken to initiate implementation of the strategy.<br><b>2 = Low</b> , in planning and/or initial minor steps taken.<br><b>3 = Moderate</b> , significant steps taken but full implementation not achieved.<br><b>4 = High</b> , strategy fully implemented.  | <b>Site Mean Score</b> | <b>VHA (nationwide) Mean Score**</b> |
|--|------------------------|--------------------------------------|
| <b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.   | 2.60                   | 2.57                                 |
| <b>Co-location of Services</b> - Services from the VA and your agency provided in one location.  | 2.17                   | 1.84                                 |
| <b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.  | 1.72                   | 1.93                                 |
| <b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.   | 2.22                   | 2.28                                 |
| <b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.   | 1.96                   | 1.60                                 |
| <b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.   | 1.58                   | 1.67                                 |
| <b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.   | 1.96                   | 1.80                                 |
| <b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.  | 2.22                   | 2.19                                 |
| <b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.  | 2.09                   | 1.99                                 |
| <b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.   | 1.78                   | 1.63                                 |
| <b>Use of Special Waivers</b> - 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                   | 1.68                                 |
| <b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.   | 2.09                   | 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\***

|  |   |
|--|---|
| <b>Halfway house or transitional living facility</b> | Local mental health association was unable to apply for VA Grant and Per Diem funding, but recently signed a contract for VA Healthcare for Homeless Veterans contract beds.    |
| <b>Dental Care</b>                                   | VA Grant and Per Diem program received dental funds. VA also provides direct dental care to Veterans. If VA is unable to provide care, Veterans are fee-based to the community. |
| <b>Help with transportation</b>                      | Our VA has an informal agreement with Morton Transportation Services which provides free transportation to places such as VA clinic and community agencies.                     |

**\*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.**

|                  |   |
|------------------|---|
| <b>Agency #1</b> | The Mental Health Association of Tulsa established a formal contract for transitional living beds for homeless Veterans who have a severe mental illness. |
| <b>Agency #2</b> | (no agency identified)  |
| <b>Agency #3</b> | (no agency identified)  |

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

|                                       |  |
|---------------------------------------|--|
| <b>Long-term, permanent housing</b>   | Continue to place homeless Veterans in the newly implemented HUD-VASH program. |
| <b>Emergency (immediate) shelter</b>  | Discuss creating emergency homeless Veteran beds with community providers.     |
| <b>Detoxification from substances</b> | Continue referring homeless Veterans to VA substance use disorder program.     |

\*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.