

CHALENG 2008 Survey Results Summary

VISN 17

Site: VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674 and VAMC Waco - 674A4), Austin

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:** 1,270
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:** 15

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	20	550
Transitional Housing Beds	397	258
Permanent Housing Beds	105	425

*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: 89

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	3.89	2.96	3.70
Food	3.92	3.12	3.85
Clothing	3.34	3.06	3.61
Emergency (immediate) shelter	3.85	2.69	3.50
Halfway house or transitional living facility	3.45	2.63	3.35
Long-term, permanent housing	2.50	2.20	2.64
Detoxification from substances	3.23	3.12	3.59
Treatment for substance abuse	3.73	3.31	3.78
Services for emotional or psychiatric problems	3.69	3.27	3.63
Treatment for dual diagnosis	3.16	3.04	3.42
Family counseling	2.48	2.65	2.99
Medical services	4.16	3.47	3.96
Women's health care	2.33	3.12	3.09
Help with medication	4.21	3.24	3.79
Drop-in center or day program	3.37	2.67	3.08
AIDS/HIV testing/counseling	3.67	3.31	3.62
TB testing	4.23	3.42	3.96
TB treatment	3.60	3.36	3.59
Hepatitis C testing	3.81	3.42	3.73
Dental care	1.94	2.43	2.90
Eye care	2.63	2.78	3.25
Glasses	2.63	2.84	3.19
VA disability/pension	3.23	3.54	3.12
Welfare payments	2.62	2.80	2.78
SSI/SSD process	2.79	2.81	2.90
Guardianship (financial)	2.26	2.69	2.75
Help managing money	2.85	2.51	3.00
Job training	2.59	2.80	2.98
Help with finding a job or getting employment	3.34	2.92	3.12
Help getting needed documents or identification	3.74	3.30	3.52
Help with transportation	3.59	2.65	3.28
Education	2.73	2.69	3.13
Child care	2.27	2.47	2.49
Family reconciliation assistance	2.52	2.57	2.63
Discharge upgrade	2.67	2.91	2.91
Spiritual	3.52	3.13	3.51
Re-entry services for incarcerated Veterans	3.05	2.55	2.80
Elder Healthcare	2.52	2.83	3.01
Credit counseling	2.73	2.50	2.77
Legal assistance for child support issues	2.09	2.40	2.60
Legal assistance for outstanding warrants/fines	2.14	2.41	2.69
Help developing social network	3.04	2.61	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	No

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.61	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.70	3.62

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.49	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.67	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.62	1.93
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.17	2.28
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.49	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.42	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.54	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.44	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.97	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.55	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.58	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.67	1.86

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

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

E. Action Plans: FY 2008 and FY 2009

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

Treatment for dual diagnosis	We contract with a community organization to provide treatment. VA staff provides education in community regarding VA resources.
Long-term, permanent housing	We obtained 35 HUD-VA Supported Housing vouchers for Austin. Proposed Spring Terrace 25-bed SRO (single room occupancy) canceled by Foundation Communities.
Eye care	VA provides eye exams and glasses based on medical need.

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

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

Agency #1	Central Texas Council of Governments (Belton) provides low-income homeless Veterans with housing vouchers through Open Door program.
Agency #2	Community Partnership for the Homeless (Austin) opened two additional VA Grant and Per Diem homeless for a total of seven beds. One home houses three female Veterans and the other houses four males.
Agency #3	The City of Waco cares about the homeless and are always seeking more resources from government and community agencies.

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

Long-term, permanent housing	Austin: Advocate for more VASH vouchers. Work closely with Austin Housing, Travis County Housing and community organizations to advocate for affordable housing. Temple: advocate for more VASH vouchers. Waco: Advocate for more VASH vouchers. Work with local housing agencies for Veterans that do not meet VASH criteria.
Treatment for substance abuse	The VA has substance abuse treatment programs and our Health Care for Homeless Veterans program has a contract for residential substance abuse treatment in Austin. Share information on VA/Health Care for Homeless Veterans treatment programs. Explore options to develop different contracts.
Services for emotional or psychiatric problems	The VA Has psychiatric and emotional treatment programs. Share information with community organizations on VA resources.

*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 17

Site: VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)

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:** 2,238
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 2

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	439
Transitional Housing Beds	147	586
Permanent Housing Beds	128	150

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 479

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	3.62	3.07	3.70
Food	3.78	3.27	3.85
Clothing	3.28	3.10	3.61
Emergency (immediate) shelter	3.49	3.02	3.50
Halfway house or transitional living facility	2.97	2.71	3.35
Long-term, permanent housing	2.54	2.61	2.64
Detoxification from substances	3.53	3.17	3.59
Treatment for substance abuse	3.70	3.30	3.78
Services for emotional or psychiatric problems	3.46	3.38	3.63
Treatment for dual diagnosis	3.22	3.30	3.42
Family counseling	2.75	2.90	2.99
Medical services	3.92	3.75	3.96
Women's health care	2.68	3.42	3.09
Help with medication	3.87	3.49	3.79
Drop-in center or day program	2.99	3.10	3.08
AIDS/HIV testing/counseling	3.40	3.57	3.62
TB testing	3.85	3.53	3.96
TB treatment	3.30	3.53	3.59
Hepatitis C testing	3.57	3.44	3.73
Dental care	2.81	2.75	2.90
Eye care	2.95	2.77	3.25
Glasses	2.92	2.64	3.19
VA disability/pension	2.68	3.53	3.12
Welfare payments	2.18	3.02	2.78
SSI/SSD process	2.44	3.12	2.90
Guardianship (financial)	2.55	2.71	2.75
Help managing money	3.09	2.78	3.00
Job training	2.70	2.79	2.98
Help with finding a job or getting employment	2.91	3.10	3.12
Help getting needed documents or identification	3.55	3.12	3.52
Help with transportation	3.06	2.90	3.28
Education	2.73	2.84	3.13
Child care	2.40	2.37	2.49
Family reconciliation assistance	2.43	2.61	2.63
Discharge upgrade	2.70	3.16	2.91
Spiritual	3.53	3.00	3.51
Re-entry services for incarcerated Veterans	2.60	3.05	2.80
Elder Healthcare	2.78	3.08	3.01
Credit counseling	2.75	2.82	2.77
Legal assistance for child support issues	2.52	2.88	2.60
Legal assistance for outstanding warrants/fines	2.65	2.92	2.69
Help developing social network	3.07	2.92	3.10

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

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

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	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: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.58	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.75	3.62

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.67	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.80	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.15	1.93
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.46	2.28
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.89	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.87	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.11	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.33	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.40	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.89	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.98	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.15	1.86

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

E. Action Plans: FY 2008 and FY 2009

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

Long-term, permanent housing	We filled 27 new efficiency apartments for chronically homeless Veterans in partnership with Dallas Metrocare and Urban League.
Services for emotional or psychiatric problems	We expanded weekend and evening hours to improve access, and a larger number of seriously mentally ill were admitted to our VA Domiciliary. In partnership with the new Homeless Assistance Center, more services were offered to the homeless.
Help with finding a job or getting employment	Collaboration between homeless programs increased employment assistance offerings. We partnered with state, county and private employment service.

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

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

Agency #1	Dallas Urban League and Metrocare Services of Dallas partnered with our VA to provide permanent supportive housing for Veterans.
Agency #2	Presbyterian Night Shelter obtained a new VA Grant and Per Diem contract to offer more transitional housing.
Agency #3	Metro Dallas Homeless Alliance has helped increased mental health services for Veterans in community outreach settings.

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

Long-term, permanent housing	Awarded 105 HUD-VASH vouchers, which will be used to address this need. Have a Peer Housing Location Assistance Groups (PHLAG) program in which trained Veterans help other Veterans locate and enter permanent, independent housing.
VA disability/pension	Will bring local county service officers to the new Homeless Assistance Center in Dallas, which is our outreach location, and will offer homeless Veterans easy access to benefits filing. A Veterans benefits representative will extend outreach to our campuses in Fort Worth and Bonham to assist with filing for benefits.
Dental care	Staff will increase use of Homeless Veterans Dental Program.

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

CHALENG 2008 Survey Results Summary

VISN 17

Site: VA South Texas Veterans HCS (VA OPC Corpus Christi, TX - 671BZ)

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:** 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:** 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	114
Transitional Housing Beds	14	48
Permanent Housing Beds	116	32

*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: 16

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	5.00	3.69	3.70
Food	4.50	3.93	3.85
Clothing	4.00	3.64	3.61
Emergency (immediate) shelter	3.00	3.50	3.50
Halfway house or transitional living facility	4.00	3.14	3.35
Long-term, permanent housing	1.00	2.00	2.64
Detoxification from substances	3.00	3.64	3.59
Treatment for substance abuse	4.50	3.64	3.78
Services for emotional or psychiatric problems	5.00	3.57	3.63
Treatment for dual diagnosis	3.00	3.36	3.42
Family counseling		3.14	2.99
Medical services	4.50	3.14	3.96
Women's health care	1.00	2.79	3.09
Help with medication	3.00	3.07	3.79
Drop-in center or day program	2.00	2.86	3.08
AIDS/HIV testing/counseling	3.00	3.57	3.62
TB testing	4.50	3.50	3.96
TB treatment	5.00	3.21	3.59
Hepatitis C testing	1.00	3.43	3.73
Dental care	3.00	2.71	2.90
Eye care	3.50	2.71	3.25
Glasses	3.00	2.71	3.19
VA disability/pension	4.50	3.29	3.12
Welfare payments	1.00	3.07	2.78
SSI/SSD process	3.00	2.93	2.90
Guardianship (financial)	5.00	2.64	2.75
Help managing money	1.00	2.93	3.00
Job training	4.50	3.29	2.98
Help with finding a job or getting employment	4.00	3.43	3.12
Help getting needed documents or identification	1.00	3.21	3.52
Help with transportation	3.00	3.07	3.28
Education		2.86	3.13
Child care	3.00	2.57	2.49
Family reconciliation assistance		2.71	2.63
Discharge upgrade	1.00	3.00	2.91
Spiritual		3.79	3.51
Re-entry services for incarcerated Veterans	3.00	3.00	2.80
Elder Healthcare		2.71	3.01
Credit counseling	4.00	3.07	2.77
Legal assistance for child support issues	2.00	2.69	2.60
Legal assistance for outstanding warrants/fines	3.00	2.86	2.69
Help developing social network	5.00	3.21	3.10

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

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

1. Existing Agreements with Community Service Types:

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

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.64	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.69	3.62

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.85	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.00	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.08	1.93
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.38	2.28
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.08	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.62	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.00	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.23	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.15	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.85	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.92	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.08	1.86

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

E. Action Plans: FY 2008 and FY 2009

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

Long-term, permanent housing	Plans for an 80-bed SRO (single room occupancy) complex continues.
Emergency (immediate) shelter	Veterans and their children can stay at the Salvation Army.
Eye care	Some Veterans have been able to get eye exams and glasses through a local Lutheran church.

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

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

Agency #1	LULAC (League of United Latin American Citizens) and City of Corpus Christi. Plans are under way to renovate a building to be used for single-room occupancy with 80 units. Property has been obtained and the project transferred from the City of Corpus Christi to LULAC.
Agency #2	Galilean Lutheran Church helped two Veterans get eye exams and glasses.
Agency #3	(no agency identified)

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

Long-term, permanent housing	LULAC (League of United Latin American Citizens) will continue work on 80-bed SRO. MHMR (Mental Health & Mental Retardation Center of Nueces County) plans to apply for grant for permanent supportive housing in this year's HUD Continuum of Care application.
Medical services	Amistad Community Health Center has opened and has plans to increase its services of affordable health care. VA will continue to enroll Veterans who are eligible for health care services based on their military service.
Treatment for substance abuse	Coastal Bend Alcohol and Drug Rehabilitation Center is to move to a larger facility within the next year. They will be able to provide treatment to more individuals.

*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 17

Site: VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671), Corpus Christi, TX

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:** 609
- 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:** 20

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	92	100
Permanent Housing Beds	100	375

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 83

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	4.19	3.41	3.70
Food	4.10	3.75	3.85
Clothing	3.96	3.63	3.61
Emergency (immediate) shelter	3.92	3.41	3.50
Halfway house or transitional living facility	4.38	3.44	3.35
Long-term, permanent housing	2.72	3.00	2.64
Detoxification from substances	3.73	3.28	3.59
Treatment for substance abuse	3.65	3.19	3.78
Services for emotional or psychiatric problems	3.45	3.34	3.63
Treatment for dual diagnosis	3.40	3.19	3.42
Family counseling	2.81	3.06	2.99
Medical services	3.88	3.78	3.96
Women's health care	3.38	3.34	3.09
Help with medication	3.68	3.28	3.79
Drop-in center or day program	3.05	3.16	3.08
AIDS/HIV testing/counseling	3.35	3.52	3.62
TB testing	4.12	3.68	3.96
TB treatment	3.76	3.55	3.59
Hepatitis C testing	3.65	3.55	3.73
Dental care	3.51	3.09	2.90
Eye care	2.67	3.00	3.25
Glasses	2.60	3.10	3.19
VA disability/pension	2.74	3.58	3.12
Welfare payments	2.45	3.28	2.78
SSI/SSD process	2.46	3.31	2.90
Guardianship (financial)	2.70	3.13	2.75
Help managing money	3.05	3.06	3.00
Job training	3.13	3.30	2.98
Help with finding a job or getting employment	4.00	3.32	3.12
Help getting needed documents or identification	4.05	3.45	3.52
Help with transportation	3.72	2.87	3.28
Education	3.15	3.10	3.13
Child care	2.78	2.48	2.49
Family reconciliation assistance	2.53	2.81	2.63
Discharge upgrade	2.86	2.77	2.91
Spiritual	3.48	2.96	3.51
Re-entry services for incarcerated Veterans	3.11	2.72	2.80
Elder Healthcare	3.06	2.94	3.01
Credit counseling	2.68	2.67	2.77
Legal assistance for child support issues	2.75	2.58	2.60
Legal assistance for outstanding warrants/fines	2.92	2.59	2.69
Help developing social network	3.14	2.68	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)	No
Nursing homes	No
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	No
Agencies that provide legal assistance for outstanding warrants/fines	No

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.91	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.86	3.62

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.33	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.64	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.96	1.93
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.08	2.28
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.79	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.64	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.89	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.11	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.15	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.78	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.85	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.89	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*

Detoxification from substances	A new detoxification center for San Antonio opened in April 2008.
Treatment for substance abuse	VA substance abuse counselors now hold groups at VA Grant and Per Diem programs. OIF/OEF (recent Iraq and Afghanistan) Veterans are immediately screened for mental health/substance abuse issues with follow-up appointments within seven days.
Long-term, permanent housing	We were awarded 70 HUD-VA Supported Housing vouchers. Another 70 vouchers will be requested in FY 2009.

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

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

Agency #1	Center for Health Care Services opened a 20-bed detoxification facility in San Antonio along with a short-term rehabilitation program with 40 beds.
Agency #2	San Antonio Housing Authority worked quickly to establish local guidelines for placing homeless Veterans in Section 8 housing using HUD-VA Supported Housing vouchers.
Agency #3	American GI Forum collaborated with University of Texas (San Antonio) and a local faith-based organization to provide substance abuse education groups.

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

Long-term, permanent housing	70 HUD-VASH vouchers awarded during FY 2008. Plan to request another 70 vouchers during FY09.
Job training	The G.I. Forum has been awarded a grant to establish job training for Veterans during FY 2009.
Re-entry services for incarcerated veterans	A jail diversion Veteran re-entry specialist has been hired and will begin to develop a local program in October 2008.

*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.