

CHALENG 2008 Survey Results Summary

VISN 18

Site: El Paso VA HCS, TX - 756

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:** 209
2. **Service Area type:** -Predominantly urbanPredominantly 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	20
Transitional Housing Beds	20	0
Permanent Housing Beds	35	15

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 40

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	3.56	3.39	3.70
Food	4.44	3.74	3.85
Clothing	3.81	3.30	3.61
Emergency (immediate) shelter	4.19	3.78	3.50
Halfway house or transitional living facility	4.29	3.17	3.35
Long-term, permanent housing	2.93	2.48	2.64
Detoxification from substances	3.81	3.26	3.59
Treatment for substance abuse	3.75	3.22	3.78
Services for emotional or psychiatric problems	4.00	3.57	3.63
Treatment for dual diagnosis	3.93	3.39	3.42
Family counseling	3.67	3.00	2.99
Medical services	4.56	3.61	3.96
Women's health care	2.90	3.00	3.09
Help with medication	4.44	3.14	3.79
Drop-in center or day program	3.17	2.68	3.08
AIDS/HIV testing/counseling	3.60	3.59	3.62
TB testing	4.60	3.86	3.96
TB treatment	3.36	3.23	3.59
Hepatitis C testing	4.00	3.36	3.73
Dental care	4.35	2.50	2.90
Eye care	3.33	2.64	3.25
Glasses	3.38	2.68	3.19
VA disability/pension	3.27	3.23	3.12
Welfare payments	2.33	2.95	2.78
SSI/SSD process	2.75	3.57	2.90
Guardianship (financial)	2.86	2.48	2.75
Help managing money	3.56	2.78	3.00
Job training	3.50	2.87	2.98
Help with finding a job or getting employment	3.56	3.26	3.12
Help getting needed documents or identification	3.94	3.23	3.52
Help with transportation	4.13	3.26	3.28
Education	4.19	3.64	3.13
Child care	2.64	2.60	2.49
Family reconciliation assistance	2.50	2.60	2.63
Discharge upgrade	2.50	2.73	2.91
Spiritual	3.43	3.27	3.51
Re-entry services for incarcerated Veterans	2.25	2.70	2.80
Elder Healthcare	3.27	3.09	3.01
Credit counseling	2.54	2.87	2.77
Legal assistance for child support issues	2.75	3.22	2.60
Legal assistance for outstanding warrants/fines	3.27	3.26	2.69
Help developing social network	3.86	2.82	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	Yes
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?	3.41	3.56
VA Service Coordination: 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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.90	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.35	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.40	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.	2.80	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.	2.55	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.45	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.50	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.75	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.65	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.25	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.15	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.	2.60	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 continue to work with landlords to find new permanent housing options. A plan to develop 15 HUD Shelter Plus Care beds was delayed when a partner pulled out. We will work with City of El Paso and the Opportunity Center to find a new sponsor.
Dental Care	We received an additional \$20,000 for care through the Homeless Veterans Dental Program (HVDP). Local clinics and community hospital provide care to Veterans that qualify.
SSI/SSD process	Texas Rio Grande Legal Aid expanded its services to help our Veterans with SSI/SSDI process. We have a good relationship with an SSI representative who has been very helpful. Other agencies continue to provide services as well: Texas Veterans Commission, Workforce Solutions Upper Rio Grande, and Texas Department of Assistive and Rehabilitative 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.

Agency #1	The El Paso Coalition for the Homeless has provided a wealth of services for VA. The Coalition helps us find sponsors, write up MOU's, and provides leads to new resources.
Agency #2	The VA Homeless Veterans Dental Program (HVDP) responded to our local needs by providing additional funding for dental care.
Agency #3	Texas Rio Grande Legal Aid expanded its capacity and is very interested in helping homeless Veterans become self-sufficient through entitlements.

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

Long-term, permanent housing	We were awarded 35 vouchers for our HUD-VASH program. HUD Shelter Plus Care funding is in place. We need to establish a sponsor at this point.
Emergency (immediate) shelter	We will have an informal agreement with an emergency women's shelter via The Opportunity Center for the Homeless. We will have discussions with shelter director about special designation for Veteran beds.
Help with finding a job or getting employment	The VA Compensated Work Therapy program works closely with programs sponsored by the Department of Labor. They also work closely with Goodwill Industries. All these agencies have been tremendous employment resources for our homeless Veterans.

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

CHALENG 2008 Survey Results Summary

VISN 18

Site: VA New Mexico HCS - 501

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:** 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:** 12

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	284
Transitional Housing Beds	120	300
Permanent Housing Beds	35	300

*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: 25

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene		2.90	3.70
Food		3.13	3.85
Clothing		3.00	3.61
Emergency (immediate) shelter		2.48	3.50
Halfway house or transitional living facility		2.22	3.35
Long-term, permanent housing		1.73	2.64
Detoxification from substances		2.73	3.59
Treatment for substance abuse		3.00	3.78
Services for emotional or psychiatric problems		2.87	3.63
Treatment for dual diagnosis		2.73	3.42
Family counseling		2.91	2.99
Medical services		3.64	3.96
Women's health care		3.10	3.09
Help with medication		3.18	3.79
Drop-in center or day program		2.55	3.08
AIDS/HIV testing/counseling		3.35	3.62
TB testing		3.33	3.96
TB treatment		3.45	3.59
Hepatitis C testing		3.33	3.73
Dental care		2.36	2.90
Eye care		2.36	3.25
Glasses		2.41	3.19
VA disability/pension		2.62	3.12
Welfare payments		2.43	2.78
SSI/SSD process		2.42	2.90
Guardianship (financial)		2.35	2.75
Help managing money		2.60	3.00
Job training		2.81	2.98
Help with finding a job or getting employment		2.86	3.12
Help getting needed documents or identification		2.95	3.52
Help with transportation		2.24	3.28
Education		2.43	3.13
Child care		2.05	2.49
Family reconciliation assistance		2.25	2.63
Discharge upgrade		2.16	2.91
Spiritual		2.65	3.51
Re-entry services for incarcerated Veterans		2.00	2.80
Elder Healthcare		2.30	3.01
Credit counseling		2.05	2.77
Legal assistance for child support issues		1.90	2.60
Legal assistance for outstanding warrants/fines		2.05	2.69
Help developing social network		2.25	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	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	Yes
Agencies that provide legal assistance for outstanding warrants/fines	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?	3.13	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.25	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.	2.59	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.	2.14	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.	2.57	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.	1.67	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.81	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.	1.76	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.	2.10	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.14	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.	1.76	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.	1.95	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.	2.10	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*

<p>Emergency (immediate) shelter</p>	<p>The VA is currently working with a coalition in an attempt to help create more emergency medical respite bills. There has been little progress made in establishing new shelter beds in Albuquerque or the greater New Mexico area.</p>
<p>Long-term, permanent housing</p>	<p>In addition to our HUD-VA Supported Housing program, multiple agencies have either completed or begun construction on supportive housing projects.</p>
<p>Services for emotional or psychiatric problems</p>	<p>VA provided training on PTSD to multiple community provider who may be working with returning OIF/OEF (Iraq and Afghanistan) Veterans. Additionally, the state of new Mexico has funded a program to provide mental health services to returning Veterans in rural areas.</p>

*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.

<p>Agency #1</p>	<p>Community Area Resource Enterprise (CARE 66) opened Chuska Apartments, a low-income complex in Gallup. It is a 30-unit complex that was built with "green" design concepts.</p>
<p>Agency #2</p>	<p>Supportive Housing Coalition of New Mexico (SHCNM) has started work on a low-income housing complex in the Albuquerque area.</p>
<p>Agency #3</p>	<p>First Nations is an urban Native American clinic. This agency conducts joint outreach with us and helps us reach Native American Veterans who are homeless.</p>

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

<p>Long-term, permanent housing</p>	<p>Repeat goal from 2007. Continue to work with different state coalitions in addressing this issue. Focus on HUD-VASH. The group discussed the importance of hiring full time staff for this program. Advocate to the appropriate agencies to increase the 35 HUD-VASH vouchers awarded to the State of New Mexico with an emphasis on getting vouchers awarded to areas beside the Albuquerque PHA.</p>
<p>Services for emotional or psychiatric problems</p>	<p>Repeat goal from 2007. Concerns of the community is focused on returning Veterans. The community is interested in getting training on issues with Post Traumatic Stress Disorder and also being able to assist Veterans in accessing care.</p>
<p>Food</p>	<p>This is a new category for this state. It applies more to the Balance of State and not specifically to Albuquerque area. Actions identified were to increase communication and access of state agencies to local and state food banks. Also to create a state wide resource list for food sites and food closets available through out the state.</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 18

Site: VA Northern Arizona HCS - 649

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:** 110
2. **Service Area type:** Predominantly rural
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 0

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	5
Transitional Housing Beds	168	20
Permanent Housing Beds	0	5

*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: 91

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	4.10	3.09	3.70
Food	4.07	3.40	3.85
Clothing	3.93	3.31	3.61
Emergency (immediate) shelter	3.58	2.51	3.50
Halfway house or transitional living facility	3.54	2.37	3.35
Long-term, permanent housing	2.59	1.93	2.64
Detoxification from substances	3.93	2.98	3.59
Treatment for substance abuse	3.93	3.76	3.78
Services for emotional or psychiatric problems	3.86	3.42	3.63
Treatment for dual diagnosis	3.41	3.32	3.42
Family counseling	2.70	2.48	2.99
Medical services	3.89	3.69	3.96
Women's health care	2.33	3.07	3.09
Help with medication	3.70	3.45	3.79
Drop-in center or day program	2.81	2.14	3.08
AIDS/HIV testing/counseling	3.33	3.37	3.62
TB testing	4.26	3.60	3.96
TB treatment	3.65	3.41	3.59
Hepatitis C testing	3.70	3.58	3.73
Dental care	2.53	2.18	2.90
Eye care	3.05	2.52	3.25
Glasses	2.90	2.44	3.19
VA disability/pension	2.33	3.24	3.12
Welfare payments	2.31	2.79	2.78
SSI/SSD process	2.23	2.98	2.90
Guardianship (financial)	2.18	2.77	2.75
Help managing money	2.78	2.36	3.00
Job training	2.76	2.73	2.98
Help with finding a job or getting employment	2.88	2.61	3.12
Help getting needed documents or identification	3.52	2.75	3.52
Help with transportation	3.17	2.36	3.28
Education	3.23	2.91	3.13
Child care	2.34	1.82	2.49
Family reconciliation assistance	2.34	2.12	2.63
Discharge upgrade	2.29	2.62	2.91
Spiritual	3.52	3.36	3.51
Re-entry services for incarcerated Veterans	2.69	2.60	2.80
Elder Healthcare	2.67	2.84	3.01
Credit counseling	2.74	2.30	2.77
Legal assistance for child support issues	2.26	2.17	2.60
Legal assistance for outstanding warrants/fines	2.72	2.48	2.69
Help developing social network	3.05	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	No
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?	3.62	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.45	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**
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Co-location of Services - Services from the VA and your agency provided in one location.	2.71	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.07	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.	2.48	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.	1.93	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.19	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.	2.44	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.11	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.04	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.	1.89	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.	2.04	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 received new HUD-VA Supported Housing vouchers and are waiting for a case manager to be hired.
Services for emotional or psychiatric problems	PTSD and peer support programs are very active with residents of the Domiciliary and the local U.S. Vets VA Grant and Per Diem program.
Dental Care	Contract dentists are currently treating 22 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.

Agency #1	Project Aware operates a 10-bed shelter which provides a place for Veterans to stay while they are waiting to get into the VA Domiciliary or the U.S. VETS VA Grant and Per Diem program.
Agency #2	Open Door provides meals, showers, clothing and some rental assistance.
Agency #3	Salvation Army provides meals, clothing, and shelter.

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

Transitional living facility or halfway house	Keep contact with a new women's shelter scheduled to open this fall. Develop a working relationship to offer treatment services to all female Veterans who may show up there.
Long-term, permanent housing	This facility will hire a HUD-VASH case manager to over see placing Veterans into Section 8 permanent housing.
Help with transportation	Enlist MICHAM for possible help with transport.

*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 18

Site: VA Southern Arizona HCS - 678

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:** 869
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:** 12

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	580
Transitional Housing Beds	81	180
Permanent Housing Beds	35	465

*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: 90

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	4.21	3.84	3.70
Food	4.24	3.62	3.85
Clothing	4.20	3.70	3.61
Emergency (immediate) shelter	4.13	3.31	3.50
Halfway house or transitional living facility	4.40	3.27	3.35
Long-term, permanent housing	3.30	2.75	2.64
Detoxification from substances	4.07	3.81	3.59
Treatment for substance abuse	4.07	3.95	3.78
Services for emotional or psychiatric problems	4.23	3.68	3.63
Treatment for dual diagnosis	3.69	3.51	3.42
Family counseling	3.36	2.91	2.99
Medical services	4.50	3.86	3.96
Women's health care	3.00	3.33	3.09
Help with medication	4.24	3.49	3.79
Drop-in center or day program	3.66	2.97	3.08
AIDS/HIV testing/counseling	4.00	3.61	3.62
TB testing	4.59	3.78	3.96
TB treatment	3.90	3.74	3.59
Hepatitis C testing	4.35	3.77	3.73
Dental care	3.29	2.44	2.90
Eye care	3.54	2.47	3.25
Glasses	3.33	2.29	3.19
VA disability/pension	3.33	3.47	3.12
Welfare payments	3.18	3.03	2.78
SSI/SSD process	3.77	3.05	2.90
Guardianship (financial)	3.19	2.73	2.75
Help managing money	3.54	2.69	3.00
Job training	3.14	3.21	2.98
Help with finding a job or getting employment	3.51	3.27	3.12
Help getting needed documents or identification	4.04	2.97	3.52
Help with transportation	4.33	3.05	3.28
Education	3.05	2.63	3.13
Child care	3.10	2.39	2.49
Family reconciliation assistance	3.00	2.52	2.63
Discharge upgrade	3.41	2.69	2.91
Spiritual	3.56	2.91	3.51
Re-entry services for incarcerated Veterans	3.31	2.71	2.80
Elder Healthcare	3.34	3.00	3.01
Credit counseling	3.09	2.59	2.77
Legal assistance for child support issues	3.00	2.41	2.60
Legal assistance for outstanding warrants/fines	3.57	3.06	2.69
Help developing social network	3.64	2.83	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: 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?	3.68	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.55	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.	2.90	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.91	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.03	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.	2.84	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.	1.78	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.41	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.	2.41	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.	2.75	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.68	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.19	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.03	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.81	1.86

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

E. Action Plans: FY 2008 and FY 2009

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

Dental Care	We expanded services to Veterans in VA Grant and Per Diem through the Homeless Veterans Dental Program (HVDP). We also arranged for dental care for 25 Veterans through volunteer dentists at a Stand Down in May 2008.
Food	We partnered with the Arizona Department of Economic Security to have workers at our Stand Down to help Veterans fill out Food Stamp applications. We moved to a new building in 2008 which has a dedicated food pantry/storage for homeless Veterans.
Halfway house or transitional living facility	Two community agencies received VA Grant and Per Diem funding and will add 33 new beds. Another agency has a contract pending which would provide additional beds dedicated to Veterans with serious mental illness.

***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	Interfaith Coalition for the Homeless made volunteer dental services available to homeless Veterans at our Stand Down.
Agency #2	Old Pueblo Community Services was awarded a grant to provide emergency housing for incarcerated Veterans.
Agency #3	Comin' Home was awarded a grant to provide transitional housing for homeless Veterans.

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

Long-term, permanent housing	A new HUD-VASH case management program will provide 70 permanent housing units to Veterans during FY 2009.
Emergency (immediate) shelter	A grant was awarded to a community residential program. It will provide up to 12 emergency beds for Veterans discharged from prison, beginning in early FY 2009.
Clothing	The Health Care for Homeless Veterans program moved to a new building in August 2008. The new facility includes a clothing room that will provide immediate access to clothing for homeless Veterans.

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

CHALENG 2008 Survey Results Summary

VISN 18

Site: VAMC Amarillo, TX - 504

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:** 105
- 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:** 33

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	0
Transitional Housing Beds	0	0
Permanent Housing Beds	0	312

*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: 29

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	4.00	3.50	3.70
Food	4.06	4.08	3.85
Clothing	4.29	3.92	3.61
Emergency (immediate) shelter	4.24	3.58	3.50
Halfway house or transitional living facility	3.71	2.92	3.35
Long-term, permanent housing	2.88	2.17	2.64
Detoxification from substances	3.71	2.58	3.59
Treatment for substance abuse	4.33	3.25	3.78
Services for emotional or psychiatric problems	3.88	2.75	3.63
Treatment for dual diagnosis	3.75	2.67	3.42
Family counseling	3.71	2.83	2.99
Medical services	4.41	3.17	3.96
Women's health care	4.27	3.83	3.09
Help with medication	4.12	3.17	3.79
Drop-in center or day program	4.06	3.25	3.08
AIDS/HIV testing/counseling	4.47	2.92	3.62
TB testing	4.41	3.25	3.96
TB treatment	4.29	3.17	3.59
Hepatitis C testing	4.35	3.25	3.73
Dental care	2.53	2.75	2.90
Eye care	3.06	3.33	3.25
Glasses	3.12	3.33	3.19
VA disability/pension	3.69	3.25	3.12
Welfare payments	3.53	2.83	2.78
SSI/SSD process	3.67	2.67	2.90
Guardianship (financial)	3.25	2.33	2.75
Help managing money	3.35	2.50	3.00
Job training	3.12	2.67	2.98
Help with finding a job or getting employment	3.53	3.17	3.12
Help getting needed documents or identification	3.41	3.00	3.52
Help with transportation	3.06	2.58	3.28
Education	3.47	3.00	3.13
Child care	3.38	2.58	2.49
Family reconciliation assistance	3.00	2.42	2.63
Discharge upgrade	3.53	3.09	2.91
Spiritual	4.18	4.08	3.51
Re-entry services for incarcerated Veterans	3.20	3.42	2.80
Elder Healthcare	3.63	3.58	3.01
Credit counseling	3.20	2.58	2.77
Legal assistance for child support issues	2.87	2.25	2.60
Legal assistance for outstanding warrants/fines	2.47	2.08	2.69
Help developing social network	3.25	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)	No
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: 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?	3.42	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.58	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.	1.17	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.83	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.	2.50	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.	1.45	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.	1.17	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.50	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.75	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.	1.67	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.	1.75	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	No additional resources were developed. We will continue to work on this needed resource.
Dental Care	No agreements were made. We will continue to work on this identified need.
Legal assistance	We met with a legal aid attorney to develop assistance for homeless Veterans. We will continue to develop a plan.

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

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

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

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

Long-term, permanent housing	Will continue to work with local agencies in the development of additional permanent housing opportunities.
Detoxification from substances	Continue to work with local group to develop and open a local detoxification and substance abuse treatment facility.
Help with transportation	Will work with members of the local homeless coalition to develop alternate means of transportation for our homeless Veterans.

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

CHALENG 2008 Survey Results Summary

VISN 18

Site: VA West Texas HCS - 519

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:** 900
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:** 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	35
Transitional Housing Beds	0	90
Permanent Housing Beds	0	20

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 25

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene		2.91	3.70
Food		3.52	3.85
Clothing		3.48	3.61
Emergency (immediate) shelter		2.25	3.50
Halfway house or transitional living facility		2.17	3.35
Long-term, permanent housing		2.00	2.64
Detoxification from substances		2.46	3.59
Treatment for substance abuse		2.79	3.78
Services for emotional or psychiatric problems		2.50	3.63
Treatment for dual diagnosis		2.46	3.42
Family counseling		2.52	2.99
Medical services		3.00	3.96
Women's health care		2.67	3.09
Help with medication		2.74	3.79
Drop-in center or day program		1.78	3.08
AIDS/HIV testing/counseling		2.57	3.62
TB testing		2.86	3.96
TB treatment		2.73	3.59
Hepatitis C testing		2.73	3.73
Dental care		1.92	2.90
Eye care		2.33	3.25
Glasses		2.54	3.19
VA disability/pension		3.09	3.12
Welfare payments		2.91	2.78
SSI/SSD process		2.91	2.90
Guardianship (financial)		2.62	2.75
Help managing money		2.09	3.00
Job training		2.96	2.98
Help with finding a job or getting employment		3.30	3.12
Help getting needed documents or identification		2.71	3.52
Help with transportation		2.70	3.28
Education		2.70	3.13
Child care		1.96	2.49
Family reconciliation assistance		2.13	2.63
Discharge upgrade		2.45	2.91
Spiritual		3.29	3.51
Re-entry services for incarcerated Veterans		2.23	2.80
Elder Healthcare		2.78	3.01
Credit counseling		2.32	2.77
Legal assistance for child support issues		2.52	2.60
Legal assistance for outstanding warrants/fines		2.09	2.69
Help developing social network		2.17	3.10

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

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

1. Existing Agreements with Community Service Types:

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

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	2.70	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	2.95	3.62

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	1.61	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.17	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.22	1.93
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.26	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.	1.17	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.13	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.	1.26	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.22	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.48	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.	1.26	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.	1.26	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.	1.30	1.86

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

E. Action Plans: FY 2008 and FY 2009

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

Halfway house or transitional living facility	Several Salvation Army agencies and a nonprofit faith-based organization are interested in applying for VA, HUD, and other grants for transitional housing.
Long-term, permanent housing	We will continue to identify permanent housing resources through networking at local homeless meetings in five counties.
Job training	Texas Workforce Centers (Midland, Odessa, Big Spring, Abilene, San Angelo) have Veteran representatives who are addressing the unique needs of our 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.

Agency #1	Odessa Coalition for the Homeless is a group of many nonprofit agencies that continues to try to create transitional living facilities. Many ideas are presented and new funding sources announced.
Agency #2	Midland Coalition for the Homeless is converting a former nursing home into permanent housing for families.
Agency #3	Texas Workforce Centers (Midland, Odessa, Big Spring, Abilene, San Angelo) have Veteran representatives who are addressing the unique needs of our Veterans.

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

Emergency (immediate) shelter	We will continue to network and search for emergency shelter in 47 counties. We will attend more Coalition for Homeless meetings in order to educate about the need for emergency shelter for Veterans.
Transitional living facility or halfway house	We will contact nonprofit organizations and faith-based organizations to apply for government and private grants for a transitional living facility.
Dental care	We will make contact with health care agencies -- private and government --- to search for programs with dental care. We will educate Veterans in the Domiciliary (to open soon) about dental care available for homeless Veterans in certain VA 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 18

Site: VAMC Phoenix, AZ - 644

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:** 3,558
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:** 14

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	43	200
Transitional Housing Beds	150	150
Permanent Housing Beds	105	145

*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: 191

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	4.23	3.43	3.70
Food	4.03	3.84	3.85
Clothing	3.95	3.54	3.61
Emergency (immediate) shelter	4.14	3.38	3.50
Halfway house or transitional living facility	3.39	3.29	3.35
Long-term, permanent housing	2.44	2.38	2.64
Detoxification from substances	3.63	3.13	3.59
Treatment for substance abuse	3.59	3.47	3.78
Services for emotional or psychiatric problems	3.44	3.17	3.63
Treatment for dual diagnosis	3.18	3.00	3.42
Family counseling	2.80	2.77	2.99
Medical services	3.88	3.76	3.96
Women's health care	2.57	3.19	3.09
Help with medication	3.96	3.31	3.79
Drop-in center or day program	3.27	2.71	3.08
AIDS/HIV testing/counseling	3.32	3.20	3.62
TB testing	4.27	3.85	3.96
TB treatment	3.59	3.63	3.59
Hepatitis C testing	3.57	3.80	3.73
Dental care	2.80	2.62	2.90
Eye care	3.06	2.78	3.25
Glasses	3.00	2.82	3.19
VA disability/pension	2.79	3.09	3.12
Welfare payments	2.54	2.75	2.78
SSI/SSD process	2.60	2.79	2.90
Guardianship (financial)	2.53	2.79	2.75
Help managing money	3.06	2.96	3.00
Job training	2.66	3.15	2.98
Help with finding a job or getting employment	3.10	3.31	3.12
Help getting needed documents or identification	3.73	3.48	3.52
Help with transportation	3.68	3.11	3.28
Education	3.19	2.96	3.13
Child care	2.54	2.15	2.49
Family reconciliation assistance	2.70	2.43	2.63
Discharge upgrade	2.81	2.96	2.91
Spiritual	3.37	2.98	3.51
Re-entry services for incarcerated Veterans	2.84	2.93	2.80
Elder Healthcare	2.88	2.81	3.01
Credit counseling	3.09	2.72	2.77
Legal assistance for child support issues	2.47	2.64	2.60
Legal assistance for outstanding warrants/fines	2.82	2.79	2.69
Help developing social network	3.23	2.91	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: 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?	3.65	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.98	3.62

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

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

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

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.02	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.74	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.33	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.	2.70	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.	1.96	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.32	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.	2.32	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.	2.67	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.62	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.18	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.16	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.	2.32	1.86

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

E. Action Plans: FY 2008 and FY 2009

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

Halfway house or transitional living facility	Ozanam Manor secured funding for 41 beds for severely mentally ill Veterans. OIF/OEF (Operation Iraqi Freedom/Operation Enduring Freedom) homeless Veterans are immediately placed in an emergency bed or a local transitional bed at Stepshouse, Inc. or Sahuaro Living. They receive priority for the next opening at a VA Grant and Per Diem program.
Long-term, permanent housing	We received 105 HUD-VA Supported Housing vouchers. We are working collaboratively with U.S. VETS, CASS (Central Arizona Shelter Services), and Steps House to identify more affordable permanent housing.
Child care	Resources for families remains sparse. UMOM New Day Centers and HUD-VA Supported Housing serve as primary shelter and permanent housing resources respectively.

***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	Stepshouse, Inc. provides immediate halfway housing for homeless Veterans with substance abuse, mental and/or physical health issues.
Agency #2	Sahuaro Living provides immediate housing access to Veterans who do not need intensive case management.
Agency #3	CASS (Central Arizona Shelter Services) provides immediate emergency shelter beds and 43 VA Grant and Per Diem beds.

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

<p>Transitional living facility or halfway house</p>	<p>Continue to engage growing homeless Veteran population in the Phoenix metropolitan area: promote Veteran access to VA care and placement in contracted beds. Identify funding opportunities to increase number of transitional housing beds for homeless Veterans with mental health, medical and substance abuse disorders.</p>
<p>Long-term, permanent housing</p>	<p>Implement HUD-VASH program. Work collaboratively with HUD to increase the number of VASH vouchers proportionate to need and demand. Work with U.S. Vets and Stephouse to identify opportunities for low-income permanent housing units.</p>
<p>Emergency (immediate) shelter</p>	<p>Continue to utilize CASS Veterans- contracted beds and explore opportunities to secure additional Per Diem beds to address growing sub-populations: OIF/OEF and Veterans with substance abuse and mental health issues (other than SMI), and physical health disabilities.</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.