

CHALENG 2008 Survey Results Summary

VISN 19

Site: VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2008.

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

- 1. Estimated Number of Homeless Veterans: 250**
- 2. Service Area type: Predominantly 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	15
Transitional Housing Beds	29	90
Permanent Housing Beds	35	35

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 54

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	3.88	2.44	3.70
Food	4.24	2.81	3.85
Clothing	3.80	3.06	3.61
Emergency (immediate) shelter	4.00	2.88	3.50
Halfway house or transitional living facility	3.61	2.31	3.35
Long-term, permanent housing	2.85	1.56	2.64
Detoxification from substances	3.70	2.18	3.59
Treatment for substance abuse	3.43	2.13	3.78
Services for emotional or psychiatric problems	3.61	2.69	3.63
Treatment for dual diagnosis	3.28	2.19	3.42
Family counseling	2.97	2.40	2.99
Medical services	4.06	3.33	3.96
Women's health care	2.60	3.00	3.09
Help with medication	3.93	3.00	3.79
Drop-in center or day program	3.46	1.87	3.08
AIDS/HIV testing/counseling	3.48	2.57	3.62
TB testing	3.54	2.50	3.96
TB treatment	3.00	2.09	3.59
Hepatitis C testing	3.55	2.50	3.73
Dental care	3.18	1.75	2.90
Eye care	3.00	1.92	3.25
Glasses	2.97	1.85	3.19
VA disability/pension	2.83	3.29	3.12
Welfare payments	2.76	2.83	2.78
SSI/SSD process	2.73	2.67	2.90
Guardianship (financial)	2.35	2.50	2.75
Help managing money	2.44	2.36	3.00
Job training	2.89	2.57	2.98
Help with finding a job or getting employment	2.79	2.71	3.12
Help getting needed documents or identification	3.17	2.79	3.52
Help with transportation	3.26	2.31	3.28
Education	2.86	2.85	3.13
Child care	2.35	1.92	2.49
Family reconciliation assistance	2.30	2.17	2.63
Discharge upgrade	2.50	2.85	2.91
Spiritual	2.96	2.83	3.51
Re-entry services for incarcerated Veterans	2.55	2.31	2.80
Elder Healthcare	2.58	2.58	3.01
Credit counseling	2.61	2.31	2.77
Legal assistance for child support issues	2.22	2.08	2.60
Legal assistance for outstanding warrants/fines	2.08	1.92	2.69
Help developing social network	3.13	2.36	3.10

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

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

1. Existing Agreements with Community Service Types:

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

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	2.67	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	2.88	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.	2.54	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.77	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.	2.25	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.	1.83	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.92	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.	1.92	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.	2.25	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.08	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.	1.73	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.	1.83	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*

Help managing money	We've assisted Veterans on a case-by-case basis with budgeting and money management issues.
Detoxification from substances	Emergency detoxification is available at our VA; process begun to establish detoxification holding beds with Montana Veterans Foundation.
Help with transportation	We've develop funds to assists with gas vouchers and bus tickets. Two capital grants for van are in review. We're advancing a memorandum of agreement with Disabled American Veterans for local/out of town transportation for homeless Veterans.

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

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

Agency #1	Montana Veterans Foundation (Cruse House, Helena) provides regular classes on money management. Veterans keep monthly records of earnings, expenses, and savings.
Agency #2	Missoula Housing Authority (Valor House, Missoula) works with each Veteran to help establish sound financial practices.
Agency #3	Volunteers of America, provided matching funds for a van grant. The van will transport Veterans in Billings.

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

<p>Child care</p>	<p>Identify child care providers in selected cities. Our staff will write proposal for services and send to potential providers. Make selection of providers. Write MOU/MOA with selected providers. Inform the public and Veterans of these services using PSA's for broadcast media, "community" pages in local newspapers, and Veteran publications.</p>
<p>Help developing social network</p>	<p>Identify standing Vet- to-Vet Groups and publish their meeting times in Veteran newsletters and publications. Post these meeting times in the Homeless Veteran Program office at VAMC Montana. Identify non-profit, human service and faith-based organizations in selected cities. Our staff write proposal for services and send to potential providers.</p>
<p>Services for emotional or psychiatric problems</p>	<p>Working with VAMC Montana Mental Health staff, in particular the Suicide Prevention Coordinator, develop statewide public education program on the VA Suicide Prevention Hotline. Distribute brochure of current VA Psychiatric Services to Vet Centers, CBOC's. Homeless Veterans Program office, and other community sites. Identify entities/organizations in selected cities who do or could provide drop-in or crisis counseling for homeless Veterans. Utilize the Governor's Council on Homelessness, and the Montana Primary Physicians' Association as resources in identifying such entities/organizations. Write MOU/MOA with selected providers. Inform the public and Veterans of these services using PSA's for broadcast media, "community" pages in local newspapers, and Veteran publications.</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 19

Site: VA Southern Colorado HCS, CO-567

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2008.

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

1. Estimated Number of Homeless Veterans: 450
2. Service Area type: Predominantly 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	15	40
Transitional Housing Beds	10	20
Permanent Housing Beds	49	35

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 34

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	3.86	2.96	3.70
Food	4.29	3.62	3.85
Clothing	4.00	3.46	3.61
Emergency (immediate) shelter	3.71	2.78	3.50
Halfway house or transitional living facility	3.14	2.62	3.35
Long-term, permanent housing	3.14	2.12	2.64
Detoxification from substances	4.00	2.79	3.59
Treatment for substance abuse	4.17	2.50	3.78
Services for emotional or psychiatric problems	4.29	2.38	3.63
Treatment for dual diagnosis	4.17	2.38	3.42
Family counseling	3.71	2.54	2.99
Medical services	3.57	3.00	3.96
Women's health care	2.80	2.69	3.09
Help with medication	4.00	2.52	3.79
Drop-in center or day program	2.86	2.64	3.08
AIDS/HIV testing/counseling	3.33	2.88	3.62
TB testing	4.29	3.04	3.96
TB treatment	3.50	2.88	3.59
Hepatitis C testing	3.86	2.96	3.73
Dental care	2.14	1.70	2.90
Eye care	3.00	2.31	3.25
Glasses	3.14	2.42	3.19
VA disability/pension	3.00	3.00	3.12
Welfare payments	3.29	3.00	2.78
SSI/SSD process	3.14	2.50	2.90
Guardianship (financial)	2.71	2.69	2.75
Help managing money	3.71	2.54	3.00
Job training	3.29	2.73	2.98
Help with finding a job or getting employment	2.86	2.76	3.12
Help getting needed documents or identification	3.71	2.69	3.52
Help with transportation	4.00	2.32	3.28
Education	3.17	2.77	3.13
Child care	3.14	2.48	2.49
Family reconciliation assistance	3.83	2.64	2.63
Discharge upgrade	3.00	2.79	2.91
Spiritual	3.29	3.08	3.51
Re-entry services for incarcerated Veterans	3.29	2.12	2.80
Elder Healthcare	3.71	2.42	3.01
Credit counseling	3.29	2.44	2.77
Legal assistance for child support issues	3.29	2.56	2.60
Legal assistance for outstanding warrants/fines	3.14	2.31	2.69
Help developing social network	3.71	2.31	3.10

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

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

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	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?	3.04	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.48	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.	1.75	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.13	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.48	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.	1.43	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.	1.21	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.	1.48	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.30	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.	1.22	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.	1.36	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.	1.23	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 referred more homeless Veterans to dental care at a VA Community Based Outpatient Clinic in 2008 compared to 2007.
Long-term, permanent housing	We received 35 HUD-VA Supported Housing vouchers and a VA case manager position.
Halfway house or transitional living facility	We will continue to assist local agencies in applying for VA Grant and Per Diem funding.

*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	United Way has a 211 information and referral system which helps Veterans obtain needed services.
Agency #2	El Paso County Veteran & Military Affairs Office provides outstanding assistance to Veterans applying for benefits
Agency #3	Housing Authority of the City of Colorado Springs is very helpful in assisting Veterans who are applying for HUD Shelter Plus Care and HUD-VA Supported Housing.

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

Dental care	Work with VA Community Based Outpatient Clinic Dental Clinic to increase dental referrals.
Long-term, permanent housing	1) Obtain 35 more HUD-VASH vouchers. 2) Work with local property owners to increase Veteran-specific housing.
Services for emotional or psychiatric problems	Work to increase Mental Health Clinic staff at Community Based Outpatient Clinic. This is important to meet homeless performance measures, as well as needs of OEF/OIF 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 19

Site: VAM&ROC Cheyenne, WY - 442

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: 50**
- 2. Service Area type: Predominantly rural**
- 3. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program: 2**

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	8	0
Transitional Housing Beds	0	10
Permanent Housing Beds	35	35

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 72

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	3.85	3.21	3.70
Food	3.43	3.39	3.85
Clothing	3.64	3.47	3.61
Emergency (immediate) shelter	4.62	3.47	3.50
Halfway house or transitional living facility	3.42	2.92	3.35
Long-term, permanent housing	2.69	2.11	2.64
Detoxification from substances	4.50	3.14	3.59
Treatment for substance abuse	4.36	3.33	3.78
Services for emotional or psychiatric problems	4.31	3.25	3.63
Treatment for dual diagnosis	4.38	3.00	3.42
Family counseling	3.09	2.92	2.99
Medical services	3.92	3.51	3.96
Women's health care	3.67	3.18	3.09
Help with medication	4.50	3.39	3.79
Drop-in center or day program	3.42	2.71	3.08
AIDS/HIV testing/counseling	3.89	3.00	3.62
TB testing	4.69	3.64	3.96
TB treatment	3.33	3.27	3.59
Hepatitis C testing	4.20	3.30	3.73
Dental care	2.67	2.46	2.90
Eye care	3.50	2.65	3.25
Glasses	3.83	2.56	3.19
VA disability/pension	3.50	3.36	3.12
Welfare payments	1.89	2.81	2.78
SSI/SSD process	2.11	2.81	2.90
Guardianship (financial)	3.22	2.61	2.75
Help managing money	3.30	2.46	3.00
Job training	2.42	2.79	2.98
Help with finding a job or getting employment	3.00	3.00	3.12
Help getting needed documents or identification	4.00	2.96	3.52
Help with transportation	3.50	2.78	3.28
Education	3.73	2.84	3.13
Child care	3.00	2.27	2.49
Family reconciliation assistance	2.25	2.36	2.63
Discharge upgrade	2.70	2.79	2.91
Spiritual	4.22	3.20	3.51
Re-entry services for incarcerated Veterans	3.25	2.43	2.80
Elder Healthcare	2.88	2.96	3.01
Credit counseling	2.33	2.38	2.77
Legal assistance for child support issues	2.86	2.36	2.60
Legal assistance for outstanding warrants/fines	2.29	2.23	2.69
Help developing social network	3.10	2.57	3.10

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

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

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
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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?	3.76	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.85	3.62

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

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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.	1.64	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.81	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.	2.10	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.	1.62	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.52	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.	1.67	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.	2.00	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.67	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.	1.58	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.	1.63	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	Wyoming Continuum of Care group has succeeded in funding new housing and will submit a very competitive grant this year.
Dental Care	Rural Development Council has held grant-writing workshops in 2007 and 2008. No dental grants have been approved yet.
Medical services	Demand for VA health care has increased approximately 50% in one year. This is greatly straining community resources. We've encouraged VA to open new Community Based Outpatient Clinics in underserved areas, but no progress yet.

***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	Community Action of Laramie County is building eight beds of VA Grant and Per Diem transitional housing.
Agency #2	Cheyenne Housing Authority is helping our VA implement our HUD-VA Supported Housing program with 35 beds of permanent housing for chronically homeless Veterans and their families.
Agency #3	Wyoming Rural Development Council administers Wyoming's HUD Continuum of Care homeless collaborative and leads the annual grant application process.

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

Long-term, permanent housing	Use HUD-VASH and traditional Section 8 housing to meet this need. Community agencies will increase referrals to VA HUD-VASH and Cheyenne Housing Authority.
Dental care	Grant and Per Diem residents will use VA care. Other homeless Veterans will use community emergency care, while agencies pursue additional dental care funding.
Job training	All agencies will continue referrals to state job service agencies for job training.

*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 19

Site: VA Eastern/Southern Colorado HCS, CO (VAMC Denver - 554)

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:** 2,400
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 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	0	30
Transitional Housing Beds	195	61
Permanent Housing Beds	50	200

*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: 63

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	3.73	3.53	3.70
Food	3.64	3.56	3.85
Clothing	3.27	3.60	3.61
Emergency (immediate) shelter	2.64	3.50	3.50
Halfway house or transitional living facility	2.23	3.13	3.35
Long-term, permanent housing	2.02	2.00	2.64
Detoxification from substances	3.20	3.19	3.59
Treatment for substance abuse	3.39	3.44	3.78
Services for emotional or psychiatric problems	3.00	3.31	3.63
Treatment for dual diagnosis	2.84	3.25	3.42
Family counseling	2.44	2.75	2.99
Medical services	4.00	3.94	3.96
Women's health care	2.55	2.75	3.09
Help with medication	3.95	3.19	3.79
Drop-in center or day program	3.06	3.00	3.08
AIDS/HIV testing/counseling	3.25	3.60	3.62
TB testing	3.73	4.00	3.96
TB treatment	2.94	3.56	3.59
Hepatitis C testing	3.54	3.50	3.73
Dental care	1.98	2.50	2.90
Eye care	2.69	2.75	3.25
Glasses	2.47	2.81	3.19
VA disability/pension	2.44	3.56	3.12
Welfare payments	2.19	2.86	2.78
SSI/SSD process	2.46	2.80	2.90
Guardianship (financial)	2.11	2.56	2.75
Help managing money	2.38	2.75	3.00
Job training	2.26	2.25	2.98
Help with finding a job or getting employment	2.31	2.56	3.12
Help getting needed documents or identification	3.31	2.75	3.52
Help with transportation	3.05	3.06	3.28
Education	2.68	3.00	3.13
Child care	2.36	2.27	2.49
Family reconciliation assistance	2.18	2.47	2.63
Discharge upgrade	2.26	3.07	2.91
Spiritual	2.82	3.20	3.51
Re-entry services for incarcerated Veterans	2.19	2.67	2.80
Elder Healthcare	2.46	2.80	3.01
Credit counseling	2.13	2.67	2.77
Legal assistance for child support issues	2.03	2.40	2.60
Legal assistance for outstanding warrants/fines	2.14	2.53	2.69
Help developing social network	2.18	2.87	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	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?	3.50	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.53	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.	2.73	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.07	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	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.	2.75	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.	1.63	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.88	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.	2.07	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.	2.27	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.07	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.	1.88	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.	1.81	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.	1.94	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 have an agreement with Mercy Housing to cluster our new HUD-VA Supported Housing vouchers at a few rental properties.
Dental Care	We continue to use VA Central Office-funded dental assistance for homeless Veterans.
Help with finding a job or getting employment	We are serving significantly more homeless Veterans through our VA Compensated Work Therapy and Department of Labor programs.

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

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

Agency #1	Colorado Department of Human Services (Supportive Housing and Homeless Services Program) hired a Veteran housing choice program manager who comes to our VA to assist Veterans. The agency has also compiled a comprehensive list of property owners who may possibly accept HUD-VA Supported Housing participants.
Agency #2	(no agency identified)
Agency #3	(no agency identified)

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

Long-term, permanent housing	Utilize new HUD-VASH vouchers as rapidly as possible. Identify landlords/property owners who will rent to Veterans with HUD-VASH voucher. Work closely with Network Homeless Coordinator to develop permanent housing opportunities.
Dental care	Develop contract with a community clinic to provide dental care.
Help with finding a job or getting employment	Implement agreement with VA Compensated Work Therapy program which will provide basic job-seeking skills training to all HUD-VASH 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 19

Site: VAMC Grand Junction, CO - 575

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:** 133
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:** 7

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	8	25
Transitional Housing Beds	8	50
Permanent Housing Beds	0	0

*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: 4

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		3.25	3.70
Food		3.25	3.85
Clothing		3.75	3.61
Emergency (immediate) shelter		3.25	3.50
Halfway house or transitional living facility		2.50	3.35
Long-term, permanent housing		1.75	2.64
Detoxification from substances		4.00	3.59
Treatment for substance abuse		4.00	3.78
Services for emotional or psychiatric problems		4.25	3.63
Treatment for dual diagnosis		3.50	3.42
Family counseling		3.00	2.99
Medical services		4.00	3.96
Women's health care		3.50	3.09
Help with medication		3.50	3.79
Drop-in center or day program		1.75	3.08
AIDS/HIV testing/counseling		3.00	3.62
TB testing		3.25	3.96
TB treatment		3.00	3.59
Hepatitis C testing		3.50	3.73
Dental care		2.00	2.90
Eye care		2.25	3.25
Glasses		2.25	3.19
VA disability/pension		4.00	3.12
Welfare payments		3.25	2.78
SSI/SSD process		2.75	2.90
Guardianship (financial)		2.50	2.75
Help managing money		2.25	3.00
Job training		3.00	2.98
Help with finding a job or getting employment		3.75	3.12
Help getting needed documents or identification		3.00	3.52
Help with transportation		3.75	3.28
Education		2.75	3.13
Child care		2.75	2.49
Family reconciliation assistance		2.50	2.63
Discharge upgrade		2.75	2.91
Spiritual		4.00	3.51
Re-entry services for incarcerated Veterans		2.75	2.80
Elder Healthcare		2.75	3.01
Credit counseling		2.50	2.77
Legal assistance for child support issues		2.00	2.60
Legal assistance for outstanding warrants/fines		2.00	2.69
Help developing social network		2.50	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	No

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.00	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.00	3.62

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

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

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

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.	3.00	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.50	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	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.	2.75	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.	1.75	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.00	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.	3.00	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.	2.67	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.75	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.	1.75	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.	2.00	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.	1.75	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	Twenty-two apartments of permanent supportive housing opened in July 2008.
Help with transportation	Our bus pass grant expired and we were not able to renew it.
Treatment for substance abuse	Our substance abuse treatment program has expanded -- and additional expansion may be possible though the VA Mental Health Uniform Services initiative.

***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	Grant Valley Catholic Outreach completed 22 apartments of permanent supportive housing in 2008. The agency heads the local homeless coalition meetings and is instrumental in helping organizations plan for future needs.
Agency #2	HomewardBound of the Grand Valley is the primary homeless shelter for the area. It administers the Phoenix Project: case management and apartment housing for eight Veterans.
Agency #3	Workforce Center helps coordinate our Stand Down.

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

Transitional living facility or halfway house	Planning and assessment in process for developing 50 additional transitional beds.
Help with transportation	Seek to reinstate bus voucher program.
Treatment for substance abuse	This is ongoing, VA eases detoxification admission criteria during cold winter months.

*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 19

Site: VAMC Salt Lake City, UT - 660

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:** 1,600
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:** 60

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	40	60
Transitional Housing Beds	164	100
Permanent Housing Beds	35	200

*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: 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	3.97	3.46	3.70
Food	4.29	3.73	3.85
Clothing	4.18	3.49	3.61
Emergency (immediate) shelter	3.88	2.73	3.50
Halfway house or transitional living facility	3.91	2.83	3.35
Long-term, permanent housing	3.06	2.45	2.64
Detoxification from substances	4.38	3.24	3.59
Treatment for substance abuse	4.52	3.20	3.78
Services for emotional or psychiatric problems	4.37	3.27	3.63
Treatment for dual diagnosis	4.33	3.10	3.42
Family counseling	3.21	2.86	2.99
Medical services	4.59	3.88	3.96
Women's health care	2.82	3.26	3.09
Help with medication	4.30	3.45	3.79
Drop-in center or day program	2.92	3.00	3.08
AIDS/HIV testing/counseling	4.12	3.48	3.62
TB testing	4.36	3.76	3.96
TB treatment	3.73	3.54	3.59
Hepatitis C testing	4.44	3.58	3.73
Dental care	3.24	3.17	2.90
Eye care	3.56	3.17	3.25
Glasses	3.42	3.07	3.19
VA disability/pension	3.45	3.61	3.12
Welfare payments	3.04	3.36	2.78
SSI/SSD process	3.66	3.24	2.90
Guardianship (financial)	3.20	3.17	2.75
Help managing money	3.64	3.02	3.00
Job training	3.21	3.16	2.98
Help with finding a job or getting employment	3.10	3.19	3.12
Help getting needed documents or identification	4.00	3.14	3.52
Help with transportation	3.40	2.98	3.28
Education	3.63	2.98	3.13
Child care	2.74	2.29	2.49
Family reconciliation assistance	2.88	2.63	2.63
Discharge upgrade	3.40	2.95	2.91
Spiritual	3.52	3.22	3.51
Re-entry services for incarcerated Veterans	3.24	2.80	2.80
Elder Healthcare	3.69	3.19	3.01
Credit counseling	3.70	2.88	2.77
Legal assistance for child support issues	2.76	2.57	2.60
Legal assistance for outstanding warrants/fines	2.52	2.55	2.69
Help developing social network	3.48	2.79	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?	3.67	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.05	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.	3.00	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.22	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.59	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.	2.76	2.28
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.86	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.14	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.35	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.	2.62	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.38	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.	2.00	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.11	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.	2.17	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 are adding 35 HUD-VA Supported Housing vouchers for a total of 85. We work with local providers to purchase and develop apartments for permanent housing.
Job training	Utah Department of Workforce Services helped secure funding for the Safety Consortium's VETS (Vocational Education and Training Service), a 40-hour health and safety certification training program.
Halfway house or transitional living facility	VA has sponsored VA Grant and Per Diem workshops for community partners. We encourage agencies to apply.

***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	Utah Department of Workforce Services helped secure funding for the Safety Consortium's VETS (Vocational Education and Training Service), a 40-hour health and safety certification training program.
Agency #2	Safety Consortium ran the VETS (Vocational Education and Training Service), a 40-hour health and safety certification training program.
Agency #3	UACPA (Utah Association of Certified Public Accountants) shared financial knowledge and skills with Veterans in a job training program.

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

Long-term, permanent housing	Will continue to mobilize resources to develop permanent supportive housing across state with focus on Wasatch Front and underserved rural areas. Emphasis will be to develop and promote opportunities with non-profits, volunteers and other appropriate partners to purchase apartment complexes, facilities and/or potential property for development sites for Veteran population.
Transitional living facility or halfway house	Work with community partners to apply for VA Homeless Grant and Per Diem Notice of Funding Availability. Promote and encourage new partnerships as well as guide application for Grant and Per Diem grants through workshops and education. Focus on niche populations: woman, incarcerated, felon, elderly.
Job training	Continue working with present providers: Work Force Services, Safety Consortium and Vocational Rehabilitation program to coordinate training and placement. Develop program that puts Veterans to work after they establish stability and dependability through temp agency by Safety Consortium.

***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 19

Site: VAMC Sheridan, WY - 666

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: 35**
- 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: 6**

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	19	0
Transitional Housing Beds	30	10
Permanent Housing Beds	100	0

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

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	Yes
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: 51

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	4.33	4.08	3.70
Food	4.43	4.38	3.85
Clothing	4.28	4.46	3.61
Emergency (immediate) shelter	4.30	4.54	3.50
Halfway house or transitional living facility	3.38	3.58	3.35
Long-term, permanent housing	2.18	2.58	2.64
Detoxification from substances	4.06	4.50	3.59
Treatment for substance abuse	4.36	4.17	3.78
Services for emotional or psychiatric problems	3.89	4.33	3.63
Treatment for dual diagnosis	3.45	4.33	3.42
Family counseling	2.45	3.40	2.99
Medical services	4.08	4.33	3.96
Women's health care	2.43	3.92	3.09
Help with medication	3.73	4.08	3.79
Drop-in center or day program	2.38	3.20	3.08
AIDS/HIV testing/counseling	3.59	4.10	3.62
TB testing	4.28	4.36	3.96
TB treatment	2.93	4.00	3.59
Hepatitis C testing	3.81	4.40	3.73
Dental care	3.81	3.73	2.90
Eye care	3.03	3.25	3.25
Glasses	2.50	3.17	3.19
VA disability/pension	2.34	4.09	3.12
Welfare payments	1.48	3.63	2.78
SSI/SSD process	1.90	4.25	2.90
Guardianship (financial)	2.08	3.63	2.75
Help managing money	2.93	3.44	3.00
Job training	2.52	4.45	2.98
Help with finding a job or getting employment	3.06	4.42	3.12
Help getting needed documents or identification	3.06	4.27	3.52
Help with transportation	2.09	3.33	3.28
Education	2.58	3.36	3.13
Child care	1.74	2.73	2.49
Family reconciliation assistance	1.58	2.80	2.63
Discharge upgrade	2.38	3.25	2.91
Spiritual	3.54	4.09	3.51
Re-entry services for incarcerated Veterans	2.26	3.88	2.80
Elder Healthcare	2.40	3.82	3.01
Credit counseling	2.27	3.00	2.77
Legal assistance for child support issues	2.04	2.63	2.60
Legal assistance for outstanding warrants/fines	2.00	2.75	2.69
Help developing social network	3.06	3.67	3.10

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

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

1. Existing Agreements with Community Service Types:

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

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.50	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.55	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.	3.22	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.89	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.	3.11	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.	2.00	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.33	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.	2.13	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.	2.63	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.33	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.75	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.	2.22	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.38	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*

Help with transportation	We are awaiting the outcome of a submitted VA capital grant proposal for a van.
Long-term, permanent housing	Long-term housing does not exist or is unavailable.
Halfway house or transitional living facility	We are awaiting the house of a VA Grant and Per Diem submission.

*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	Volunteers of America (Wyoming and Montana) provides emergency shelter, transportation, supportive/transitional housing for Veterans waiting to enter residential treatment.
Agency #2	Wyoming Department of Workforce Services continues to be a great resource for Veterans pursuing vocational goals.
Agency #3	Sheridan VA Medical Center Volunteer Service assists with fuel (transportation), food, and clothing for homeless Veterans.

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

Help with transportation	Transportation continues to be a significant need. Homeless Veterans employed or actively seeking employment require transportation during all hours. We will try to obtain resources through grant if approved/awarded and/or donated services.
Long-term, permanent housing	Long term, permanent housing is still a significant problem. Low-income and Section 8 housing are difficult to access with long wait lists. HUD-VASH program will help, but housing does not exist.
Transitional living facility or halfway house	Transitional living/capital grant not yet formally awarded so this continues to be a big need. This could be addressed with an initiative to have a homeless housing on VA grounds.

*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.