

## CHALENG 2008 Survey Results Summary

### VISN 20

#### Site: VA Alaska HCS & RO - 463

**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:** 0

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	0
Transitional Housing Beds	24	0
Permanent Housing Beds	60	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: 50**

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene	4.32	3.00	3.70
Food	4.12	3.40	3.85
Clothing	4.17	3.40	3.61
Emergency (immediate) shelter	3.73	3.00	3.50
Halfway house or transitional living facility	3.88	3.00	3.35
Long-term, permanent housing	3.32	2.53	2.64
Detoxification from substances	3.92	2.94	3.59
Treatment for substance abuse	4.19	3.17	3.78
Services for emotional or psychiatric problems	4.56	2.70	3.63
Treatment for dual diagnosis	4.32	2.72	3.42
Family counseling	3.87	2.78	2.99
Medical services	4.37	3.47	3.96
Women's health care	4.05	3.11	3.09
Help with medication	4.35	3.16	3.79
Drop-in center or day program	4.14	2.58	3.08
AIDS/HIV testing/counseling	4.71	3.84	3.62
TB testing	4.54	4.00	3.96
TB treatment	4.57	3.76	3.59
Hepatitis C testing	4.45	3.56	3.73
Dental care	4.33	2.84	2.90
Eye care	4.27	3.37	3.25
Glasses	4.19	3.42	3.19
VA disability/pension	3.58	3.60	3.12
Welfare payments	3.70	3.32	2.78
SSI/SSD process	4.00	3.15	2.90
Guardianship (financial)	3.80	3.22	2.75
Help managing money	4.00	2.94	3.00
Job training	3.54	3.11	2.98
Help with finding a job or getting employment	3.54	3.00	3.12
Help getting needed documents or identification	4.12	3.10	3.52
Help with transportation	3.76	2.95	3.28
Education	3.68	3.28	3.13
Child care	3.84	2.71	2.49
Family reconciliation assistance	3.74	3.00	2.63
Discharge upgrade	4.00	3.13	2.91
Spiritual	4.52	3.39	3.51
Re-entry services for incarcerated Veterans	3.81	2.78	2.80
Elder Healthcare	3.75	3.05	3.01
Credit counseling	3.60	2.78	2.77
Legal assistance for child support issues	3.14	2.63	2.60
Legal assistance for outstanding warrants/fines	3.67	2.63	2.69
Help developing social network	3.96	2.89	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**
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.62	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.60	3.62

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

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

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

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.72	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.78	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	2.17	1.93
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.24	2.28
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.94	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.89	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.00	1.80
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.33	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.18	1.99
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.76	1.63
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.00	1.68
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.44	1.86

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

**E. Action Plans: FY 2008 and FY 2009**

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

<b>Long-term, permanent housing</b>	Habitat for Humanity and Cook Inlet Tribal Council are building low-cost housing. Municipality of Anchorage continues to implement Ten-Year Plan to End Homelessness
<b>Job training</b>	Nine Star Education and Employment Services provides job training and placement for individuals 55+. Service Solutions and other agencies provide job training for Veterans. Alaska Department of Labor and Alaska Division of Vocational Rehabilitation are useful resources.
<b>Help with finding a job or getting employment</b>	Our one-stop job search and resume building center has been in operation for over a year with more Veterans using it. They search for jobs, build resumes, and improve computer skills. Jobs are posted every business day. A VISTA (Volunteers in Service to America) volunteer has been working to develop additional community resources by outreaching to potential employers.

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

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

<b>Agency #1</b>	Catholic Social Services provides emergency shelter for Veterans through the Brother Francis Shelter. The agency provides office space for our outreach staff and helps Veterans make initial contact with VA. The agency provides transitional work experiences (administrative, maintenance) for our Veterans.
<b>Agency #2</b>	Municipality of Anchorage (mayor's office) provides full support to our programs. A mayor's representative sits on our VA homeless program and Stand Down advisory boards. The Municipality is proactive in assisting with linkages to community leaders and employers.
<b>Agency #3</b>	Nine Star Enterprises provides outreach, education, and job placement services to Veterans over age 55 who need re-training for a less physically-demanding late-life career. The agency has a special program for recently released incarcerated individuals including Veterans.

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

<p><b>Long-term, permanent housing</b></p>	<p>The Municipality will continue to implement it's ten-year plan to provide affordable housing. Habitat for Humanity has aggressive building program with an informal agreement with the VA Homeless Veteran Service. Cook Inlet Housing Authority has an aggressive building program in high-need, low-cost areas. There have recently been 35 HUD-VASH vouchers added in Alaska; effort to hire a case manager for Veterans filling these new voucher is on-going.</p>
<p><b>Job training</b></p>	<p>Will continue on-going informal partnership with Alaska Department of Labor and the Alaska Division of Vocational Rehabilitation. Continue to work with Nine-Star Enterprises to provide employment education opportunities to Veterans age 55+ and employment resource support for formerly incarcerated Veterans seeking employment and housing.</p>
<p><b>Help with finding a job or getting employment</b></p>	<p>Staff developed an employment training course for Veterans in the Domiciliary Residential Rehabilitation and Training Program and other homeless Veteran programs. Continue to attend Job-X meetings weekly, provide daily updates of employment listings and "Hot Job Alerts".</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 20

#### Site: VA DOM White City, OR - 692

**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:** 587
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:** 1

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	50
Transitional Housing Beds	50	75
Permanent Housing Beds	35	150

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

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

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

**C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 105**

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene	4.09	3.07	3.70
Food	4.25	3.31	3.85
Clothing	4.17	3.50	3.61
Emergency (immediate) shelter	3.90	2.87	3.50
Halfway house or transitional living facility	3.41	3.31	3.35
Long-term, permanent housing	2.73	3.00	2.64
Detoxification from substances	4.19	3.13	3.59
Treatment for substance abuse	4.27	3.88	3.78
Services for emotional or psychiatric problems	3.91	3.63	3.63
Treatment for dual diagnosis	3.78	3.63	3.42
Family counseling	2.80	3.00	2.99
Medical services	4.19	3.56	3.96
Women's health care	2.44	3.38	3.09
Help with medication	4.39	3.63	3.79
Drop-in center or day program	3.79	3.13	3.08
AIDS/HIV testing/counseling	3.93	3.20	3.62
TB testing	4.40	3.69	3.96
TB treatment	4.02	3.54	3.59
Hepatitis C testing	4.01	3.71	3.73
Dental care	2.88	3.24	2.90
Eye care	3.91	3.36	3.25
Glasses	3.93	3.40	3.19
VA disability/pension	2.69	3.00	3.12
Welfare payments	2.05	2.54	2.78
SSI/SSD process	2.88	2.67	2.90
Guardianship (financial)	2.65	2.58	2.75
Help managing money	2.91	2.80	3.00
Job training	2.54	3.35	2.98
Help with finding a job or getting employment	2.61	3.27	3.12
Help getting needed documents or identification	3.40	3.00	3.52
Help with transportation	3.41	2.75	3.28
Education	3.15	3.06	3.13
Child care	2.12	2.43	2.49
Family reconciliation assistance	2.23	2.62	2.63
Discharge upgrade	3.15	3.00	2.91
Spiritual	4.10	3.53	3.51
Re-entry services for incarcerated Veterans	2.49	2.93	2.80
Elder Healthcare	2.95	3.13	3.01
Credit counseling	2.60	2.93	2.77
Legal assistance for child support issues	2.13	2.87	2.60
Legal assistance for outstanding warrants/fines	2.61	2.94	2.69
Help developing social network	3.28	3.13	3.10

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

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

**1. Existing Agreements with Community Service Types:**

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

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

<b>Integration Scale:</b> 1 (low) to 5 (high)	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.50	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.88	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

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.62	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.45	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	1.93
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.27	2.28
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.36	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.36	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.64	1.80
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.91	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.73	1.99
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.45	1.63
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.36	1.68
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.91	1.86

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

**E. Action Plans: FY 2008 and FY 2009**

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

<b>Long-term, permanent housing</b>	We have received 35 HUD-VA Supported Housing vouchers and are currently implementing our VASH program.
<b>Dental Care</b>	Eligible Veterans are treated by a local dentist who is paid by VA.
<b>Halfway house or transitional living facility</b>	Interfaith Community Care opened 16 more units in 2008. Plan is to add another 20 units in 2009.

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

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

<b>Agency #1</b>	Jackson County Housing Authority provides the 35 rental assistance vouchers for our new HUD-VA Supported Housing program.
<b>Agency #2</b>	Private dentist's office provides dental care to homeless Veterans who qualify under the Homeless Veterans Dental Program.
<b>Agency #3</b>	Interfaith Community Care opened 16 more units in its Grant and Per Diem program.

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

<b>Long-term, permanent housing</b>	Our goal is to fill all 35 HUD-VA Supported Housing vouchers and request an additional 35.
<b>Dental care</b>	Two more VA dentists have been hired and we are adding more office space for the dental program. We have submitted a request for \$75,000 to the Homeless Veterans Dental Program, an increase from the \$50,000 in 2008.
<b>VA disability/pension</b>	We provide office space and appointment scheduling for a Veterans Service Officer to meet with Veterans and file for claims. A future goal is to establish relations with the VA Regional Office to improve facilitation of claims.

\*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 20

**Site: VA Puget Sound HCS (VAMC American Lake - 663A4 and VAMC Seattle, WA - 663), Tacoma, WA**

**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:** 4,654
- 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:** 41

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

<b>Housing type</b>	<b># of Veteran-specific Beds in area*</b>	<b># of additional beds site could use</b>
Emergency Beds	112	78
Transitional Housing Beds	210	150
Permanent Housing Beds	153	965

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

<b>Homeless Veteran Program Beds actually on VA campus?*</b>	
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: 248**

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene	4.02	3.13	3.70
Food	4.15	3.46	3.85
Clothing	3.82	3.18	3.61
Emergency (immediate) shelter	3.91	2.56	3.50
Halfway house or transitional living facility	3.31	2.57	3.35
Long-term, permanent housing	2.62	2.35	2.64
Detoxification from substances	3.86	2.85	3.59
Treatment for substance abuse	3.93	3.07	3.78
Services for emotional or psychiatric problems	3.84	3.10	3.63
Treatment for dual diagnosis	3.44	2.90	3.42
Family counseling	2.83	2.55	2.99
Medical services	4.32	3.45	3.96
Women's health care	2.84	2.96	3.09
Help with medication	4.19	3.10	3.79
Drop-in center or day program	3.16	2.72	3.08
AIDS/HIV testing/counseling	3.43	3.15	3.62
TB testing	4.13	3.28	3.96
TB treatment	3.35	3.24	3.59
Hepatitis C testing	3.49	3.19	3.73
Dental care	2.59	2.25	2.90
Eye care	3.14	2.48	3.25
Glasses	3.11	2.43	3.19
VA disability/pension	2.79	3.19	3.12
Welfare payments	2.56	3.11	2.78
SSI/SSD process	2.58	2.99	2.90
Guardianship (financial)	2.46	2.77	2.75
Help managing money	2.96	2.62	3.00
Job training	2.78	2.75	2.98
Help with finding a job or getting employment	3.12	2.82	3.12
Help getting needed documents or identification	3.80	2.93	3.52
Help with transportation	3.67	2.69	3.28
Education	2.99	2.62	3.13
Child care	2.24	2.29	2.49
Family reconciliation assistance	2.22	2.35	2.63
Discharge upgrade	2.52	2.87	2.91
Spiritual	3.38	3.11	3.51
Re-entry services for incarcerated Veterans	2.39	2.62	2.80
Elder Healthcare	2.80	2.95	3.01
Credit counseling	2.64	2.58	2.77
Legal assistance for child support issues	2.09	2.45	2.60
Legal assistance for outstanding warrants/fines	2.32	2.34	2.69
Help developing social network	3.09	2.73	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	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**
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.40	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.38	3.62

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

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

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

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.54	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	2.00	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	1.89	1.93
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.15	2.28
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.55	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.74	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.74	1.80
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.04	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.81	1.99
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.63	1.63
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.71	1.68
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.86	1.86

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

**E. Action Plans: FY 2008 and FY 2009**

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

<b>Long-term, permanent housing</b>	We are collaborating with King County Housing Authority to develop the HUD-VA Supported Housing program.
<b>Halfway house or transitional living facility</b>	A 40-bed program was approved in November 2007, and 11-bed program opened up in Olympia in 2008. We are developing 76 newly-funded beds.
<b>Emergency (immediate) shelter</b>	King County Veterans Program purchased additional beds at William Booth Center. Compass Center admitted four women Veterans this year.

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

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

<b>Agency #1</b>	King County Housing Authority worked diligently to serve Veterans through HASP (Housing Access and Services Program) and when HUD-VA Supported Housing awards were announced, they expanded the collaboration to include VASH. They educated Seattle Housing Authority staff about the process.
<b>Agency #2</b>	City of Seattle Office of Housing dedicated one staff to help develop a collaboration between the city, nonprofits, and the VA around permanent housing. The Supported Housing Alliance for Vets was developed and began meeting last year.
<b>Agency #3</b>	King County Veterans Program funded additional emergency shelter beds at the William Booth Center and Compass Center, allowing the VA to coordinate with them in emergencies.

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

<p><b>Long-term, permanent housing</b></p>	<p>Seattle: Implement VASH program of 104 vouchers. Maintain HASP vouchers of 36. Collaborate with non-profits/city/office of housing to partner with permanent housing by offering supportive VA services (Westlake II) (Lake City). Get more involved with development off Phase II Sand Point. Increase support for non-profits providing permanent housing to Veterans. Tacoma: Continue to work in partnership with Pierce County housing and create new partnerships with Thurston, Kitsap and bordering rural communities to better identify housing needs for Veterans. Work in collaboration with housing authorities to obtain low-income housing through community resources and/or HUD-VASH vouchers for these communities.</p>
<p><b>Transitional living facility or halfway house</b></p>	<p>Work to make operational funded Grant and Per Diem beds. Expand education and outreach to non-profits offering transitional housing to encourage development of new beds.</p>
<p><b>Emergency (immediate) shelter</b></p>	<p>Seattle: Increase collaboration and support to agencies serving homeless that could target Veterans. Encourage and support local efforts to build safe interim housing options. Consider contracting for emergency beds (work to identify partners). Tacoma: Continue to work with community resource partners and extend rural outreach work to create new partnerships that will provide additional set-aside beds for Veterans.</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 20

#### Site: VA Roseburg HCS, OR - 653 (Eugene, OR)

**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:** 1,379
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:** 9

#### 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	300
Transitional Housing Beds	38	242
Permanent Housing Beds	70	150

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

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	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: 120**

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene	3.52	2.88	3.70
Food	3.39	3.00	3.85
Clothing	3.20	3.27	3.61
Emergency (immediate) shelter	3.03	2.69	3.50
Halfway house or transitional living facility	2.72	2.59	3.35
Long-term, permanent housing	2.48	2.38	2.64
Detoxification from substances	3.39	2.49	3.59
Treatment for substance abuse	3.62	2.96	3.78
Services for emotional or psychiatric problems	2.95	2.82	3.63
Treatment for dual diagnosis	3.27	2.54	3.42
Family counseling	2.62	2.60	2.99
Medical services	3.33	3.06	3.96
Women's health care	2.69	2.66	3.09
Help with medication	3.29	2.81	3.79
Drop-in center or day program	2.88	2.36	3.08
AIDS/HIV testing/counseling	3.58	2.73	3.62
TB testing	3.91	2.93	3.96
TB treatment	3.55	2.73	3.59
Hepatitis C testing	3.65	3.00	3.73
Dental care	2.32	1.72	2.90
Eye care	2.49	2.00	3.25
Glasses	2.27	2.18	3.19
VA disability/pension	2.98	3.08	3.12
Welfare payments	2.24	2.83	2.78
SSI/SSD process	2.63	2.52	2.90
Guardianship (financial)	2.76	2.53	2.75
Help managing money	2.84	2.44	3.00
Job training	2.32	2.73	2.98
Help with finding a job or getting employment	2.43	3.04	3.12
Help getting needed documents or identification	3.04	2.94	3.52
Help with transportation	3.02	2.25	3.28
Education	2.92	2.67	3.13
Child care	2.55	2.02	2.49
Family reconciliation assistance	2.59	2.33	2.63
Discharge upgrade	2.90	2.78	2.91
Spiritual	3.34	2.86	3.51
Re-entry services for incarcerated Veterans	2.68	2.46	2.80
Elder Healthcare	2.82	2.79	3.01
Credit counseling	2.50	2.59	2.77
Legal assistance for child support issues	2.58	2.36	2.60
Legal assistance for outstanding warrants/fines	2.67	2.22	2.69
Help developing social network	2.93	2.63	3.10

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

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

### 1. Existing Agreements with Community Service Types:

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

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

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.20	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.32	3.62

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

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

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

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.91	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	2.05	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	2.10	1.93
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.35	2.28
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.86	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.84	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.29	1.80
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.26	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.12	1.99
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.60	1.63
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.73	1.68
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.86

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

**E. Action Plans: FY 2008 and FY 2009**

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

<b>Long-term, permanent housing</b>	We have obtained 35 HUD-VA Supported Housing vouchers. St. Vincent De Paul continues work on their permanent housing program for Veterans (VetLIFT). We increased long-term housing by two apartments through a new partnership with Metropolitan Affordable Housing.
<b>Halfway house or transitional living facility</b>	St. Vincent De Paul was awarded 15 VA Grant and Per Diem beds. We have a new relationship with Sponsors, Inc which provides housing to Veterans released from prison.
<b>Dental Care</b>	New dental consult protocol to facilitate referrals is working well. Forty-five Veterans accessed dental care in FY 2008.

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

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

<b>Agency #1</b>	St. Vincent De Paul was awarded a VA Grant and Per Diem program and is now providing 15 beds.
<b>Agency #2</b>	(no agency identified)
<b>Agency #3</b>	(no agency identified)

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

<p><b>Emergency (immediate) shelter</b></p>	<p>Increase outreach to rural providers with VA catchment area. Develop partnerships with providers in each county. Explore transportation options to support integration of services.</p>
<p><b>Long-term, permanent housing</b></p>	<p>Advocate for more case management positions for HUD-VASH vouchers. Increase education to affordable housing provides of the benefits of HUD-VASH participation. Network more closely with local housing authorities. Dedicate a vehicle to HUD-VASH case manager to facilitate home visits and monitoring.</p>
<p><b>Services for emotional or psychiatric problems</b></p>	<p>Increase collaboration with mental health providers in each county in VA catchment area. Expand VA mental health services to include psycho-educational and therapeutic groups- off site and off tour- in rural and coastal communities.</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 20

#### Site: VAMC Boise, ID - 531

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

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

1. **Estimated Number of Homeless Veterans:** 500
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 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	6	0
Transitional Housing Beds	80	0
Permanent Housing Beds	60	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: 11**

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene		3.64	3.70
Food		3.91	3.85
Clothing		3.91	3.61
Emergency (immediate) shelter		3.73	3.50
Halfway house or transitional living facility		3.18	3.35
Long-term, permanent housing		3.00	2.64
Detoxification from substances		2.91	3.59
Treatment for substance abuse		2.91	3.78
Services for emotional or psychiatric problems		3.00	3.63
Treatment for dual diagnosis		2.91	3.42
Family counseling		3.18	2.99
Medical services		3.82	3.96
Women's health care		3.64	3.09
Help with medication		3.82	3.79
Drop-in center or day program		3.27	3.08
AIDS/HIV testing/counseling		3.27	3.62
TB testing		3.36	3.96
TB treatment		3.36	3.59
Hepatitis C testing		3.45	3.73
Dental care		2.27	2.90
Eye care		2.91	3.25
Glasses		2.91	3.19
VA disability/pension		3.55	3.12
Welfare payments		3.27	2.78
SSI/SSD process		3.18	2.90
Guardianship (financial)		2.73	2.75
Help managing money		2.82	3.00
Job training		3.09	2.98
Help with finding a job or getting employment		3.36	3.12
Help getting needed documents or identification		3.36	3.52
Help with transportation		3.00	3.28
Education		3.09	3.13
Child care		2.80	2.49
Family reconciliation assistance		2.90	2.63
Discharge upgrade		3.30	2.91
Spiritual		3.10	3.51
Re-entry services for incarcerated Veterans		2.91	2.80
Elder Healthcare		3.00	3.01
Credit counseling		2.91	2.77
Legal assistance for child support issues		2.91	2.60
Legal assistance for outstanding warrants/fines		2.91	2.69
Help developing social network		2.73	3.10

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

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

**1. Existing Agreements with Community Service Types:**

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

<b>Integration Scale:</b> 1 (low) to 5 (high)	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.91	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.00	3.62

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

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

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

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.88	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.50	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	1.93
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.38	2.28
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.75	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.88	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.88	1.80
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.38	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.00	1.99
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.75	1.63
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.88	1.68
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.86

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

**E. Action Plans: FY 2008 and FY 2009**

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

<b>Halfway house or transitional living facility</b>	Two agencies opened up VA Grant and Per Diem programs with 32 beds total.
<b>Long-term, permanent housing</b>	We continue to work with mayor's task force on monthly basis to increase local housing stock.
<b>Detoxification from substances</b>	Community-wide debate about construction of a new detoxification facility continues.

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

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

<b>Agency #1</b>	El-Ada Community Action Partnership provides 12 VA Grant and Per Diem beds.
<b>Agency #2</b>	S.H.I.P (Supportive Housing and Innovative Partnerships ) provides 20 VA Grant and Per Diem beds.
<b>Agency #3</b>	Boise City/Ada County Housing Authority continue to participate in CHALENG and support homeless Veterans in this community. They also helped to facilitate the local effort to secure VA Grant and Per Diem funding.

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

<b>Detoxification from substances</b>	Community still working to open a detoxification center. Project stalled in local legal and financial constraints for past several years. Homeless coalition will continue to support project in all appropriate ways.
<b>Treatment for substance abuse</b>	Continue to support local detoxification center development. T will continue working with homeless coalition and treatment providers to expand access to treatment services.
<b>Dental care</b>	Now that we have VA Grant and per Diem beds and HUD-VASH beds in Southern Idaho we can apply for and utilize funds under the Homeless Veterans Dental Program.

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

## CHALENG 2008 Survey Results Summary

### VISN 20

**Site: VAMC Portland, OR - 648**

**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:** 2,626
- 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:** 10

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

<b>Housing type</b>	<b># of Veteran-specific Beds in area*</b>	<b># of additional beds site could use</b>
Emergency Beds	145	61
Transitional Housing Beds	237	45
Permanent Housing Beds	140	70

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

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

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

**C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 71**

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene	3.61	3.32	3.70
Food	3.16	3.48	3.85
Clothing	3.29	3.29	3.61
Emergency (immediate) shelter	3.21	2.34	3.50
Halfway house or transitional living facility	3.09	2.27	3.35
Long-term, permanent housing	2.69	2.02	2.64
Detoxification from substances	3.48	2.73	3.59
Treatment for substance abuse	3.87	2.89	3.78
Services for emotional or psychiatric problems	3.80	2.77	3.63
Treatment for dual diagnosis	3.35	2.71	3.42
Family counseling	2.70	2.48	2.99
Medical services	3.88	3.48	3.96
Women's health care	2.29	2.98	3.09
Help with medication	3.88	3.00	3.79
Drop-in center or day program	2.80	2.58	3.08
AIDS/HIV testing/counseling	3.15	3.29	3.62
TB testing	3.92	3.77	3.96
TB treatment	3.11	3.48	3.59
Hepatitis C testing	3.73	3.48	3.73
Dental care	2.69	2.05	2.90
Eye care	2.84	2.47	3.25
Glasses	2.52	2.30	3.19
VA disability/pension	2.68	3.00	3.12
Welfare payments	2.40	2.48	2.78
SSI/SSD process	2.88	2.37	2.90
Guardianship (financial)	2.24	2.30	2.75
Help managing money	2.48	2.51	3.00
Job training	2.73	2.98	2.98
Help with finding a job or getting employment	2.81	3.12	3.12
Help getting needed documents or identification	2.88	2.82	3.52
Help with transportation	2.92	2.61	3.28
Education	2.71	2.81	3.13
Child care	2.22	2.07	2.49
Family reconciliation assistance	2.11	2.36	2.63
Discharge upgrade	2.30	2.83	2.91
Spiritual	2.52	3.02	3.51
Re-entry services for incarcerated Veterans	2.25	2.33	2.80
Elder Healthcare	2.37	3.02	3.01
Credit counseling	1.90	2.54	2.77
Legal assistance for child support issues	2.26	2.12	2.60
Legal assistance for outstanding warrants/fines	2.33	2.14	2.69
Help developing social network	2.57	2.56	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**
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.07	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.00	3.62

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

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

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

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.47	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.71	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	1.64	1.93
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.19	2.28
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.59	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.65	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.39	1.80
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.93	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.67	1.99
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.57	1.63
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.76	1.68
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.55	1.86

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

**E. Action Plans: FY 2008 and FY 2009**

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

<b>Long-term, permanent housing</b>	We have added 70 new HUD-VA Supported Housing permanent housing vouchers -- the largest single increase in new permanent housing slots in many years.
<b>Help with transportation</b>	We have increased the amount spent on bus tickets and passes by 25% from the previous year.
<b>Re-entry services for incarcerated veterans</b>	This year an incarcerated Veterans outreach specialist was hired who is now doing outreach in state and federal prisons. The process of linking the incarcerated Veterans to all entitled services (including housing) is continuing to be developed.

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

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

<b>Agency #1</b>	Housing Authority of Portland (HAP) has been instrumental in helping us complete all the necessary requirements for the placement of Veterans in our HUD-VA Supported Housing program.
<b>Agency #2</b>	Salvation Army Harbor Lights has assisted us with identifying and referring those Veterans who have transportation needs. It has allowed us to have permanent office space at its facility in order to expedite referral to VA Grant and Per Diem.
<b>Agency #3</b>	(no agency identified)

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

<p><b>Emergency (immediate) shelter</b></p>	<p>We plan to be involved in the planning and identifying of funding sources to increase the number of emergency and winter shelter beds for Multnomah County. We are working with the City of Portland and the Coordinating Committee to End Homelessness. Over the next year we will be assessing the current trend of downsizing the number of emergency beds in favor of transitional and permanent Housing.</p>
<p><b>Transitional living facility or halfway house</b></p>	<p>We will be adding an additional 26 transitional housing beds through our VA Grant and Per Diem program and community providers in the communities of Bend, Oregon and Long View, Washington. This will expand our homeless services into the rural areas of both Washington and Oregon.</p>
<p><b>Long-term, permanent housing</b></p>	<p>Recent program funding in partnership with the Department of Housing and Urban Development will allow us to place 70 Veterans in permanent housing. We will continue to work with our local homeless coalition, community partners in developing permanent housing opportunities for 2009.</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 20

#### Site: VAMC Spokane, WA - 668

**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:** 3,200
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:** 25

#### 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	60	40
Permanent Housing Beds	48	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: 136**

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene	3.85	4.11	3.70
Food	3.74	4.33	3.85
Clothing	3.80	4.33	3.61
Emergency (immediate) shelter	3.51	3.62	3.50
Halfway house or transitional living facility	3.23	3.47	3.35
Long-term, permanent housing	2.17	3.35	2.64
Detoxification from substances	3.37	3.92	3.59
Treatment for substance abuse	3.50	4.11	3.78
Services for emotional or psychiatric problems	3.59	4.06	3.63
Treatment for dual diagnosis	3.39	3.36	3.42
Family counseling	3.32	3.50	2.99
Medical services	3.81	4.06	3.96
Women's health care	2.81	3.76	3.09
Help with medication	3.32	3.62	3.79
Drop-in center or day program	1.79	1.94	3.08
AIDS/HIV testing/counseling	3.43	4.13	3.62
TB testing	3.45	4.13	3.96
TB treatment	3.48	4.09	3.59
Hepatitis C testing	3.45	4.17	3.73
Dental care	2.27	3.19	2.90
Eye care	3.17	3.72	3.25
Glasses	3.29	3.87	3.19
VA disability/pension	3.58	4.07	3.12
Welfare payments	3.21	3.59	2.78
SSI/SSD process	3.15	3.50	2.90
Guardianship (financial)	3.13	3.52	2.75
Help managing money	3.00	3.60	3.00
Job training	3.03	3.74	2.98
Help with finding a job or getting employment	3.32	3.81	3.12
Help getting needed documents or identification	3.66	3.55	3.52
Help with transportation	3.18	3.75	3.28
Education	3.25	3.78	3.13
Child care	2.68	2.67	2.49
Family reconciliation assistance	3.04	3.35	2.63
Discharge upgrade	3.19	4.04	2.91
Spiritual	3.15	3.94	3.51
Re-entry services for incarcerated Veterans	2.83	3.23	2.80
Elder Healthcare	3.31	3.67	3.01
Credit counseling	3.06	3.33	2.77
Legal assistance for child support issues	2.81	3.22	2.60
Legal assistance for outstanding warrants/fines	2.74	3.35	2.69
Help developing social network	2.96	3.53	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	Yes

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

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.12	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.08	3.62

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

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

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

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.43	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	2.29	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	2.18	1.93
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.59	2.28
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.65	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.73	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.39	1.80
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.20	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.77	1.99
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.59	1.63
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.28	1.68
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.50	1.86

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

**E. Action Plans: FY 2008 and FY 2009**

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

<b>Halfway house or transitional living facility</b>	We have increased transitional housing from 10 beds to 61. Six more will come online soon for a total of 67.
<b>Long-term, permanent housing</b>	We have 48 permanent housing beds (35, HUD-VA Supported Housing, 13 supportive housing).
<b>Emergency (immediate) shelter</b>	We now have access to shelters at Coeur d'Alene, ID, Solada in Wenatchee, WA, Pullman WA. Requiring ID for admittance is an ongoing problem.

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

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

<b>Agency #1</b>	Pioneer Human Services provides 35 transitional housing beds at Pioneer Victory House. The House was developed and will be managed by Veterans.
<b>Agency #2</b>	St. Vincent De Paul Coeur d'Alene Idaho secured a motel and developed it into a transitional housing site. There are ten new beds and a van for transportation.
<b>Agency #3</b>	Volunteer of America purchased and renovated two buildings for a 11-bed VA Grant and Per Diem program.

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

<p><b>Drop-in center or day program</b></p>	<p>Currently our Healthcare for Homeless Veterans (HCHV) Program is located in Spokane. The 75th largest city in the U.S. HCHV staff spend 50% of their time working with Veterans who are not homeless. This limits our capability and lessens overall services for homeless Veterans. The hospital has identified its number one behavioral health services need as drug treatment, but there are currently no funds or full-time staff available to implement this. This need will continue to exist until resources are available.</p>
<p><b>Long-term, permanent housing</b></p>	<p>Spokane currently has 13 supported housing beds with an additional 35 HUD-VASH vouchers. HUD-VASH is being implemented (8 housed) and will reduce some of this need. Additional beds would be useful to help alleviate this deficit.</p>
<p><b>Dental care</b></p>	<p>During FY 2008 the dentist providing care to VA Grant and Per Diem Veterans canceled his MOA. After lengthy negotiations two other providers have been identified and will come on-line in first quarter 2009. Spokane County recently provided access for our Veterans in a local program which helps Veterans in recovery. This should significantly increase access for them.</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 20

#### Site: VAMC Walla Walla, WA - 687

**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: 410
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: 1

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	3
Transitional Housing Beds	55	10
Permanent Housing Beds	70	70

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

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

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

**C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 22**

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene	4.63	3.42	3.70
Food	3.63	3.83	3.85
Clothing	3.38	3.92	3.61
Emergency (immediate) shelter	3.88	2.38	3.50
Halfway house or transitional living facility	4.88	3.92	3.35
Long-term, permanent housing	3.50	3.42	2.64
Detoxification from substances	3.50	2.23	3.59
Treatment for substance abuse	4.25	3.00	3.78
Services for emotional or psychiatric problems	3.88	2.33	3.63
Treatment for dual diagnosis	3.25	2.46	3.42
Family counseling	2.00	2.67	2.99
Medical services	3.88	3.00	3.96
Women's health care	2.60	2.92	3.09
Help with medication	4.00	3.33	3.79
Drop-in center or day program	2.75	1.92	3.08
AIDS/HIV testing/counseling	3.00	3.18	3.62
TB testing	3.88	3.75	3.96
TB treatment	2.75	3.08	3.59
Hepatitis C testing	3.88	3.75	3.73
Dental care	2.25	2.42	2.90
Eye care	3.13	3.08	3.25
Glasses	3.43	3.08	3.19
VA disability/pension	3.00	3.58	3.12
Welfare payments	3.13	3.17	2.78
SSI/SSD process	2.86	3.00	2.90
Guardianship (financial)	3.33	2.83	2.75
Help managing money	4.38	2.67	3.00
Job training	3.00	3.33	2.98
Help with finding a job or getting employment	3.50	3.75	3.12
Help getting needed documents or identification	3.63	3.50	3.52
Help with transportation	4.13	3.50	3.28
Education	3.88	3.25	3.13
Child care	2.71	2.58	2.49
Family reconciliation assistance	2.29	2.17	2.63
Discharge upgrade	2.75	3.10	2.91
Spiritual	4.25	3.42	3.51
Re-entry services for incarcerated Veterans	3.00	2.50	2.80
Elder Healthcare	2.38	2.83	3.01
Credit counseling	3.38	2.92	2.77
Legal assistance for child support issues	2.63	2.25	2.60
Legal assistance for outstanding warrants/fines	3.00	2.45	2.69
Help developing social network	3.50	3.25	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)	Yes
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**
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.31	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.46	3.62

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

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

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

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.70	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.73	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	1.93
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.27	2.28
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.30	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.64	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.73	1.80
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.18	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.64	1.99
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.45	1.63
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.73	1.68
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.45	1.86

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

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

**E. Action Plans: FY 2008 and FY 2009**

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

<b>Long-term, permanent housing</b>	We now have 70 HUD-VA Supported Housing vouchers (with two VA case manager positions) and continue to advocate for more.
<b>Help with finding a job or getting employment</b>	We use Veterans Industries and VA Supportive Employment programs to help homeless Veterans get jobs. Last year, we helped over 40 Veterans prepare for and obtain employment.
<b>Dental Care</b>	We have created a Veterans dental resource directory and helped over 25 Veterans get VA care in FY 2008.

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

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

<b>Agency #1</b>	Corps of Recovery Discovery (Valley Residential Services) has helped Veterans in its transitional housing program meet dental appointments; plus, they have begun to help Veterans with deposits and other costs associated with moving into an apartment.
<b>Agency #2</b>	City of Walla Walla Housing Authority has secured 70 HUD-VA Supported Housing Section 8 vouchers. Through grants, it has developed rental housing for HUD-VA Supported Housing. It has also helped Veterans access privately-owned rental properties.
<b>Agency #3</b>	Work Sources Washington has helped Veterans find training opportunities. Six Veterans have recently found employment in the trucking industry.

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

<b>Emergency (immediate) shelter</b>	Walla Walla VAMC is working on a policy to provide 7/24 emergency shelter per the Uniform Mental Health Services Plan. Specifically, we will be talking with stakeholders about this need, with a particular focus on female Veterans.
<b>Long-term, permanent housing</b>	Continue to utilize HUD-VASH vouchers -- we now have 70. Walla Walla VAMC is in the process of hiring two HUD-VASH case managers who will be dedicated to providing care and support to Veterans who get the vouchers.
<b>Services for emotional or psychiatric problems</b>	Walla Walla VAMC and its Community Based Outpatient Clinics have increased the number of psychiatrists/nurse practitioners available. Walla Walla VAMC is requesting more mental health staff in CBOC's- per Uniform Mental Health Services plan.

**\*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.**