

## CHALENG 2008 Survey Results Summary

### VISN 23

**Site: VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)**

**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:** 100
- 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)**

<b>Housing type</b>	<b># of Veteran-specific Beds in area*</b>	<b># of additional beds site could use</b>
Emergency Beds	80	20
Transitional Housing Beds	108	15
Permanent Housing Beds	70	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	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: 35**

<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	3.05	3.36	3.70
Food	2.90	3.79	3.85
Clothing	2.81	3.64	3.61
Emergency (immediate) shelter	2.90	3.71	3.50
Halfway house or transitional living facility	2.32	3.31	3.35
Long-term, permanent housing	1.76	2.57	2.64
Detoxification from substances	1.71	2.79	3.59
Treatment for substance abuse	2.10	3.21	3.78
Services for emotional or psychiatric problems	2.71	3.21	3.63
Treatment for dual diagnosis	1.76	2.71	3.42
Family counseling	1.67	2.50	2.99
Medical services	3.10	3.57	3.96
Women's health care	1.63	3.00	3.09
Help with medication	2.86	3.00	3.79
Drop-in center or day program	1.90	1.69	3.08
AIDS/HIV testing/counseling	2.20	2.55	3.62
TB testing	2.71	3.29	3.96
TB treatment	2.40	3.21	3.59
Hepatitis C testing	2.29	3.21	3.73
Dental care	2.35	2.43	2.90
Eye care	2.24	2.71	3.25
Glasses	2.19	2.50	3.19
VA disability/pension	2.33	3.38	3.12
Welfare payments	1.94	2.77	2.78
SSI/SSD process	2.14	2.62	2.90
Guardianship (financial)	1.94	2.31	2.75
Help managing money	1.86	2.62	3.00
Job training	2.24	3.07	2.98
Help with finding a job or getting employment	2.29	3.00	3.12
Help getting needed documents or identification	2.75	3.00	3.52
Help with transportation	2.55	2.64	3.28
Education	2.60	2.93	3.13
Child care	1.83	1.92	2.49
Family reconciliation assistance	1.72	1.92	2.63
Discharge upgrade	1.65	2.25	2.91
Spiritual	2.32	2.86	3.51
Re-entry services for incarcerated Veterans	1.59	2.50	2.80
Elder Healthcare	1.88	2.75	3.01
Credit counseling	1.63	3.00	2.77
Legal assistance for child support issues	1.65	1.82	2.60
Legal assistance for outstanding warrants/fines	1.67	2.23	2.69
Help developing social network	2.11	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)	No
Psychiatric/substance abuse inpatient (hospitals, wards)	No
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	No
Agencies that provide legal assistance for outstanding warrants/fines	No

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

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.86	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.64	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.	2.90	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.	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.	2.60	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.	1.90	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	2.20	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.80	1.80
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.30	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.30	1.99
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.20	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.	2.10	1.86

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

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

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

<b>Long-term, permanent housing</b>	Cornerstone Mission (Rapid City) opened family housing units for VA Grant and Per Diem graduates to stay until they can find permanent housing. Cornerstone also purchased land to build more apartments for long-term housing for single Veterans.
<b>Discharge upgrade</b>	State tribal Veterans service officer arranged meeting times for Veteran upgrade processing, but these were later canceled. This remains a priority issue.
<b>Treatment for substance abuse</b>	Black Hills Homeless Coalition continues to explore options for treatment, including opening a "wet house" for individuals with alcohol and substance abuse issues.

\*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>	State tribal Veterans service officers are trying to assist Veterans with discharge upgrades.
<b>Agency #2</b>	Cornerstone Mission (Rapid City) opened family housing units for VA Grant and Per Diem graduates to stay until they can find permanent housing. Cornerstone also purchased land to build more apartments for long-term housing for single Veterans.
<b>Agency #3</b>	(no agency identified)

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

<b>Long-term, permanent housing</b>	HUD-VASH case manager positions to be hired with 70 HUD-VASH vouchers for permanent housing. However, these vouchers do not cover most of the reservations.
<b>SSI/SSD process</b>	Liaison with Social Security Office. Explore volunteer assistance.
<b>Discharge upgrade</b>	Liaison with Tribal Service Officers. Encourage Native American Veterans Representative training -- sponsored by VA -- to educate Veterans about Veterans benefits and assist them with applying.

\*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 23

#### Site: VAH&ROC Sioux Falls, SD - 438

**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:** 152
2. **Service Area type:** Even mix of urban and rural
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 0

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	5
Transitional Housing Beds	0	30
Permanent Housing Beds	0	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: 37**

<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		3.35	3.70
Food		3.82	3.85
Clothing		3.63	3.61
Emergency (immediate) shelter		3.22	3.50
Halfway house or transitional living facility		2.78	3.35
Long-term, permanent housing		2.21	2.64
Detoxification from substances		3.30	3.59
Treatment for substance abuse		3.03	3.78
Services for emotional or psychiatric problems		3.39	3.63
Treatment for dual diagnosis		3.00	3.42
Family counseling		2.90	2.99
Medical services		3.78	3.96
Women's health care		3.56	3.09
Help with medication		3.45	3.79
Drop-in center or day program		2.97	3.08
AIDS/HIV testing/counseling		3.63	3.62
TB testing		3.67	3.96
TB treatment		3.73	3.59
Hepatitis C testing		3.45	3.73
Dental care		2.30	2.90
Eye care		2.68	3.25
Glasses		2.74	3.19
VA disability/pension		3.55	3.12
Welfare payments		3.34	2.78
SSI/SSD process		2.97	2.90
Guardianship (financial)		3.19	2.75
Help managing money		3.16	3.00
Job training		3.25	2.98
Help with finding a job or getting employment		3.19	3.12
Help getting needed documents or identification		3.45	3.52
Help with transportation		3.18	3.28
Education		2.94	3.13
Child care		2.77	2.49
Family reconciliation assistance		3.07	2.63
Discharge upgrade		3.35	2.91
Spiritual		3.83	3.51
Re-entry services for incarcerated Veterans		2.50	2.80
Elder Healthcare		3.33	3.01
Credit counseling		3.13	2.77
Legal assistance for child support issues		2.83	2.60
Legal assistance for outstanding warrants/fines		2.70	2.69
Help developing social network		3.10	3.10

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

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

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

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

**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?	3.58	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.69	3.62

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

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

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

<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.	2.42	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.69	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	2.35	1.93
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.42	2.28
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.81	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.81	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.08	1.80
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.38	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.19	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.	1.85	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.	1.69	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.	1.88	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 had one program apply for VA Grant and Per Diem; another for VA Per Diem Only. Neither was funded.
<b>Long-term, permanent housing</b>	We did obtain access to HUD Shelter Plus Care vouchers and have utilized four.
<b>Dental Care</b>	VA Dental Service continues to participate in our Stand Down. We continue to refer to Community Health which utilizes dental students.

**\*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>	Sioux Falls Housing and Redevelopment Commission will hopefully re-apply for VA Grant and Per Diem funding. They are assisting us with the Section 8 vouchers for HUD-VA Supported Housing.
<b>Agency #2</b>	Salvation Army will hopefully re-apply for VA Per Diem Only funds.
<b>Agency #3</b>	We work with many area Veterans Service Organizations (including Disabled American Veterans, American Legion, Veterans of Foreign Wars, and Paralyzed Veterans of America) to help Veterans get the benefits they are entitled to.

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

<b>Transitional living facility or halfway house</b>	Encourage local agencies to apply for VA Grant and Per Diem funding.
<b>Long-term, permanent housing</b>	Advocate for HUD-VASH vouchers for our area.
<b>VA disability/pension</b>	Will help Veterans obtain financial assistance they are eligible for. Will continue to educate Veterans on benefits. Will continue to collaborate with local Veterans Service Officer and VA benefits personnel.

\*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 23

#### Site: VAM&ROC Fargo, ND - 437

**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:** 980
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:** 5

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	10	30
Transitional Housing Beds	52	55
Permanent Housing Beds	35	55

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

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

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

**C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 60**

<b>Need Ranking (1=Need Unmet .... 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	4.30	3.75	3.70
Food	4.10	4.15	3.85
Clothing	4.50	4.13	3.61
Emergency (immediate) shelter	4.44	3.88	3.50
Halfway house or transitional living facility	3.78	3.58	3.35
Long-term, permanent housing	3.90	3.21	2.64
Detoxification from substances	4.44	3.85	3.59
Treatment for substance abuse	4.11	3.63	3.78
Services for emotional or psychiatric problems	4.13	3.85	3.63
Treatment for dual diagnosis	3.43	3.50	3.42
Family counseling	3.67	3.08	2.99
Medical services	4.70	4.06	3.96
Women's health care	4.00	3.63	3.09
Help with medication	4.38	3.75	3.79
Drop-in center or day program	3.50	2.70	3.08
AIDS/HIV testing/counseling	3.50	3.57	3.62
TB testing	3.80	3.83	3.96
TB treatment	3.50	3.69	3.59
Hepatitis C testing	4.67	3.85	3.73
Dental care	3.30	2.85	2.90
Eye care	4.33	3.34	3.25
Glasses	4.44	3.38	3.19
VA disability/pension	3.44	3.96	3.12
Welfare payments	3.17	3.38	2.78
SSI/SSD process	3.67	3.57	2.90
Guardianship (financial)	3.33	3.26	2.75
Help managing money	3.33	3.15	3.00
Job training	3.43	3.40	2.98
Help with finding a job or getting employment	3.63	3.56	3.12
Help getting needed documents or identification	4.38	3.68	3.52
Help with transportation	3.75	3.43	3.28
Education	4.29	3.49	3.13
Child care	3.33	2.96	2.49
Family reconciliation assistance	3.17	3.00	2.63
Discharge upgrade	2.57	3.39	2.91
Spiritual	4.00	3.87	3.51
Re-entry services for incarcerated Veterans	3.17	3.06	2.80
Elder Healthcare	3.33	3.68	3.01
Credit counseling	3.33	3.15	2.77
Legal assistance for child support issues	2.83	2.89	2.60
Legal assistance for outstanding warrants/fines	3.33	2.77	2.69
Help developing social network	3.29	3.32	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?	4.02	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.86	3.62

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

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

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

<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.	2.63	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.87	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	1.90	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.	2.34	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.	1.62	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.	1.95	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.	2.47	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.03	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.	1.71	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.	1.68	1.68
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.92	1.86

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

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

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

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

<b>Long-term, permanent housing</b>	New HUD-VA Supported Housing coordinator to start full-time. We have new VASH vouchers.
<b>Emergency (immediate) shelter</b>	Gladys Ray Shelter (Fargo) is open and fully partnering with VA and the community.
<b>Halfway house or transitional living facility</b>	Centre, Inc. has opened a 48-bed transitional housing facility. Cooperative agreements are fully in place. A full-time, VA Grant and Per Diem position has been filled.

**\*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>	Centre, Inc. opened a 48-bed facility, Project HART (Homeless Assessment Rehabilitation and Treatment), for Veterans and provides all required services in an excellent and positive manner.
<b>Agency #2</b>	(no agency identified)
<b>Agency #3</b>	(no agency identified)

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

<b>Emergency (immediate) shelter</b>	While a new shelter opened, providing more immediate beds, demand has increased. We will work with community partners and VA staff to identify additional shelter for emergent needs.
<b>Long-term, permanent housing</b>	The addition of the HUD-VASH coordinator should assist us in addressing this need.
<b>Dental care</b>	Work with VA staff to facilitate a process to ensure all qualified Veterans receive services in a timely manor.

\*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 23

#### Site: VAMC Minneapolis, MN - 618, and Superior, WI

**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:** 650
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 2

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	0
Transitional Housing Beds	82	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	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: 18**

<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	4.06		3.70
Food	3.83		3.85
Clothing	3.17		3.61
Emergency (immediate) shelter	3.22		3.50
Halfway house or transitional living facility	2.88		3.35
Long-term, permanent housing	2.69		2.64
Detoxification from substances	3.38		3.59
Treatment for substance abuse	3.00		3.78
Services for emotional or psychiatric problems	3.78		3.63
Treatment for dual diagnosis	3.29		3.42
Family counseling	3.00		2.99
Medical services	4.06		3.96
Women's health care	1.43		3.09
Help with medication	4.06		3.79
Drop-in center or day program	3.50		3.08
AIDS/HIV testing/counseling	3.07		3.62
TB testing	3.08		3.96
TB treatment	2.92		3.59
Hepatitis C testing	3.50		3.73
Dental care	2.94		2.90
Eye care	2.27		3.25
Glasses	2.47		3.19
VA disability/pension	2.25		3.12
Welfare payments	2.86		2.78
SSI/SSD process	2.54		2.90
Guardianship (financial)	2.77		2.75
Help managing money	2.62		3.00
Job training	2.87		2.98
Help with finding a job or getting employment	2.57		3.12
Help getting needed documents or identification	3.44		3.52
Help with transportation	3.17		3.28
Education	2.58		3.13
Child care	2.40		2.49
Family reconciliation assistance	2.50		2.63
Discharge upgrade	2.62		2.91
Spiritual	3.23		3.51
Re-entry services for incarcerated Veterans	2.33		2.80
Elder Healthcare	3.09		3.01
Credit counseling	2.27		2.77
Legal assistance for child support issues	3.08		2.60
Legal assistance for outstanding warrants/fines	2.58		2.69
Help developing social network	2.92		3.10

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

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

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

<b>Service Types</b>	<b>Local VA has existing collaborative agreement with this agency type?</b>
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	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?		3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.		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.		2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.		1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.		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.		2.28
<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.		1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.		1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.		1.80
<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.		2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.		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
<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.		1.68
<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

\*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 received 70 HUD-VA Supported Housing vouchers. Our target is to place Veterans in 75% of the vouchers by FY 2009.
<b>Treatment for substance abuse</b>	Revamped admission process has improved access at the Addictive Disorder Service (ADS) at the Minneapolis VA, and the Chemical Dependency Treatment program at St. Cloud VA.
<b>Guardianship (financial)</b>	Attempt to streamline/improve guardianship process has stalled. Plan was too complex to implement. It was difficult to get feedback from agencies, providers, and clients that was consistent and useful. Staff impression is that process for appointment of fiduciary/payee and/or guardianship is time-consuming and unwieldy.

**\*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 Charities provides permanent housing and supportive services to Veterans with long-term alcohol problems.
<b>Agency #2</b>	Salvation Army plans to increase its number of transitional housing beds by ten.
<b>Agency #3</b>	Veterans Assistance Program received funds for a van to transport Veterans to Minneapolis VA and Chippewa Valley VA Community Based Outpatient Clinic.

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

<b>Long-term, permanent housing</b>	70 HUD-VASH permanent vouchers now available in Minneapolis. Plan is to fill 75% of these vouchers or more of by end of FY 2009.
<b>Transitional living facility or halfway house</b>	We have added a VA Grant and Per Diem liaison to increase services to existing transitional programs. An additional ten transitional beds are currently slated to open FY 2009.
<b>Services for emotional or psychiatric problems</b>	All VA Healthcare for Homeless Veterans clinical staff at Minneapolis are being trained in recovery services for better delivery of services to homeless Veterans. HCHV continues to partner intensively with other mental health and substance abuse services at Minneapolis VAMC. HCHV clinical staff demonstrate successful partnering with community providers for mental health and substance abuse services.

\*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 23

**Site: VAMC St. Cloud, MN - 656**

**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:** 85
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:** 21

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	35
Transitional Housing Beds	11	24
Permanent Housing Beds	0	30

\*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		3.36	3.70
Food		3.55	3.85
Clothing		3.45	3.61
Emergency (immediate) shelter		3.27	3.50
Halfway house or transitional living facility		2.73	3.35
Long-term, permanent housing		2.73	2.64
Detoxification from substances		3.09	3.59
Treatment for substance abuse		3.45	3.78
Services for emotional or psychiatric problems		3.18	3.63
Treatment for dual diagnosis		3.18	3.42
Family counseling		2.82	2.99
Medical services		3.91	3.96
Women's health care		3.36	3.09
Help with medication		3.55	3.79
Drop-in center or day program		2.91	3.08
AIDS/HIV testing/counseling		3.36	3.62
TB testing		3.55	3.96
TB treatment		3.45	3.59
Hepatitis C testing		3.45	3.73
Dental care		2.64	2.90
Eye care		3.09	3.25
Glasses		2.91	3.19
VA disability/pension		3.64	3.12
Welfare payments		3.36	2.78
SSI/SSD process		3.20	2.90
Guardianship (financial)		2.70	2.75
Help managing money		2.73	3.00
Job training		2.55	2.98
Help with finding a job or getting employment		2.82	3.12
Help getting needed documents or identification		3.00	3.52
Help with transportation		2.73	3.28
Education		2.82	3.13
Child care		2.55	2.49
Family reconciliation assistance		2.45	2.63
Discharge upgrade		3.00	2.91
Spiritual		3.18	3.51
Re-entry services for incarcerated Veterans		2.18	2.80
Elder Healthcare		3.45	3.01
Credit counseling		2.40	2.77
Legal assistance for child support issues		2.40	2.60
Legal assistance for outstanding warrants/fines		2.50	2.69
Help developing social network		2.64	3.10

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

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

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

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

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

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.27	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.18	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.	2.73	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.70	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	1.91	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.	2.10	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.	1.20	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.50	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.	1.30	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.	1.80	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.	1.20	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.	1.20	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>	Salvation Army of St. Cloud has been awarded a VA Per Diem grant for seven transitional housing beds.
<b>Long-term, permanent housing</b>	Thirty-two new permanent housing units were constructed and are full. Forty chronic inebriate beds are still being considered by city council.
<b>Re-entry services for incarcerated veterans</b>	Dialogue continues between Central Minnesota Continuum of Care and Central Minnesota Corrections and Re-Entry Committee regarding developing 32 units of transitional housing for ex-offenders.

**\*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>	Salvation Army of St. Cloud has been awarded a VA Per Diem grant for seven transitional housing beds.
<b>Agency #2</b>	Place of Hope created 32 new units of permanent housing -- several of which are being rented by Veterans with pension or disability benefits.
<b>Agency #3</b>	Catholic Charities provides 60 units of permanent housing, with over half of these rented by Veterans. They also operate eight Veteran-dedicated transitional beds.

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

<b>Transitional living facility or halfway house</b>	Even though we realized an increase of 7 transitional beds for Veterans this year, giving us a total of 18 Veteran dedicated beds in St. Cloud, our need is much greater. Staff will continue working with local HUD Continuum of Care and community non-profits to apply for VA Grant and Per Diem funding
<b>Dental care</b>	Educate case managers, addiction therapists, social workers and other mental health residential rehabilitation treatment program staff about Homeless Veterans Dental Program; devise a system to identify eligible homeless Veterans who need restorative dental care.
<b>Re-entry services for incarcerated veterans</b>	Perform outreach to prisons in the northern tier of VISN 23. Educate case managers about the role of the VA and meet with Veterans who are within six months of release; enroll or re-enroll them for VA services upon release and provide them with community housing and employment resources.

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

## CHALENG 2008 Survey Results Summary

### VISN 23

**Site: VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)**

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

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

- 1. Estimated Number of Homeless Veterans:** 600
- 2. Service Area type:** Predominantly urban
- 3. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 11

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

<b>Housing type</b>	<b># of Veteran-specific Beds in area*</b>	<b># of additional beds site could use</b>
Emergency Beds	65	100
Transitional Housing Beds	65	50
Permanent Housing Beds	35	65

\*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: 78**

<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	4.28	3.39	3.70
Food	4.48	3.63	3.85
Clothing	4.20	3.51	3.61
Emergency (immediate) shelter	4.29	3.24	3.50
Halfway house or transitional living facility	4.14	3.06	3.35
Long-term, permanent housing	2.91	2.69	2.64
Detoxification from substances	4.50	3.47	3.59
Treatment for substance abuse	4.72	3.65	3.78
Services for emotional or psychiatric problems	4.38	3.67	3.63
Treatment for dual diagnosis	4.36	3.57	3.42
Family counseling	3.48	3.11	2.99
Medical services	4.71	3.98	3.96
Women's health care	2.85	3.51	3.09
Help with medication	4.63	3.30	3.79
Drop-in center or day program	3.71	2.80	3.08
AIDS/HIV testing/counseling	4.00	3.46	3.62
TB testing	4.14	3.78	3.96
TB treatment	3.85	3.69	3.59
Hepatitis C testing	3.68	3.80	3.73
Dental care	4.42	2.84	2.90
Eye care	4.50	3.20	3.25
Glasses	4.50	3.26	3.19
VA disability/pension	3.29	3.69	3.12
Welfare payments	2.53	2.96	2.78
SSI/SSD process	2.90	3.02	2.90
Guardianship (financial)	2.72	2.96	2.75
Help managing money	3.83	2.88	3.00
Job training	3.26	3.15	2.98
Help with finding a job or getting employment	3.32	3.47	3.12
Help getting needed documents or identification	4.38	3.53	3.52
Help with transportation	4.20	2.90	3.28
Education	3.71	3.22	3.13
Child care	3.06	2.30	2.49
Family reconciliation assistance	3.29	2.60	2.63
Discharge upgrade	3.67	3.11	2.91
Spiritual	3.82	3.67	3.51
Re-entry services for incarcerated Veterans	3.50	2.81	2.80
Elder Healthcare	3.12	3.54	3.01
Credit counseling	3.55	2.72	2.77
Legal assistance for child support issues	3.00	2.57	2.60
Legal assistance for outstanding warrants/fines	3.29	2.61	2.69
Help developing social network	3.79	3.06	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	Yes
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?	3.70	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.75	3.62

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

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

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

<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.	2.98	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	2.53	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	2.05	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.	2.79	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.	1.76	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.68	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.	2.60	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.22	1.99
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.00	1.63
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	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.	2.14	1.86

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

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

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

<b>Long-term, permanent housing</b>	HUD-VA Supported Housing program has helped Veterans with disabilities and/or children. Processed through the Polk County Housing Authority.
<b>Help with finding a job or getting employment</b>	Goodwill Industries was awarded a Department of Labor Homeless Veterans Reintegration Program grant. Goodwill has been an excellent referral outlet for Veterans in the community.
<b>Job training</b>	Goodwill's Department of Labor Homeless Veterans Reintegration Program and our own Domiciliary program provides adequate job training.

**\*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>	Goodwill Industries of Central Iowa was awarded a Department of Labor Homeless Veterans Reintegration Program grant. They are assisting a higher number of disadvantaged Veterans find work.
<b>Agency #2</b>	(no agency identified)
<b>Agency #3</b>	(no agency identified)

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

<b>Long-term, permanent housing</b>	There remains a need for long-term, affordable housing. The 35 HUD-VASH vouchers helped in this area. However, additional permanent housing opportunities are needed. Actions: Request additional HUD-VASH vouchers; work with housing providers in the community to generate interest in development of permanent, affordable housing.
<b>Help with transportation</b>	We need to educate authorities and the community about how Veterans need to have reliable transportation to attend treatment, job interviews, appointments, etc. Action: work with local transit authority to provide monthly bus passes.
<b>Family counseling</b>	Family counseling is extremely important with the advent of HUD-VASH in our area. Action: advocate for Veterans in need of family counseling and assist with service linkage in the community.

**\*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 23

**Site: VA Nebraska Western Iowa (VAMC Grand Island - 597A4 and VAMC Lincoln - 597)**

**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:** 135
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)

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

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

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	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: 23**

<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	3.56	3.64	3.70
Food	3.44	3.71	3.85
Clothing	3.67	3.71	3.61
Emergency (immediate) shelter	3.56	3.07	3.50
Halfway house or transitional living facility	4.00	2.93	3.35
Long-term, permanent housing	3.75	2.86	2.64
Detoxification from substances	3.75	3.71	3.59
Treatment for substance abuse	4.13	3.79	3.78
Services for emotional or psychiatric problems	3.89	3.29	3.63
Treatment for dual diagnosis	4.11	3.36	3.42
Family counseling	3.63	3.50	2.99
Medical services	4.22	3.71	3.96
Women's health care	2.60	3.86	3.09
Help with medication	4.38	3.43	3.79
Drop-in center or day program	3.25	3.00	3.08
AIDS/HIV testing/counseling	3.43	3.43	3.62
TB testing	3.63	3.43	3.96
TB treatment	3.50	3.36	3.59
Hepatitis C testing	3.63	3.29	3.73
Dental care	3.11	3.07	2.90
Eye care	2.50	3.00	3.25
Glasses	2.78	3.00	3.19
VA disability/pension	3.44	3.79	3.12
Welfare payments	2.00	3.29	2.78
SSI/SSD process	2.38	3.14	2.90
Guardianship (financial)	2.50	3.36	2.75
Help managing money	3.13	3.36	3.00
Job training	3.50	3.43	2.98
Help with finding a job or getting employment	3.50	3.43	3.12
Help getting needed documents or identification	3.56	3.36	3.52
Help with transportation	4.00	2.71	3.28
Education	3.33	3.21	3.13
Child care	4.00	3.07	2.49
Family reconciliation assistance	3.00	3.07	2.63
Discharge upgrade	2.50	3.29	2.91
Spiritual	3.56	3.64	3.51
Re-entry services for incarcerated Veterans	3.25	2.86	2.80
Elder Healthcare	3.43	3.43	3.01
Credit counseling	3.14	3.29	2.77
Legal assistance for child support issues	3.14	2.79	2.60
Legal assistance for outstanding warrants/fines	3.00	2.86	2.69
Help developing social network	3.25	3.21	3.10

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

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

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

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	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?	3.79	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.85	3.62

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

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

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

<b>Implementation Scale</b> <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.	2.36	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.	1.86	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.	2.07	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.	1.29	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.14	1.67
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.50	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.	2.21	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.36	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.	1.86	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.	1.79	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.	2.21	1.86

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

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

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

<b>Emergency (immediate) shelter</b>	The People's City Mission (Lincoln) has added 50 shelter beds. The Lincoln Connection (North Platte) hopes to move into a new building with more beds in FY 2009.
<b>Long-term, permanent housing</b>	Lincoln VAMC now has a HUD-VA Supported Housing program with 30 vouchers. Our local homeless voucher committee issues approximately 60 vouchers for case-managed independent living.
<b>Help with transportation</b>	Numerous human services agencies are selling a reduced-fee bus pass (\$5 for unlimited rides in a month) to homeless individuals.

**\*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>	People's City Mission was recently awarded VA Grant and Per Diem funding. They will open 12 transitional housing beds at its Curtis Center.
<b>Agency #2</b>	Lincoln Housing Authority (LHA) secured 30 HUD vouchers for our HUD-VA Supported Housing program. We look forward to working with LHA in the coming year.
<b>Agency #3</b>	(no agency identified)

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

<b>Help with transportation</b>	In Lincoln, numerous human service agencies sell monthly bus passes for \$5 to individuals with low incomes. In F Y2009, more agencies will offer those passes. For the Lincoln VAMC, Disabled American Veterans transportation is expanding its coverage area (out of the city) to Veterans that live in neighboring towns (Ceresco, Hickman, Waverly).
<b>Long-term, permanent housing</b>	We have a new HUD-VASH program. There are 30 vouchers available for Veterans who are homeless. The Grand Island Housing Authority is interested in applying for HUD-VASH vouchers, when announced.
<b>Transitional living facility or halfway house</b>	The People's City Mission in Lincoln was awarded VA Grant and Per Diem funding. The grant is for 12 beds in the transitional housing facility (The Curtis Center). This program will begin in FY 2009.

**\*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 23

#### Site: VA Nebraska Western Iowa VAMC Omaha -636

**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:** 165
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)

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	349
Transitional Housing Beds	0	21
Permanent Housing Beds	669	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: 30**

<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		4.27	3.70
Food		4.24	3.85
Clothing		4.25	3.61
Emergency (immediate) shelter		4.14	3.50
Halfway house or transitional living facility		3.31	3.35
Long-term, permanent housing		2.04	2.64
Detoxification from substances		3.83	3.59
Treatment for substance abuse		4.04	3.78
Services for emotional or psychiatric problems		3.86	3.63
Treatment for dual diagnosis		3.74	3.42
Family counseling		3.64	2.99
Medical services		3.97	3.96
Women's health care		3.96	3.09
Help with medication		4.00	3.79
Drop-in center or day program		3.50	3.08
AIDS/HIV testing/counseling		4.11	3.62
TB testing		4.07	3.96
TB treatment		4.00	3.59
Hepatitis C testing		4.18	3.73
Dental care		3.72	2.90
Eye care		3.97	3.25
Glasses		3.86	3.19
VA disability/pension		4.11	3.12
Welfare payments		4.14	2.78
SSI/SSD process		3.86	2.90
Guardianship (financial)		3.07	2.75
Help managing money		3.62	3.00
Job training		3.79	2.98
Help with finding a job or getting employment		3.85	3.12
Help getting needed documents or identification		3.76	3.52
Help with transportation		3.48	3.28
Education		3.67	3.13
Child care		3.62	2.49
Family reconciliation assistance		3.56	2.63
Discharge upgrade		3.80	2.91
Spiritual		4.12	3.51
Re-entry services for incarcerated Veterans		3.32	2.80
Elder Healthcare		3.65	3.01
Credit counseling		3.65	2.77
Legal assistance for child support issues		3.71	2.60
Legal assistance for outstanding warrants/fines		3.50	2.69
Help developing social network		3.70	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?	3.44	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.31	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.	1.96	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.62	1.84
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	1.56	1.93
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.54	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.	1.61	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.35	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.	1.17	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.	1.84	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.96	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.	1.26	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.	1.43	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.	1.88	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\***

	(no action plan submitted last year)
	(no action plan submitted last year)
	(no action plan submitted last 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>	The Salvation Army was awarded VA Grant and Per Diem funding.
<b>Agency #2</b>	The Stephen Center was awarded VA Grant and Per Diem Funding.
<b>Agency #3</b>	The Sienna Francis House was awarded VA Grant and Per Diem Funding.

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

<b>Transitional living facility or halfway house</b>	We have established communication with four community agencies that have recently received VA Grant and Per Diem funding.
<b>Long-term, permanent housing</b>	We have received 35 HUD-VASH vouchers which we will be filling as quickly as possible. Housing need being addressed by local VA with feasibility study being completed to support a permanent housing project exclusively for 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 23

#### Site: VAMC Iowa City, IA - 584

**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:** Even mix of urban and rural
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 12

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

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	150
Transitional Housing Beds	0	75
Permanent Housing Beds	35	175

\*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: 171**

<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	4.36	3.41	3.70
Food	4.51	3.53	3.85
Clothing	4.17	3.54	3.61
Emergency (immediate) shelter	3.60	3.00	3.50
Halfway house or transitional living facility	3.23	2.81	3.35
Long-term, permanent housing	2.65	2.60	2.64
Detoxification from substances	3.50	3.16	3.59
Treatment for substance abuse	3.83	3.24	3.78
Services for emotional or psychiatric problems	3.52	3.22	3.63
Treatment for dual diagnosis	3.18	3.09	3.42
Family counseling	3.27	3.00	2.99
Medical services	3.89	3.47	3.96
Women's health care	3.28	3.30	3.09
Help with medication	3.80	3.17	3.79
Drop-in center or day program	3.45	2.89	3.08
AIDS/HIV testing/counseling	3.80	3.13	3.62
TB testing	3.54	3.23	3.96
TB treatment	3.21	3.18	3.59
Hepatitis C testing	3.28	3.20	3.73
Dental care	2.61	2.41	2.90
Eye care	3.70	2.95	3.25
Glasses	3.67	2.86	3.19
VA disability/pension	3.08	3.35	3.12
Welfare payments	3.12	3.06	2.78
SSI/SSD process	3.22	3.00	2.90
Guardianship (financial)	3.07	2.82	2.75
Help managing money	3.00	2.93	3.00
Job training	2.95	3.11	2.98
Help with finding a job or getting employment	3.19	3.27	3.12
Help getting needed documents or identification	3.60	3.21	3.52
Help with transportation	3.87	2.89	3.28
Education	3.60	2.96	3.13
Child care	2.90	2.55	2.49
Family reconciliation assistance	2.93	2.54	2.63
Discharge upgrade	2.83	2.88	2.91
Spiritual	3.19	3.13	3.51
Re-entry services for incarcerated Veterans	2.76	2.89	2.80
Elder Healthcare	3.00	2.84	3.01
Credit counseling	2.72	2.80	2.77
Legal assistance for child support issues	3.05	2.70	2.60
Legal assistance for outstanding warrants/fines	2.72	2.66	2.69
Help developing social network	3.18	2.96	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	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?	3.63	3.56
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.84	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.	2.78	2.57
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.94	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.	2.60	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.	1.80	1.60
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.62	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.	2.18	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.	2.37	2.19
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.04	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.	1.75	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.	1.78	1.86

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

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

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

<b>Emergency (immediate) shelter</b>	A plan to develop a new shelter is no longer being considered. Existing shelters continue to struggle to find funding for operation.
<b>Services for emotional or psychiatric problems</b>	We continue to work with the local community mental health center on projects such as developing a mental health diversion program.
<b>Help with transportation</b>	Disabled American Veterans continues to provide transportation to VA appointments. Local county offices continue to assist with immediate transportation needs. One of our local transit companies donates tokens.

**\*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>	Johnson County Housing Authority has helped us secure 35 HUD vouchers for our HUD-VA Supported Housing program. This addresses the need for permanent housing.
<b>Agency #2</b>	Iowa Workforce Development provided clothes (including long underwear and 800 pairs of shoes/boots) to our homeless Veterans.
<b>Agency #3</b>	Linn County and Johnson County Veteran Affairs -- both county agencies helped many Veterans who were displaced and lost their personal belongings from the recent, devastating floods.

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

<b>Emergency (immediate) shelter</b>	We have two facilities that will be expanding their shelter beds.
<b>Long-term, permanent housing</b>	HUD-VASH currently has 35 vouchers in one county. Need to focus in getting HUD-VASH in the large local metro area. Continued partnership with providers in flood-affected areas.
<b>Dental care</b>	Continue to build partnerships with dental providers.

\*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.