CHALENG 2008 Survey Results Summary

VISN 10

Site: VAMC Chillicothe, OH - 538

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, nonprofit 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: 60

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	20
Transitional Housing Beds	6	20
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: 72

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	3.31	2.89	3.70
Food	3.19	3.51	3.85
Clothing	3.14	3.32	3.61
Emergency (immediate) shelter	2.29	2.52	3.50
Halfway house or transitional living	2.38	2.07	3.50
facility	2.30	2.07	3.35
Long-term, permanent housing	1.75	2.02	2.64
Detoxification from substances	3.88	2.59	3.59
	4.24	2.98	
Treatment for substance abuse	3.53	3.16	3.78
Services for emotional or psychiatric problems	3.53	3.10	3.63
Treatment for dual diagnosis	2.88	2.89	3.42
Family counseling	2.82	3.10 3.44	2.99
Medical services	3.76		3.96
Women's health care	1.90	3.09	3.09
Help with medication	4.07	3.11	3.79
Drop-in center or day program	3.21	2.30	3.08
AIDS/HIV testing/counseling	3.54	3.04	3.62
TB testing	4.07	3.39	3.96
TB treatment	3.93	3.04	3.59
Hepatitis C testing	4.13	3.29	3.73
Dental care	2.88	2.35	2.90
Eye care	3.59	2.70	3.25
Glasses	3.50	2.76	3.19
VA disability/pension	3.00	3.45	3.12
Welfare payments	1.69	3.40	2.78
SSI/SSD process	2.33	3.09	2.90
Guardianship (financial)	2.00	2.60	2.75
Help managing money	2.93	2.67	3.00
Job training	2.82	2.80	2.98
Help with finding a job or getting	2.76	2.98	
employment			3.12
Help getting needed documents or identification	3.31	2.91	3.52
Help with transportation	3.47	3.18	3.28
Education	3.06	2.91	3.13
Child care	3.18	2.80	2.49
Family reconciliation assistance	2.71	2.33	2.63
Discharge upgrade	3.14	2.81	2.91
Spiritual	3.88	3.26	3.51
Re-entry services for incarcerated	3.13	2.28	
Veterans			2.80
Elder Healthcare	3.14	2.98	3.01
Credit counseling	2.73	2.46	2.77
Legal assistance for child support issues	2.53	2.63	2.60
Legal assistance for outstanding warrants/fines	2.44	2.29	2.69
Help developing social network	2.73	2.58	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*

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

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.44	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.24	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

Community Agencies		1
Implementation Scale	Site Mean	VHA
1 = None, no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score**
3 = Moderate, significant steps taken but full implementation not		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	2.18	2.57
your agency meet formally to exchange information, do needs	_	-
assessment, plan formal agreements, and promote access to		
services.		
Co-location of Services - Services from the VA and your agency	1.33	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	1.50	1.93
services of the VA and your agency.	1.00	1.00
Interagency Agreements/ Memoranda of Understanding - Formal	1.83	2.28
and informal agreements between the VA and your agency covering		
such areas as collaboration, referrals, sharing client information, or		
coordinating services.		
Interagency Client Tracking Systems/ Management Information	1.31	1.60
Systems - Shared computer tracking systems that link the VA and	1.51	1.00
your agency to promote information sharing, referrals, and client		
access.		
Pooled/Joint Funding - Combining or layering funds from the VA	1.35	1.67
and your agency to create new resources or services.	1.55	1.07
Uniform Applications, Eligibility Criteria, and Intake	1.29	1.80
Assessments – Standardized form that the client fills out only once	1.23	1.00
to apply for services at the VA and your agency.		
Interagency Service Delivery Team/ Provider Coalition - Service	1.71	2.19
team comprised of staff from the VA and your agency to assist clients	1.7 1	2.13
with multiple needs.		
Consolidation of Programs/ Agencies - Combining programs from	1.52	1.99
	1.52	1.99
the VA and your agency under one administrative structure to integrate service delivery.		
	4.40	4.00
Flexible Funding – Flexible funding used to fill gaps or acquire	1.43	1.63
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.	4.05	4.00
Use of Special Waivers - Waiving requirements for funding, eligibility	1.35	1.68
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.	4.00	4.00
System Integration Coordinator Position - A specific staff position	1.63	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development. *Scored of non-VA community agency representatives who comp		

*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*

Emergency (immediate) shelter	Shelter beds are available, but access is limited due lack of resources.
Long-term, permanent housing	HUD-VA Supported Housing program is starting with 35 new vouchers. The community has received 10 HUD Shelter Plus Care vouchers.
Halfway house or transitional living facility	VA Grant and Per Diem providers have been at full capacity since June of 2008.
housing Halfway house or transitional living facility	vouchers. VA Grant and Per Diem providers have been at full capacity since

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

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

Agency #1	Russ County Community Action has maintained 12 shelter beds and work with our VA to assure Veteran access.
Agency #2	(no agency identified)
Agency #3	(no agency identified)

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

Long-term, permanent housing	We will implement our HUD-VASH program.
Transitional living facility or halfway house	We are exploring the possibility of developing a transitional bed program through our Community Residential Care Program. Hire new VA Grant Per Diem liaison to work closely with community agencies interested in applying.
Emergency (immediate) shelter	Continue to work with community partners to develop or improve access to emergency shelter.

*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 10

Site: VAMC Cincinnati, OH - 539 (Ft. Thomas, KY)

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, nonprofit 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: 1,833

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	18	100
Transitional Housing Beds	30	75
Permanent Housing Beds	215	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: 87

Need Ranking (1=Need Unmet	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all
5= Need Met)			participants)
Personal hygiene	3.95	3.52	3.70
Food	4.34	3.52	3.85
Clothing	3.76	3.21	3.61
Emergency (immediate) shelter	3.91	3.48	3.50
Halfway house or transitional living	3.95	3.39	0.00
facility	0.00	0.00	3.35
Long-term, permanent housing	3.02	2.96	2.64
Detoxification from substances	3.76	3.52	3.59
Treatment for substance abuse	4.05	3.72	3.78
Services for emotional or psychiatric	3.71	3.71	0.10
problems	0.11	0.7 1	3.63
Treatment for dual diagnosis	3.21	3.61	3.42
Family counseling	2.88	3.14	2.99
Medical services	3.98	3.69	3.96
Women's health care	2.86	3.30	3.09
Help with medication	3.83	3.45	3.79
Drop-in center or day program	3.26	3.45	3.08
AIDS/HIV testing/counseling	3.64	3.41	3.62
TB testing	4.00	3.38	3.96
TB treatment	3.53	3.38	3.59
Hepatitis C testing	3.76	3.34	3.73
Dental care	3.19	2.86	2.90
Eye care	3.45	3.00	3.25
Glasses	3.55	2.97	3.19
VA disability/pension	2.50	3.48	3.12
Welfare payments	2.43	3.15	2.78
SSI/SSD process	2.58	2.96	2.90
Guardianship (financial)	2.60	2.90	2.75
Help managing money	2.91	2.69	3.00
Job training	2.63	2.82	2.98
Help with finding a job or getting	2.89	3.31	2.90
employment	2.89	5.51	3.12
Help getting needed documents or	3.44	3.21	0.12
identification	0.11	0.21	3.52
Help with transportation	3.43	3.10	3.28
Education	3.14	3.00	3.13
Child care	2.17	2.68	2.49
Family reconciliation assistance	2.35	2.89	2.63
Discharge upgrade	2.42	2.75	2.91
Spiritual	3.70	3.17	3.51
Re-entry services for incarcerated	3.15	2.82	0.01
Veterans			2.80
Elder Healthcare	2.74	2.89	3.01
Credit counseling	2.54	2.62	2.77
Legal assistance for child support issues	2.39	2.48	2.60
Legal assistance for outstanding	2.38	2.40	2.00
warrants/fines	2.00	2 .77	2.69
Help developing social network	3.07	2.75	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 Ty	pes:
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Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient	Yes
(hospitals, wards	
Nursing homes	Yes
Faith-based organizations	Yes
Agencies that provide child care	No
Agencies that provide legal assistance for	No
child support issues	
Agencies that provide legal assistance for	Yes
outstanding warrants/fines	

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.31	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.31	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

Community Agencies		T
Implementation Scale	Site Mean	VHA
1 = None, no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score**
3 = Moderate, significant steps taken but full implementation not		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	3.08	2.57
your agency meet formally to exchange information, do needs		
assessment, plan formal agreements, and promote access to		
services.		
Co-location of Services - Services from the VA and your agency	2.50	1.84
provided in one location.	L	<u> </u>
Cross-Training - Staff training about the objectives, procedures and	2.42	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	3.00	2.28
and informal agreements between the VA and your agency covering	1	
such areas as collaboration, referrals, sharing client information, or	1	
coordinating services.		
Interagency Client Tracking Systems/ Management Information	2.32	1.60
Systems - Shared computer tracking systems that link the VA and	1	
your agency to promote information sharing, referrals, and client	1	
access.		
Pooled/Joint Funding - Combining or layering funds from the VA	2.56	1.67
and your agency to create new resources or services.	<u> </u>	
Uniform Applications, Eligibility Criteria, and Intake	2.20	1.80
Assessments – Standardized form that the client fills out only once		
to apply for services at the VA and your agency.	L	<u> </u>
Interagency Service Delivery Team/ Provider Coalition - Service	2.88	2.19
team comprised of staff from the VA and your agency to assist clients	1	
with multiple needs.	L	<u> </u>
Consolidation of Programs/ Agencies - Combining programs from	2.42	1.99
the VA and your agency under one administrative structure to	1	
integrate service delivery.	L	<u> </u>
Flexible Funding – Flexible funding used to fill gaps or acquire	2.40	1.63
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.	<u> </u>	<u> </u>
Use of Special Waivers - Waiving requirements for funding, eligibility	2.62	1.68
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.		
System Integration Coordinator Position - A specific staff position	2.48	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development.		
*Scored of non-VA community agency representatives who complete	atad Particin	ant Cum corr

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

E. Action Plans: FY 2008 and FY 2009

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

Long-term, permanent housing	HUD-VA Supported Housing program received 70 additional vouchers to provide permanent housing for Veterans. New HUD-VA Supported Housing case managers hired.
VA disability/pension	Benefits counselor provides ongoing education at local shelter on a monthly basis with referrals to VA to complete applications.
Job training	VA Compensated Work Therapy program continues to grow, providing opportunities for Veterans to move into full-time permanent jobs in the community and at the VA.

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

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

Agency #1	Goodwill Industries HRVP (Department of Labor Homeless Veterans Reintegration Program) staff visit homeless shelters to sign up Veterans for job training, employment, and case management.
Agency #2	Cincinnati Metropolitan Housing recently awarded 70 Section 8 vouchers to our HUD-VA Supported Housing program to place homeless Veterans into case-managed permanent housing.
Agency #3	(no agency identified)

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

Emergency (immediate) shelter	In light of the present economic crisis faced by the nation, several emergency shelters closed their doors, creating a need. There are no "Veterans only" emergency shelter. Through HUD Continuum of Care and other local agencies, this problem is being addressed. We will advocate for more emergency shelters through the local group of community providers.
Long-term, permanent housing	HUD-VASH will continue to advocate for additional housing vouchers. Through our outreach efforts, more Veterans will be identified to move into permanent housing. Goodwill Industries received a grant to assist Veterans in locating and paying for permanent housing. This program will also have a staff to case manage Veterans in their home.
Job training	Goodwill Industries Department of Labor Homeless Veterans Reintegration Program will increase their staff to provide job training to Veterans on our campus. There is an Upward Bound Program that serves fifteen counties in the Tri-State area. This program is designed to help Veterans to increase their academic skills and successfully complete college or vocational training.

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

CHALENG 2008 Survey Results Summary

VISN 10

Site: VAMC Cleveland, OH - 541, (Brecksville, OH)

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, nonprofit 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: 605

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: 16

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	142	20
Permanent Housing Beds	184	600

*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: 169

Need Donking (1-Need Unmet	Site homeless	Site provider	VHA Mean Score
Need Ranking (1=Need Unmet	Veteran mean score	mean score	(nationwide)*(all
5= Need Met)		0.57	participants)
Personal hygiene	3.96	3.57	3.70
Food	4.21	3.87	3.85
Clothing	3.61	3.55	3.61
Emergency (immediate) shelter	4.14	3.95	3.50
Halfway house or transitional living	3.57	3.57	
facility			3.35
Long-term, permanent housing	2.61	2.96	2.64
Detoxification from substances	4.06	3.65	3.59
Treatment for substance abuse	4.18	4.04	3.78
Services for emotional or psychiatric	3.85	4.13	
problems			3.63
Treatment for dual diagnosis	3.62	3.91	3.42
Family counseling	2.98	3.26	2.99
Medical services	4.24	4.22	3.96
Women's health care	2.83	3.64	3.09
Help with medication	3.96	4.13	3.79
Drop-in center or day program	3.14	3.09	3.08
AIDS/HIV testing/counseling	3.59	3.87	3.62
TB testing	4.02	4.04	3.96
TB treatment	3.41	3.91	3.59
Hepatitis C testing	3.64	3.87	3.73
Dental care	3.36	3.43	2.90
Eye care	3.83	3.74	3.25
Glasses	3.88	3.70	3.19
VA disability/pension	2.83	3.83	3.12
Welfare payments	2.38	2.87	2.78
SSI/SSD process	2.60	3.22	2.90
Guardianship (financial)	2.63	3.04	2.75
Help managing money	3.00	3.22	3.00
	2.78	3.13	2.98
Job training Help with finding a job or getting		3.04	2.90
employment	2.87	3.04	2 1 2
Help getting needed documents or	3.06	2.57	3.12
	3.96	3.57	3.52
identification	3.54	0.40	
Help with transportation		3.48	3.28
Education	2.99	3.00	3.13
Child care	2.46	2.45	2.49
Family reconciliation assistance	2.65	2.74	2.63
Discharge upgrade	2.62	3.22	2.91
Spiritual	3.86	3.30	3.51
Re-entry services for incarcerated	2.73	3.48	
Veterans			2.80
Elder Healthcare	2.84	3.52	3.01
Credit counseling	2.85	2.48	2.77
Legal assistance for child support issues	2.61	2.43	2.60
Legal assistance for outstanding	2.92	2.70	0.00
warrants/fines Help developing social network	3.27	3.00	2.69 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 <i>I</i>	Agreements	with Con	nmunity	Service ⁻	Types:
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Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient	Yes
(hospitals, wards	
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for	Yes
child support issues	
Agencies that provide legal assistance for	Yes
outstanding warrants/fines	

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.91	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.05	3.62

*Scores of non-VA community agency representatives who completed Participant Survey. **VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

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

Community Agencies Implementation Scale	Site Mean	VHA
1 = None , no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score**
3 = Moderate , significant steps taken but full implementation not		Mean Score
achieved.		
4 = High , strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	3.16	2.57
your agency meet formally to exchange information, do needs	5.10	2.57
assessment, plan formal agreements, and promote access to		
services.		
Co-location of Services - Services from the VA and your agency	2.47	1.84
provided in one location.	2.47	1.04
Cross-Training - Staff training about the objectives, procedures and	2.18	1.93
services of the VA and your agency.	2.10	1.55
Interagency Agreements/ Memoranda of Understanding - Formal	3.00	2.28
and informal agreements between the VA and your agency covering	0.00	2.20
such areas as collaboration, referrals, sharing client information, or		
coordinating services.		
Interagency Client Tracking Systems/ Management Information	2.00	1.60
Systems - Shared computer tracking systems that link the VA and		
your agency to promote information sharing, referrals, and client		
access.		
Pooled/Joint Funding - Combining or layering funds from the VA	2.16	1.67
and your agency to create new resources or services.		
Uniform Applications, Eligibility Criteria, and Intake	2.37	1.80
Assessments – Standardized form that the client fills out only once	-	
to apply for services at the VA and your agency.		
Interagency Service Delivery Team/ Provider Coalition - Service	2.83	2.19
team comprised of staff from the VA and your agency to assist clients		
with multiple needs.		
Consolidation of Programs/ Agencies - Combining programs from	2.26	1.99
the VA and your agency under one administrative structure to		
integrate service delivery.		
Flexible Funding – Flexible funding used to fill gaps or acquire	1.84	1.63
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.		
Use of Special Waivers - Waiving requirements for funding, eligibility	1.68	1.68
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.		
System Integration Coordinator Position - A specific staff position	2.00	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development. *Scored of non-VA community agency representatives who comp		

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

E. Action Plans: FY 2008 and FY 2009

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

Long-term, permanent housing	New permanent housing program opened and is currently housing 23 Veterans. Another site is opening soon and will house another 20 Veterans.
Re-entry services for incarcerated veterans	VA will continue to: collaborate with VA incarcerated Veterans specialist; participate in local re-entry task force; advocate with landlords and employers; facilitate groups that assist ex-offenders; and provide supportive services to recently-released Veterans
Help with transportation	VA will continue to collaborate with county Veterans service commission to get bus tickets, and advocate with local transit authority and other groups for assistance.

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

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

Agency #1	Mental Health Services (Cleveland) assists in providing support services to our Veterans in permanent housing. It helps the VA identify Veterans in the community.
Agency #2	EDEN (Emerald Development and Economic Network) houses homeless Veterans in permanent housing.
Agency #3	Cuyahoga Metropolitan Housing Authority has helped us with HUD-VA Supported Housing Section 8 vouchers.

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

Long-term, permanent housing	1) Continue involvement with local Housing First initiative to expand permanent supported housing in the community. 2) Utilize the 105 HUD-VASH vouchers that were provided with case management services. (3) Explore the feasibility of utilizing HUD- VASH vouchers in project0based supportive housing.
Job training	 Increase referrals to the job training programs in the community. Increase referrals to VA Compensated Work Therapy/Supported Employment. 3) Work with community agencies in getting Veterans to start/complete their education.
Help with finding a job or getting employment	Increase utilization of North Point and Volunteers of America (two programs that focus on returning people to work).

*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 10

Site: VAMC Dayton, OH - 552

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, nonprofit 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: 108

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	30
Transitional Housing Beds	35	70
Permanent Housing Beds	55	20

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

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	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: 44

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	3.57	3.58	3.70
	3.23	4.25	
Food			3.85
Clothing	3.14	4.25	3.61
Emergency (immediate) shelter	3.00	4.08	3.50
Halfway house or transitional living	3.24	3.67	0.05
facility	0.00	0.40	3.35
Long-term, permanent housing	3.23	3.18	2.64
Detoxification from substances	3.76	3.58	3.59
Treatment for substance abuse	4.08	3.75	3.78
Services for emotional or psychiatric	3.63	3.75	
problems			3.63
Treatment for dual diagnosis	3.60	3.83	3.42
Family counseling	3.44	2.91	2.99
Medical services	3.78	4.33	3.96
Women's health care	2.58	3.00	3.09
Help with medication	3.97	3.36	3.79
Drop-in center or day program	4.20	3.55	3.08
AIDS/HIV testing/counseling	4.25	4.00	3.62
TB testing	4.22	3.92	3.96
TB treatment	4.09	3.92	3.59
Hepatitis C testing	4.13	3.75	3.73
Dental care	2.67	3.08	2.90
Eye care	3.65	3.17	3.25
Glasses	3.86	3.00	3.19
VA disability/pension	3.30	3.92	3.12
Welfare payments	2.91	3.50	2.78
SSI/SSD process	3.04	3.75	2.90
Guardianship (financial)	3.63	3.18	2.75
Help managing money	3.25	3.18	3.00
Job training	3.00	4.00	2.98
Help with finding a job or getting	3.21	3.83	2.00
employment	5.21	5.00	3.12
Help getting needed documents or	4.32	4.09	0.12
identification	4.52	4.05	3.52
Help with transportation	3.70	3.83	3.28
Education	3.74	3.08	3.13
Child care	3.00	2.83	2.49
Family reconciliation assistance			
, ,	3.38	2.75	2.63
Discharge upgrade	3.05	3.67	2.91
Spiritual	3.88	3.25	3.51
Re-entry services for incarcerated	3.64	3.00	2.90
Veterans	4.00	0.50	2.80
Elder Healthcare	4.00	3.50	3.01
Credit counseling	3.46	2.64	2.77
Legal assistance for child support issues	3.27	2.91	2.60
Legal assistance for outstanding warrants/fines	3.57	2.83	2.69
Help developing social network	3.78	3.50	3.10

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

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

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

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.33	3.56
VA Service Coordination : Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.50	3.62

*Scores of non-VA community agency representatives who completed Participant Survey. **VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

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

Community Agencies	1	1
Implementation Scale	Site Mean	VHA
1 = None, no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score**
3 = Moderate, significant steps taken but full implementation not		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	3.29	2.57
your agency meet formally to exchange information, do needs		
assessment, plan formal agreements, and promote access to		
services.		
Co-location of Services - Services from the VA and your agency	1.43	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	2.14	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	3.71	2.28
and informal agreements between the VA and your agency covering		
such areas as collaboration, referrals, sharing client information, or		
coordinating services.		
Interagency Client Tracking Systems/ Management Information	1.86	1.60
Systems - Shared computer tracking systems that link the VA and		
your agency to promote information sharing, referrals, and client		
access.		
Pooled/Joint Funding - Combining or layering funds from the VA	1.71	1.67
and your agency to create new resources or services.		
Uniform Applications, Eligibility Criteria, and Intake	2.14	1.80
Assessments - Standardized form that the client fills out only once		
to apply for services at the VA and your agency.		
Interagency Service Delivery Team/ Provider Coalition - Service	3.14	2.19
team comprised of staff from the VA and your agency to assist clients		
with multiple needs.		
Consolidation of Programs/ Agencies - Combining programs from	2.71	1.99
the VA and your agency under one administrative structure to		
integrate service delivery.		
Flexible Funding – Flexible funding used to fill gaps or acquire	1.71	1.63
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.		
Use of Special Waivers - Waiving requirements for funding, eligibility	1.14	1.68
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.		
System Integration Coordinator Position - A specific staff position	2.14	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development.		
*Scored of non-VA community agency representatives who compl	ated Derticin	

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

E. Action Plans: FY 2008 and FY 2009

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

Long-term, permanent housing	Our VA was awarded 35 HUD-VA Supported Housing vouchers. Also, Miami Valley Housing Opportunities opened 27 permanent housing beds for women.
Emergency (immediate) shelter	Gateway Shelter is expanding to a second site which will increase the number of local emergency beds.
Halfway house or transitional living facility	Two new VA Grant and Per Diem programs are now open.

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

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

Agency #1	Miami Valley Housing Opportunities opened 27 units of permanent housing for female Veterans on our VA grounds.
Agency #2	The Other Place opened ten VA Grant and Per Diem beds. Its staff also provide supervision to the new Miami Valley Housing Opportunities 27-unit SRO (single room occupancy) on our VA grounds.
Agency #3	(no agency identified)

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

Dental care	Refer to Emergency Housing Coalition. Make Veterans aware of resources in community for dental care.
Long-term, permanent housing	St. Mary's Corp. is planning to build low- income housing on our VA's grounds.
Emergency (immediate) shelter	Community is planning to add more shelter beds this year.

*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 10

Site: VAOPC Columbus, OH - 757, (Grove City, OH)

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, nonprofit 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: 134

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	5	40
Transitional Housing Beds	40	15
Permanent Housing Beds	30	100

*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: 49

Need Ranking (1=Need Unmet	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all
5= Need Met)	Veterali mean score	mean score	participants)
Personal hygiene	3.23	3.04	3.70
Food	3.59	3.64	3.85
Clothing	3.45	3.72	3.61
Emergency (immediate) shelter	3.55	3.92	3.50
Halfway house or transitional living	3.50	3.38	3.50
facility	3.30	5.50	3.35
Long-term, permanent housing	2.29	2.88	2.64
Detoxification from substances	3.86	3.62	3.59
Treatment for substance abuse	3.82	3.73	3.78
	3.73	3.65	3.70
Services for emotional or psychiatric problems	3.73	3.00	3.63
Treatment for dual diagnosis	2.40	3.58	3.42
	3.40 2.71		
Family counseling		3.08	2.99
Medical services	4.00	3.73	3.96
Women's health care	1.88	3.13	3.09
Help with medication	4.05	3.58	3.79
Drop-in center or day program	3.12	2.69	3.08
AIDS/HIV testing/counseling	3.85	3.65	3.62
TB testing	4.19	4.00	3.96
TB treatment	3.65	3.85	3.59
Hepatitis C testing	3.86	3.85	3.73
Dental care	3.57	2.96	2.90
Eye care	3.91	3.58	3.25
Glasses	3.86	3.42	3.19
VA disability/pension	2.68	3.62	3.12
Welfare payments	2.29	3.24	2.78
SSI/SSD process	2.71	3.08	2.90
Guardianship (financial)	2.00	3.12	2.75
Help managing money	3.00	2.73	3.00
Job training	2.81	3.23	2.98
Help with finding a job or getting	2.85	3.31	
employment			3.12
Help getting needed documents or	3.73	3.42	
identification			3.52
Help with transportation	3.14	3.00	3.28
Education	3.17	3.04	3.13
Child care	2.00	2.52	2.49
Family reconciliation assistance	2.07	2.75	2.63
Discharge upgrade	2.50	3.20	2.91
Spiritual	3.43	3.08	3.51
Re-entry services for incarcerated	2.93	3.23	
Veterans			2.80
Elder Healthcare	2.92	3.13	3.01
Credit counseling	2.69	2.76	2.77
Legal assistance for child support issues	2.56	2.44	2.60
Legal assistance for outstanding warrants/fines	2.35	2.68	2.69
Help developing social network	3.00	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 Ty	pes:
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Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient	Yes
(hospitals, wards	
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for	No
child support issues	
Agencies that provide legal assistance for	No
outstanding warrants/fines	

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.12	3.56
VA Service Coordination: 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

Community Agencies	1	1
Implementation Scale	Site Mean	VHA
1 = None , no steps taken to initiate implementation of the strategy.	Score	(nationwide)
2 = Low, in planning and/or initial minor steps taken.		Mean Score**
3 = Moderate, significant steps taken but full implementation not		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	3.23	2.57
your agency meet formally to exchange information, do needs		
assessment, plan formal agreements, and promote access to		
services.		
Co-location of Services - Services from the VA and your agency	2.52	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	1.95	1.93
services of the VA and your agency.	1.00	1.00
Interagency Agreements/ Memoranda of Understanding - Formal	2.71	2.28
and informal agreements between the VA and your agency covering		2.20
such areas as collaboration, referrals, sharing client information, or		
coordinating services.		
Interagency Client Tracking Systems/ Management Information	1.90	1.60
Systems - Shared computer tracking systems that link the VA and	1.50	1.00
your agency to promote information sharing, referrals, and client		
access.		
Pooled/Joint Funding - Combining or layering funds from the VA	2.10	1.67
and your agency to create new resources or services.	2.10	1.07
Uniform Applications, Eligibility Criteria, and Intake	2.14	1.80
Assessments – Standardized form that the client fills out only once	2.14	1.00
to apply for services at the VA and your agency.		
Interagency Service Delivery Team/ Provider Coalition - Service	2.62	2.19
team comprised of staff from the VA and your agency to assist clients	2.02	2.15
with multiple needs.		
Consolidation of Programs/ Agencies - Combining programs from	2.45	1.99
	2.45	1.99
the VA and your agency under one administrative structure to integrate service delivery.		
	2.05	1.63
Flexible Funding – Flexible funding used to fill gaps or acquire	2.05	1.03
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.	0.00	4.00
Use of Special Waivers - Waiving requirements for funding, eligibility	2.33	1.68
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.	0.04	4.00
System Integration Coordinator Position - A specific staff position	2.81	1.86
focused on systems integration activities such as identifying		
agencies, staffing interagency meetings, and assisting with joint		
proposal development. *Scored of non-VA community agency representatives who comp		

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

E. Action Plans: FY 2008 and FY 2009

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

Help with transportation	Franklin County Veterans Service Commission (VSC) provides bus passes for VA appointments and cab vouchers for Veterans with special needs.
Re-entry services for incarcerated veterans	A VA social worker maintains regular contact with the VISN incarcerated Veterans re-entry specialist.
Dental Care	The Franklin County Veterans Service Commission and Healthcare for the Homeless provides dental care on a limited basis to Veterans.

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

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

Agency #1	Franklin County Veterans Service Commission (VSC) provides bus passes for VA appointments and cab vouchers for Veterans with special needs. VSC also provides Veterans with annual dental check-ups and up to \$1200 of dental work.
Agency #2	(no agency identified)
Agency #3	(no agency identified)

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

Long-term, permanent housing	Columbus VAOPC will receive 35 HUD-VASH vouchers to be utilized by Veterans.
Services for emotional or psychiatric problems	Feedback from the community indicates that VAOPC case management is beneficial to Veterans transitioning out of homelessness. Veterans housed through the HUD-VASH program and at our supported housing have VAOPC case management.
Help with finding a job or getting employment	Veterans will be referred to community resources, such as the Ohio Department of Job and Family Services representative, the Volunteers of America residential employment program, the local Department of Labor Homeless Veterans Reintegration 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.