CHALENG 2008 Survey Results Summary

VISN 11

Site: Toledo, OH, Outpatient Clinic

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: 98

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	0
Transitional Housing Beds	61	37
Permanent Housing Beds	70	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: 56

Need Ranking (1=Need Unmet	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all
5= Need Met)	4.50	0.07	participants)
Personal hygiene	4.59	3.67	3.70
Food	4.59	3.93	3.85
Clothing	4.29	3.67	3.61
Emergency (immediate) shelter	4.75	3.15	3.50
Halfway house or transitional living	4.82	3.11	
facility			3.35
Long-term, permanent housing	3.15	3.00	2.64
Detoxification from substances	4.52	3.52	3.59
Treatment for substance abuse	4.42	3.56	3.78
Services for emotional or psychiatric	4.70	3.58	
problems			3.63
Treatment for dual diagnosis	4.31	3.46	3.42
Family counseling	4.20	3.23	2.99
Medical services	4.83	3.84	3.96
Women's health care	3.18	3.04	3.09
Help with medication	4.78	3.69	3.79
Drop-in center or day program	3.58	3.19	3.08
AIDS/HIV testing/counseling	4.30	3.38	3.62
TB testing	4.68	3.81	3.96
TB treatment	4.45	3.60	3.59
Hepatitis C testing	4.50	3.52	3.73
Dental care	4.28	3.12	2.90
Eye care	4.72	3.42	3.25
Glasses	4.33	3.50	3.19
VA disability/pension	3.50	3.32	3.12
Welfare payments	3.68	2.76	2.78
SSI/SSD process	3.54	2.96	2.90
Guardianship (financial)	3.14	3.00	2.75
Help managing money	3.86	2.96	3.00
Job training	3.38	3.31	2.98
Help with finding a job or getting	3.43	3.27	2.90
employment	3.43	3.27	3.12
Help getting needed documents or	4.44	3.65	3.12
identification	4.44	5.05	3.52
Help with transportation	4.73	3.68	3.28
	3.77		
Education		3.04	3.13
Child care	2.95	2.83	2.49
Family reconciliation assistance	3.10	2.87	2.63
Discharge upgrade	3.33	2.96	2.91
Spiritual	4.00	3.43	3.51
Re-entry services for incarcerated	3.17	3.09	
Veterans			2.80
Elder Healthcare	3.35	3.18	3.01
Credit counseling	3.60	3.09	2.77
Legal assistance for child support issues	2.67	2.83	2.60
Legal assistance for outstanding warrants/fines	3.65	2.96	2.69
Help developing social network	3.90	3.38	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?	4.19	3.56
VA Service Coordination : Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.12	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	2.73	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	2.48	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	1.83	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	2.52	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	1.58	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	1.52	1.67
and your agency to create new resources or services.		
Uniform Applications, Eligibility Criteria, and Intake	2.00	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	2.54	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	2.29	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	1.83	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	2.00	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	2.17	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	otod Particia	

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

E. Action Plans: FY 2008 and FY 2009

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

Halfway house or transitional living facility	A new 7-bed VA Grant and Per Diem program for ex-offenders will open soon.
Long-term, permanent housing	We are starting a new HUD-VA Supported Housing program with referrals, committees, new hires, placements, etc.
Help with finding a job or getting employment	It continues to be difficult finding gainful employment in Ohio and Michigan.

*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	Michigan Ability Partners (MAP) is an excellent community partner. It provides transitional housing, case management, income assistance and employment services.
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 have 70 new HUD-VASH vouchers with 2 case manager positions.
Transitional living facility or halfway house	A VA Grant and Per Diem program for ex-offenders will open late this Fall in Ann Arbor. Continue to wait for follow-up on VA Grant and Per Diem funding for Odyssey House in Flint.
Emergency (immediate) shelter	Ann Arbor has only a finite number of emergency beds. Veterans must be located to other cities when no local beds are available.

*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 11

Site: VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)

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: 868

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	100
Transitional Housing Beds	0	125
Permanent Housing Beds	0	70

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

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

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

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

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene		3.10	3.70
Food		3.39	3.85
Clothing		3.31	3.61
Emergency (immediate) shelter		2.77	3.50
Halfway house or transitional living		2.55	
facility			3.35
Long-term, permanent housing		2.55	2.64
Detoxification from substances		3.13	3.59
Treatment for substance abuse		3.29	3.78
Services for emotional or psychiatric		3.35	
problems			3.63
Treatment for dual diagnosis		3.19	3.42
Family counseling		3.00	2.99
Medical services		3.44	3.96
Women's health care		2.91	3.09
Help with medication		3.16	3.79
Drop-in center or day program		2.97	3.08
AIDS/HIV testing/counseling		3.10	3.62
TB testing		3.39	3.96
TB treatment		3.19	3.59
Hepatitis C testing		3.38	3.73
Dental care		2.85	2.90
Eye care		2.87	3.25
Glasses		2.94	3.19
VA disability/pension		3.47	3.12
Welfare payments		3.10	2.78
SSI/SSD process		2.83	2.90
Guardianship (financial)		3.10	2.75
Help managing money		2.70	3.00
Job training		2.73	2.98
Help with finding a job or getting		2.85	2.00
employment		2.00	3.12
Help getting needed documents or		2.97	
identification			3.52
Help with transportation		2.71	3.28
Education		2.81	3.13
Child care		2.74	2.49
Family reconciliation assistance		2.78	2.63
Discharge upgrade		2.94	2.91
Spiritual		3.10	3.51
Re-entry services for incarcerated		2.74	
Veterans			2.80
Elder Healthcare		3.03	3.01
Credit counseling		2.66	2.77
Legal assistance for child support issues		2.60	2.60
Legal assistance for outstanding		2.57	
warrants/fines			2.69
Help developing social network	ation (120 reporting POC	2.97	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)	No
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	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?	3.22	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.03	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	2.57	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	1.96	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	1.96	1.93
services of the VA and your agency.	1.00	1.00
Interagency Agreements/ Memoranda of Understanding - Formal	1.92	2.28
and informal agreements between the VA and your agency covering	1.02	2.20
such areas as collaboration, referrals, sharing client information, or		
coordinating services.		
Interagency Client Tracking Systems/ Management Information	1.61	1.60
Systems - Shared computer tracking systems that link the VA and	1.01	1.00
your agency to promote information sharing, referrals, and client		
access. Pooled/Joint Funding - Combining or layering funds from the VA	1.64	1.67
	1.04	1.07
and your agency to create new resources or services.	4.00	1.00
Uniform Applications, Eligibility Criteria, and Intake	1.62	1.80
Assessments – Standardized form that the client fills out only once		
to apply for services at the VA and your agency.	1.81	2.19
Interagency Service Delivery Team/ Provider Coalition - Service	1.01	2.19
team comprised of staff from the VA and your agency to assist clients		
with multiple needs.	4.05	4.00
Consolidation of Programs/ Agencies - Combining programs from	1.85	1.99
the VA and your agency under one administrative structure to		
integrate service delivery.	4 = 0	4.00
Flexible Funding – Flexible funding used to fill gaps or acquire	1.59	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	1.54	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	1.65	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	atad Particin	ant Survay

*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 finding a job or getting employment	We refer Veterans to VA hospital-based vocational rehabilitation programs such as VA Compensated Work Therapy and VA Incentive Therapy.
Long-term, permanent housing	We will receive 35 HUD-VA Supported Housing Section 8 vouchers in FY 2009.
Services for emotional or psychiatric problems	One new VA Grant and Per Diem program targets Veterans with mental health needs. We have a new relationship with a half-way house in Fort Wayne for Veterans with emotional and psychiatric needs. This is in addition to ongoing relationships with half-way houses in Marion and elsewhere.

*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	Shepherd's House (Fort Wayne) will open a VA Grant and Per Diem program in early FY 2009. In previous years, they have provided temporary housing for homeless Veterans and non-Veterans with substance abuse issues.
Agency #2	Volunteers of America (Fort Wayne) will open a VA Grant and Per Diem program to provide 50 beds for Veterans with mental health and substance abuse issues.
Agency #3	Vincent Village (Fort Wayne) houses homeless Veterans and non- Veterans. We have a close working relationship with this agency.

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

Transitional living facility or halfway house	1) Continue working to get two approved VA Grant and Per Diems up and running (Shepherd's House and Volunteers of America). 2) Free grant writing training scheduled for November, 2008. 3) Meet with more homeless coalitions/HUD Continuums of Care around the catchment area to promote VA Grant and Per Diem application.
Long-term, permanent housing	1) Expand HUD-VASH program to other communities. 2) Explore working with Habitat for Humanity.
Help with transportation	Work with VA Voluntary Services to get donations for bus passes and gas cards. 2) Discuss/promote solutions with homeless coalitions/HUD Continuums of Care to impact this issue in all communities.

*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 11

Site: VAMC Battle Creek, MI - 515

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: 900

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	120	221
Transitional Housing Beds	116	96
Permanent Housing Beds	173	320

*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: 145

Need Ranking (1=Need Unmet	Site homeless	Site provider	VHA Mean Score
5= Need Met)	Veteran mean score	mean score	(nationwide)*(all
	4.00	2.02	participants)
Personal hygiene	4.00	3.23	3.70
Food	3.86	3.83	3.85
Clothing	3.82	3.48	3.61
Emergency (immediate) shelter	3.79	3.35	3.50
Halfway house or transitional living	3.50	3.20	
facility		0.07	3.35
Long-term, permanent housing	3.25	3.07	2.64
Detoxification from substances	3.75	3.52	3.59
Treatment for substance abuse	3.77	3.48	3.78
Services for emotional or psychiatric	3.63	3.41	
problems			3.63
Treatment for dual diagnosis	3.46	3.43	3.42
Family counseling	3.51	3.31	2.99
Medical services	3.79	3.83	3.96
Women's health care	3.21	3.25	3.09
Help with medication	3.82	3.33	3.79
Drop-in center or day program	3.80	3.64	3.08
AIDS/HIV testing/counseling	3.87	3.43	3.62
TB testing	3.94	3.52	3.96
TB treatment	3.76	3.35	3.59
Hepatitis C testing	3.74	3.36	3.73
Dental care	3.03	3.00	2.90
Eye care	3.39	3.23	3.25
Glasses	3.26	3.39	3.19
VA disability/pension	3.23	3.80	3.12
Welfare payments	2.95	3.24	2.78
SSI/SSD process	2.96	3.39	2.90
Guardianship (financial)	2.90	3.07	2.75
Help managing money	3.06	2.97	3.00
Job training	3.02	3.26	2.98
Help with finding a job or getting	3.10	3.27	2.00
employment	5.10	5.27	3.12
Help getting needed documents or	3.83	3.14	0.12
identification	5.05	5.14	3.52
Help with transportation	3.55	3.20	3.28
Education	3.55	3.20	3.13
Child care	3.18	2.79	2.49
Family reconciliation assistance	3.09		
, ,		3.00	2.63
Discharge upgrade	3.17	3.59	2.91
Spiritual	3.67	3.75	3.51
Re-entry services for incarcerated	3.18	3.07	0.00
Veterans	2.00	2.04	2.80
Elder Healthcare	3.22	3.31	3.01
Credit counseling	3.20	3.19	2.77
Legal assistance for child support issues	3.14	3.11	2.60
Legal assistance for outstanding	3.12	3.04	
warrants/fines			2.69
Help developing social network	3.11	3.22	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)	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?	3.77	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.72	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		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	2.67	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	2.27	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	2.15	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	2.31	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	1.96	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	2.08	1.67
and your agency to create new resources or services.		
Uniform Applications, Eligibility Criteria, and Intake	2.12	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	2.23	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	2.23	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	1.92	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	1.88	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.	1.00	4.00
System Integration Coordinator Position - A specific staff position	1.92	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		

*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 finding a job or getting employment	We will continue to use VA Compensated Work Therapy Supported Housing Program, Goodwill Industries, Dwelling Place, and the Michigan Department of Labor and Economic Growth through Michigan Works to continue to provide employment training. Volunteers of America recently received a DOL Homeless Veterans Reintegration Program grant to provide on-site supportive employment services to Veterans in the VA Grant and Per Diem program. This VOA/VA arrangement will include coordinated case management, aftercare, and financial incentives to help keep Veteran in long-term employment.
VA disability/pension	VA benefit representatives visit our VA transitional housing programs and accept our referrals. We work with the Department of Defense Post-Deployment Health Reassessment (PDHRA) Program regarding benefits for newly returning OIF/OEF Veterans.
Long-term, permanent housing	Battle Creek Housing Commission partnered with the Battle Creek VA Medical Center in administering 35 HUD-VA Supported Housing Section 8 vouchers.

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

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

Agency #1	Volunteers of America Michigan was awarded a Department of Labor Homeless Veterans Reintegration Program grant to provide job and vocational rehabilitative services.
Agency #2	Michigan Works! (Grand Rapids) staff provide ongoing employment counseling, training, and Job readiness to homeless Veterans in Kent County.
Agency #3	Battle Creek Housing Commission partnered with the Battle Creek VA Medical Center in administering 35 HUD-VA Supported Housing Section 8 vouchers.

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

Long-term, permanent housing	Continue to provide permanent housing through the new HUD- VASH program. Work with local area Homeless Coalitions and Michigan State Housing Development Authority (MSHDA) with the Ten-year Plan to End Homelessness by constructing new housing with Veterans preference. We anticipate that the Medallion Group through a partnership with MSHDA will begin construction of a 75- unit apartment complex on the grounds of the Battle Creek VA Medical Center during FY 2009 through an enhanced-use lease.
Job training	We will continue to work with the VA Compensated Work Therapy and Incentive Work Therapy Programs to provide employment opportunitites for homeless Veterans. We will continue work with local community partners such as Goodwill Industries, Advent House Ministries Inc, and Michigan Works to provide employment training to our homeless Veterans. Volunteers of America, Michigan have been awarded a grant to provide employment training and support services to homeless Veterans through the Department of Labor Homeless Veterans Reintegration program. Volunteers of America Michigan's proposed Comprehensive Employment and Training Program with wrap-around supportive services will establish a coordinated case management system with a strong aftercare component, including financial incentives. A continuum of supportive services will be provided and coordinated, giving homeless Veterans the ability to participate in job skills training programs while meeting their basic needs.
Food	Continue to operate our food pantry at the Grand Rapids Healthcare for Homeless Veterans Service Center, and expand based on need. Refer to local community food pantries.

*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 11

Site: VAMC Danville, IL - 550

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: 317

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	10	10
Transitional Housing Beds	26	50
Permanent Housing Beds	10	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: 86

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	4.24	3.55	3.70
Food	4.14	3.49	3.85
Clothing	4.16	3.59	3.61
Emergency (immediate) shelter	4.30	3.28	3.50
Halfway house or transitional living	3.77	2.95	3.50
facility	3.77	2.95	3.35
Long-term, permanent housing	3.56	2.56	2.64
Detoxification from substances	4.45	2.81	3.59
Treatment for substance abuse	4.45	3.13	3.78
	4.45	3.03	3.70
Services for emotional or psychiatric	4.16	3.03	2.62
problems	3.71	2.94	3.63 3.42
Treatment for dual diagnosis		2.84	
Family counseling	3.56	2.78	2.99
Medical services	4.39	3.54	3.96
Women's health care	2.83	2.97	3.09
Help with medication	4.32	3.17	3.79
Drop-in center or day program	3.51	3.14	3.08
AIDS/HIV testing/counseling	3.89	3.69	3.62
TB testing	4.06	3.66	3.96
TB treatment	3.91	3.57	3.59
Hepatitis C testing	4.03	3.50	3.73
Dental care	2.76	2.51	2.90
Eye care	3.62	2.92	3.25
Glasses	3.31	2.78	3.19
VA disability/pension	2.85	3.29	3.12
Welfare payments	2.91	3.03	2.78
SSI/SSD process	3.00	2.92	2.90
Guardianship (financial)	3.22	2.62	2.75
Help managing money	3.54	2.69	3.00
Job training	3.35	3.17	2.98
Help with finding a job or getting	3.68	3.06	
employment			3.12
Help getting needed documents or	3.79	3.06	
identification			3.52
Help with transportation	4.19	2.86	3.28
Education	3.83	2.89	3.13
Child care	2.93	2.53	2.49
Family reconciliation assistance	3.31	2.71	2.63
Discharge upgrade	3.47	2.94	2.91
Spiritual	4.21	3.19	3.51
Re-entry services for incarcerated	3.06	2.42	
Veterans			2.80
Elder Healthcare	3.10	2.97	3.01
Credit counseling	3.28	2.77	2.77
Legal assistance for child support issues	2.79	2.60	2.60
Legal assistance for outstanding	3.31	2.29	2.00
warrants/fines	0.01	2.20	2.69
Help developing social network	3.54	2.97	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	Yes
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?	3.45	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.43	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		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	2.48	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	1.47	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	1.77	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	2.29	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	1.58	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	1.35	1.67
and your agency to create new resources or services.		
Uniform Applications, Eligibility Criteria, and Intake	1.50	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	1.97	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	1.70	1.99
the VA and your agency under one administrative structure to		
integrate service delivery.	L	
Flexible Funding – Flexible funding used to fill gaps or acquire	1.48	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	1.47	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 47	4.00
System Integration Coordinator Position - A specific staff position	1.47	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		

*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	South Side Office of Concern renovated a building in downtown Peoria to provide 79 units of permanent supported housing for individuals with mental health issues. We anticipate getting a new HUD-VA Supported Housing program in FY 2009.
VA disability/pension	VA Regional Office homeless Veteran liaison continues to assist with VA claims. We have distributed an information sheet on VA benefits to our Veterans.
Help with finding a job or getting employment	Our Supported Employment/Compensated Work Therapy clinicians provide information on local job services; printed job information is provided at our job club.

*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	South Side Office of Concern renovated a building in downtown Peoria to provide 79 units of permanent supported housing for individuals with mental health issues. This agency also has a ten-bed VA Grant and Per Diem program.
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	This facility will work with our local HUD Continuum of Care to support development of permanent/supportive housing. Our facility leadership will network with state/local agencies to examine the possibility of local enhanced-use lease options.
Dental care	Community agencies will be educated regarding the benefits (restorative treatment) offered under the Homeless Veterans Dental Program. Individuals ineligible for the Homeless Veterans Dental Program will be referred to local providers such as Aunt Martha's, local health agencies and a community college for checkups, x-rays.
Transitional living facility or halfway house	We have a chronically mentally ill transitional housing program under a VA Healthcare for Homeless Veterans contract. We will add 13 more beds 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 11

Site: VAMC Detroit, MI - 553

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: 3,700

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: 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	25	100
Transitional Housing Beds	124	100
Permanent Housing Beds	105	200

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 76

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all
	4.00	2.44	participants)
Personal hygiene	4.28	3.44	3.70
Food	4.50	3.65	3.85
Clothing	4.24	3.40	3.61
Emergency (immediate) shelter	4.67	3.38	3.50
Halfway house or transitional living	4.25	3.23	0.05
facility		0.70	3.35
Long-term, permanent housing	2.67	2.70	2.64
Detoxification from substances	4.15	3.46	3.59
Treatment for substance abuse	4.24	3.60	3.78
Services for emotional or psychiatric	3.97	3.60	
problems			3.63
Treatment for dual diagnosis	4.16	3.23	3.42
Family counseling	3.85	3.15	2.99
Medical services	4.56	3.67	3.96
Women's health care	3.00	3.39	3.09
Help with medication	4.14	3.47	3.79
Drop-in center or day program	3.96	2.97	3.08
AIDS/HIV testing/counseling	4.04	3.54	3.62
TB testing	4.45	3.59	3.96
TB treatment	3.75	3.49	3.59
Hepatitis C testing	4.32	3.50	3.73
Dental care	3.91	2.88	2.90
Eye care	3.64	2.68	3.25
Glasses	3.56	2.74	3.19
VA disability/pension	3.23	3.36	3.12
Welfare payments	3.07	2.89	2.78
SSI/SSD process	2.89	3.03	2.90
Guardianship (financial)	2.35	3.10	2.75
Help managing money	3.41	2.88	3.00
Job training	2.97	3.08	2.98
Help with finding a job or getting	3.58	2.98	2.00
employment	3.00	2.30	3.12
Help getting needed documents or	3.68	3.23	0.12
identification	3.00	0.20	3.52
Help with transportation	3.52	2.88	3.28
Education	3.91	2.90	3.13
Child care	2.84	2.30	2.49
Family reconciliation assistance			
, ,	3.29	2.65	2.63
Discharge upgrade	3.43	3.03	2.91
Spiritual	4.24	3.36	3.51
Re-entry services for incarcerated	3.12	2.87	2.90
Veterans	0.47	2.05	2.80
Elder Healthcare	3.17	2.95	3.01
Credit counseling	3.00	2.49	2.77
Legal assistance for child support issues	3.17	2.50	2.60
Legal assistance for outstanding warrants/fines	2.93	2.44	2.69
		1	1 2 0 2

**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	No
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 outstanding warrants/fines	Yes

2. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.68	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.83	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		
achieved.		
4 = High, strategy fully implemented.		
Interagency Coordinating Body - Representatives from the VA and	2.63	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	1.86	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	2.11	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	2.03	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	1.87	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	1.68	1.67
and your agency to create new resources or services.		
Uniform Applications, Eligibility Criteria, and Intake	1.89	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	1.95	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	1.84	1.99
the VA and your agency under one administrative structure to		
integrate service delivery.	L	
Flexible Funding – Flexible funding used to fill gaps or acquire	1.78	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.	4.00	4.00
Use of Special Waivers - Waiving requirements for funding, eligibility	1.69	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.	4.70	4.00
System Integration Coordinator Position - A specific staff position	1.78	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	<u> </u>	

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

E. Action Plans: FY 2008 and FY 2009

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

Long-term, permanent housing	We are implementing our new HUD-VA Supported Housing program with 105 vouchers. A 150-unit permanent housing project broke ground in spring 2008.
Help with transportation	We continue to provide Veterans bus ticket on an as-needed basis.
VA disability/pension	We refer homeless Veterans to a Veterans benefits counselor assigned to expedite claims.

*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	We have successfully partnered with the Michigan State Housing Development Authority in initiating a HUD-VA Supported Housing permanent housing program.
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	Have partnered with Michigan State Housing Development Authority for implementation of the HUD-VASH program with Section 8 housing. Continue partnering with Southwest Solution on 150-bed permanent supported housing apartment complex.
Help with transportation	We are able to provide bus tickets to Veterans. Public transportation is a serious and long-standing problem in Detroit. It is not apt to change anytime soon because Detroit has not historically supported public transportation; however, there is a regional support for a light rail system.
Glasses	Continue to work with groups that provide eyeglasses for some Veterans. Will continue to refer war-time Veterans with an eyeglass prescription to Wayne County Veterans Affairs. Our VA Healthcare for Homeless Veterans program is able to provide reading glasses.

*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 11

Site: VAMC Indianapolis - 583

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: 280

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: 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	0	100
Transitional Housing Beds	154	100
Permanent Housing Beds	130	400

*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: 77

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	3.88	3.52	3.70
Food	3.65	3.59	3.85
Clothing	3.56	3.26	3.61
Emergency (immediate) shelter	3.68	2.48	3.50
Halfway house or transitional living	4.05	3.30	0.00
facility	1.00	0.00	3.35
Long-term, permanent housing	2.89	2.70	2.64
Detoxification from substances	4.13	2.71	3.59
Treatment for substance abuse	4.40	3.50	3.78
Services for emotional or psychiatric	4.04	3.68	0.70
problems	1.01	0.00	3.63
Treatment for dual diagnosis	3.80	3.39	3.42
Family counseling	2.95	3.14	2.99
Medical services	4.59	4.33	3.96
Women's health care	3.19	3.15	3.09
Help with medication	4.57	3.63	3.79
Drop-in center or day program	4.00	3.15	3.08
AIDS/HIV testing/counseling	3.83	3.54	3.62
TB testing	4.40	3.88	3.96
TB treatment	4.03	3.96	3.59
Hepatitis C testing	4.30	4.00	3.73
Dental care	2.88	2.37	2.90
Eye care	3.72	3.15	3.25
Glasses	3.66	3.11	3.19
VA disability/pension	2.83	3.19	3.12
Welfare payments	2.40	3.00	2.78
SSI/SSD process	2.31	2.77	2.90
Guardianship (financial)	2.43	2.81	2.75
Help managing money	2.82	2.89	3.00
Job training	3.11	3.33	2.98
Help with finding a job or getting	2.85	3.19	2.30
employment	2.00	5.13	3.12
Help getting needed documents or	3.70	3.69	0.12
identification	0.10	0.00	3.52
Help with transportation	3.76	3.15	3.28
Education	3.18	3.30	3.13
Child care	2.78	2.15	2.49
Family reconciliation assistance	2.89	2.58	2.63
Discharge upgrade	3.00	3.12	2.03
Spiritual	3.59	3.38	3.51
Re-entry services for incarcerated	2.78	3.04	0.01
Veterans	2.10	0.04	2.80
Elder Healthcare	2.82	3.64	3.01
Credit counseling	2.48	3.08	2.77
Legal assistance for child support issues	2.74	2.58	2.60
Legal assistance for outstanding	2.74	2.56	2.00
warrants/fines	2.13	2.00	2.69
wananto/11100	1	1	2.03

**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

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	No
Psychiatric/substance abuse inpatient	No
(hospitals, wards	
Nursing homes	No
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?	3.32	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.67	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	3.00	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	2.45	1.84
provided in one location.		
Cross-Training - Staff training about the objectives, procedures and	2.11	1.93
services of the VA and your agency.		
Interagency Agreements/ Memoranda of Understanding - Formal	2.13	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	1.50	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	2.33	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	2.75	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	2.75	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	2.14	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	1.86	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 compl	atad Dartiain	

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

E. Action Plans: FY 2008 and FY 2009

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

Halfway house or transitional living facility	Healthnet opened 15 beds; Volunteers of America, 15 beds; and Helping Homeless Veterans and Families, 40 beds.
Detoxification from substances	Efforts to establish a detoxification "engagement" center continue.
Long-term, permanent housing	We now have 70 new HUD-VA Supported Housing vouchers.

*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	Helping Homeless Veterans and Families developed 40 additional transitional housing beds.
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 have an additional 70 HUD-VASH vouchers available - two additional HUD-VASH positions to be filled.
Help with finding a job or getting employment	Domiciliary will be open in FY 2009 - the Domiciliary and our program will share a dedicated vocational rehabilitation specialist. An OEF/OIF (Operation Enduring Freedom/Operation Iraqi Freedom) employment specialist requested through Uniform Health package - is pending approval.
Dental care	VA Grant and Per Diem staff will encourage participation Homeless Veterans Dental Program. Area dentists have been very cooperative with accepting vouchers for dental care.

*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 11

Site: VAMC Saginaw, MI - 655

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: 27

2. Service Area type: Predominantly urban

3. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program: 0

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

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

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

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

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

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 3

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		3.33	3.70
Food		3.33	3.85
Clothing		3.67	3.61
Emergency (immediate) shelter		4.00	3.50
Halfway house or transitional living		3.67	
facility			3.35
Long-term, permanent housing		3.33	2.64
Detoxification from substances		3.67	3.59
Treatment for substance abuse		3.67	3.78
Services for emotional or psychiatric		3.67	
problems			3.63
Treatment for dual diagnosis		3.67	3.42
Family counseling		3.67	2.99
Medical services		4.00	3.96
Women's health care		3.67	3.09
Help with medication		4.00	3.79
Drop-in center or day program		3.33	3.08
AIDS/HIV testing/counseling		4.00	3.62
TB testing		4.00	3.96
TB treatment		4.00	3.59
Hepatitis C testing		4.00	3.73
Dental care		3.33	2.90
Eye care		3.33	3.25
Glasses		3.33	3.19
VA disability/pension		3.67	3.12
Welfare payments		3.33	2.78
SSI/SSD process		3.33	2.90
Guardianship (financial)		3.33	2.75
Help managing money		3.33	3.00
Job training		3.67	2.98
Help with finding a job or getting		3.67	
employment			3.12
Help getting needed documents or		3.33	
identification			3.52
Help with transportation		3.67	3.28
Education		3.33	3.13
Child care		3.67	2.49
Family reconciliation assistance		3.67	2.63
Discharge upgrade		3.33	2.91
Spiritual		4.00	3.51
Re-entry services for incarcerated		3.00	
Veterans			2.80
Elder Healthcare		3.00	3.01
Credit counseling		3.50	2.77
Legal assistance for child support issues			2.60
Legal assistance for outstanding warrants/fines			2.69
Help developing social network		1	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 Typ

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	No
Psychiatric/substance abuse inpatient	No
(hospitals, wards	
Nursing homes	No
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?	3.33	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.67	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

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achieved.			
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your agency meet formally to exchange information, do needs			
assessment, plan formal agreements, and promote access to			
services.			
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provided in one location.			
Cross-Training - Staff training about the objectives, procedures and	2.67	1.93	
services of the VA and your agency.			
Interagency Agreements/ Memoranda of Understanding - Formal	2.67	2.28	
and informal agreements between the VA and your agency covering			
such areas as collaboration, referrals, sharing client information, or			
coordinating services.			
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Systems - Shared computer tracking systems that link the VA and			
your agency to promote information sharing, referrals, and client			
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Pooled/Joint Funding - Combining or layering funds from the VA	2.67	1.67	
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focused on systems integration activities such as identifying	-	-	
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proposal development.			
*Scored of non-VA community agency representatives who compl	otod Particia		

*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	Local coalition is working on developing local shelter resources.
Long-term, permanent housing	All current slots are filled. Affordable permanent housing in good repair is an ongoing need. Coalition continues to evaluate future needs.

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

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

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

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

Long-term, permanent housing	VA is starting a new homeless program which will include HUD- VASH.
SSI/SSD process	VA will encourage SC-CHAP (Saginaw County Consortium of Homeless Assistance Providers) to include Social Security representative in membership. VA will investigate concerns of SC- CHAP members regarding the SSI/SSD process.
Job training	VA Compensated Work Therapy staff will participate in SC-CHAP (Saginaw County Consortium of Homeless Assistance Providers) meetings. Identified homeless Veterans will be referred to VA CWT, vocational rehabilitation, Michigan Works, and 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.