

CHALENG 2007 Survey Results Summary

VISN 11

Site: VA Outpatient Clinic (Toledo, OH), VA Ann Arbor HCS, MI - 506

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 2007.

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

1. Estimated Number of Homeless Veterans: 280

2. Estimated Number of Veterans who are Chronically Homeless: 82

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>).

We used the following formula to obtain this number:

Estimated number of homeless veterans in service area **x chronically homeless rate:** percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2007 CHALENG POC survey. "Chronically homeless rate" comes from FY 2007 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.]

Our estimate is conservative. It DOES NOT also include veterans who do not have a substance abuse/mental health disorder but do have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 12

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	889	0
Transitional Housing Beds	787	40
Permanent Housing Beds	272	120

*These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.

3. CHALENG Point of Contact Action Plan for FY 2008*

Halfway house or transitional living facility	Seven-bed VA Grant and Per Diem program for ex-offenders will open soon. Also, we were approved for a 30-bed VA GPD program for veterans in recovery from chemical dependency.
Long-term, permanent housing	We will continue to support and work on permanent housing projects through involvement with the community, including our local HUD Continuum of Care.
Help with finding a job or getting employment	We will help our new VA Grant and Per Diem programs develop employment services. We will continue to work with our VA Compensated Work Therapy program, Goodwill Industries, The Source, and J & F services.

*The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2008.

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: 98

Percentage of Participant Surveys from Homeless Veterans: 57%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	4.15	2%	3.42
Food	4.17	9%	3.73
Clothing	3.92	13%	3.59
Emergency (immediate) shelter	3.98	15%	3.25
Halfway house or transitional living facility	3.71	13%	3.02
Long-term, permanent housing	2.84	43%	2.46
Detoxification from substances	4.13	5%	3.32
Treatment for substance abuse	4.20	10%	3.50
Services for emotional or psychiatric problems	3.98	10%	3.43
Treatment for dual diagnosis	3.83	0%	3.25
Family counseling	3.50	1%	2.98
Medical services	4.40	11%	3.76
Women's health care	3.49	0%	3.25
Help with medication	4.10	5%	3.44
Drop-in center or day program	2.90	7%	2.98
AIDS/HIV testing/counseling	3.96	2%	3.50
TB testing	4.37	0%	3.68
TB treatment	4.13	0%	3.54
Hepatitis C testing	4.06	1%	3.60
Dental care	3.22	19%	2.64
Eye care	3.21	8%	2.93
Glasses	3.27	7%	2.92
VA disability/pension	3.44	16%	3.38
Welfare payments	2.96	4%	3.05
SSI/SSD process	3.14	20%	3.07
Guardianship (financial)	3.19	4%	2.83
Help managing money	3.29	2%	2.86
Job training	3.36	8%	3.09
Help with finding a job or getting employment	3.44	18%	3.20
Help getting needed documents or identification	3.72	4%	3.28
Help with transportation	3.11	21%	3.01
Education	3.40	10%	3.05
Child care	2.70	2%	2.47
Legal assistance	3.22	4%	2.78
Discharge upgrade	3.39	1%	3.01
Spiritual	3.73	4%	3.37
Re-entry services for incarcerated veterans	2.74	6%	2.71
Elder Healthcare	3.25	1%	3.07

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (138 reporting POC sites, n=9,132).

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.14	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.19	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.06	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.65	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.74	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.67	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.29	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.85	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.03	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.79	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.94	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.13	1.83

*Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).

3. 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?	4.03	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.19	3.58

*Scores of non-VA community agency representatives only.

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

4. Existing Agreements with Community Service Types:

Service Types	VA has existing collaborative agreement with agencies?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	No
Faith-based organizations	Yes

CHALENG 2007 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 2007.

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

1. Estimated Number of Homeless Veterans: 400

2. Estimated Number of Veterans who are Chronically Homeless: 96

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>).

We used the following formula to obtain this number:

Estimated number of homeless veterans in service area **x chronically homeless rate:** percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2007 CHALENG POC survey. "Chronically homeless rate" comes from FY 2007 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.]

Our estimate is conservative. It DOES NOT also include veterans who do not have a substance abuse/mental health disorder but do have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 1

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	245	95
Transitional Housing Beds	0	100
Permanent Housing Beds	0	45

*These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.

3. CHALENG Point of Contact Action Plan for FY 2008*

Help with finding a job or getting employment	We will increase referrals to VA vocational rehabilitation program to improve job training, readiness, and employment rates. A peer support program has begun which promotes veteran-to-veteran support and encourages community re-integration.
Long-term, permanent housing	We will seek long-term permanent housing solutions/options in collaboration with local and state officials. Hope to have a VA Grant and Per Diem program in place during this fiscal year.
Services for emotional or psychiatric problems	Homeless program will be seeking to support and develop more community resources and services for homeless veterans suffering from emotional and psychiatric problems with local hospitals and community health centers.

*The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2008.

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: 0

Percentage of Participant Surveys from Homeless Veterans: 0%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	no data	%	3.42
Food	no data	%	3.73
Clothing	no data	%	3.59
Emergency (immediate) shelter	no data	%	3.25
Halfway house or transitional living facility	no data	%	3.02
Long-term, permanent housing	no data	%	2.46
Detoxification from substances	no data	%	3.32
Treatment for substance abuse	no data	%	3.50
Services for emotional or psychiatric problems	no data	%	3.43
Treatment for dual diagnosis	no data	%	3.25
Family counseling	no data	%	2.98
Medical services	no data	%	3.76
Women's health care	no data	%	3.25
Help with medication	no data	%	3.44
Drop-in center or day program	no data	%	2.98
AIDS/HIV testing/counseling	no data	%	3.50
TB testing	no data	%	3.68
TB treatment	no data	%	3.54
Hepatitis C testing	no data	%	3.60
Dental care	no data	%	2.64
Eye care	no data	%	2.93
Glasses	no data	%	2.92
VA disability/pension	no data	%	3.38
Welfare payments	no data	%	3.05
SSI/SSD process	no data	%	3.07
Guardianship (financial)	no data	%	2.83
Help managing money	no data	%	2.86
Job training	no data	%	3.09
Help with finding a job or getting employment	no data	%	3.20
Help getting needed documents or identification	no data	%	3.28
Help with transportation	no data	%	3.01
Education	no data	%	3.05
Child care	no data	%	2.47
Legal assistance	no data	%	2.78
Discharge upgrade	no data	%	3.01
Spiritual	no data	%	3.37
Re-entry services for incarcerated veterans	no data	%	2.71
Elder Healthcare	no data	%	3.07

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (138 reporting POC sites, n=9,132).

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	no data	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	no data	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	no data	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	no data	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	no data	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	no data	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	no data	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	no data	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	no data	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	no data	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	no data	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	no data	1.83

*Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).

3. 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?	no data	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	no data	3.58

*Scores of non-VA community agency representatives only.

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

4. Existing Agreements with Community Service Types:

Service Types	VA has existing collaborative agreement with agencies?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	No
Nursing homes	No
Faith-based organizations	Yes

CHALENG 2007 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, 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 2007.

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

1. Estimated Number of Homeless Veterans: 900

2. Estimated Number of Veterans who are Chronically Homeless: 205

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>).

We used the following formula to obtain this number:

Estimated number of homeless veterans in service area **x** **chronically homeless rate**: percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2007 CHALENG POC survey. "Chronically homeless rate" comes from FY 2007 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.]

Our estimate is conservative. It DOES NOT also include veterans who do not have a substance abuse/mental health disorder but do have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 12

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	120	190
Transitional Housing Beds	90	150
Permanent Housing Beds	170	200

*These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.

3. CHALENG Point of Contact Action Plan for FY 2008*

Help with finding a job or getting employment	Continue use of VA Compensated Work Therapy Supported Housing Program, Goodwill industries, and Dwelling Place.
VA disability/pension	VA benefits representatives visiting our VA transitional housing programs and accepting our referrals. We work with the Post-Deployment Health Reassessment (PDHRA) Program regarding benefits for newly returning OIF/OEF veterans.
Long-term, permanent housing	Plan to access more Section 8 housing and sponsor an employment Stand Down so clients can get jobs and increase the ability to pay rent.

*The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2008.

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: 177

Percentage of Participant Surveys from Homeless Veterans: 86%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.72	8%	3.42
Food	3.67	18%	3.73
Clothing	3.62	19%	3.59
Emergency (immediate) shelter	3.90	11%	3.25
Halfway house or transitional living facility	3.56	8%	3.02
Long-term, permanent housing	3.21	27%	2.46
Detoxification from substances	3.66	7%	3.32
Treatment for substance abuse	3.72	4%	3.50
Services for emotional or psychiatric problems	3.56	10%	3.43
Treatment for dual diagnosis	3.43	5%	3.25
Family counseling	3.37	0%	2.98
Medical services	3.64	23%	3.76
Women's health care	3.14	2%	3.25
Help with medication	3.64	4%	3.44
Drop-in center or day program	3.66	1%	2.98
AIDS/HIV testing/counseling	3.60	2%	3.50
TB testing	3.83	0%	3.68
TB treatment	3.68	2%	3.54
Hepatitis C testing	3.78	2%	3.60
Dental care	2.91	17%	2.64
Eye care	3.23	9%	2.93
Glasses	3.07	11%	2.92
VA disability/pension	3.26	16%	3.38
Welfare payments	3.09	2%	3.05
SSI/SSD process	3.09	10%	3.07
Guardianship (financial)	3.10	0%	2.83
Help managing money	3.13	6%	2.86
Job training	3.07	14%	3.09
Help with finding a job or getting employment	2.98	24%	3.20
Help getting needed documents or identification	3.48	6%	3.28
Help with transportation	3.33	12%	3.01
Education	3.34	8%	3.05
Child care	3.07	2%	2.47
Legal assistance	3.16	12%	2.78
Discharge upgrade	3.22	5%	3.01
Spiritual	3.54	1%	3.37
Re-entry services for incarcerated veterans	3.00	6%	2.71
Elder Healthcare	3.12	0%	3.07

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (138 reporting POC sites, n=9,132).

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.73	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.59	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.18	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.39	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.89	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.10	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.15	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.22	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.30	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.11	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.22	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.22	1.83

*Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).

3. 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?	3.83	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.65	3.58

*Scores of non-VA community agency representatives only.

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

4. Existing Agreements with Community Service Types:

Service Types	VA has existing collaborative agreement with agencies?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	No
Faith-based organizations	Yes

CHALENG 2007 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, 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 2007.

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

1. Estimated Number of Homeless Veterans: 550

2. Estimated Number of Veterans who are Chronically Homeless: 300

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>).

We used the following formula to obtain this number:

Estimated number of homeless veterans in service area **x chronically homeless rate:** percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2007 CHALENG POC survey. "Chronically homeless rate" comes from FY 2007 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.]

Our estimate is conservative. It DOES NOT also include veterans who do not have a substance abuse/mental health disorder but do have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 1

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	120	10
Transitional Housing Beds	60	50
Permanent Housing Beds	70	100

*These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.

3. CHALENG Point of Contact Action Plan for FY 2008*

Long-term, permanent housing	Will continue to work with local HUD Continuums of Care to develop permanent housing. In interim, will support more VA transitional housing that will allow veterans to have time to seek permanent, affordable housing.
VA disability/pension	We involve our VA Regional Office homeless liaison to help process claims from homeless veterans. Will develop a handbook on VA disability/pension for homeless veterans.
Help with finding a job or getting employment	Our new homeless veteran brochure will provide information on community-based job services. We will encourage local agencies to apply for Department of Labor grants.

*The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2008.

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: 44

Percentage of Participant Surveys from Homeless Veterans: 62%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.89	2%	3.42
Food	4.37	11%	3.73
Clothing	4.23	11%	3.59
Emergency (immediate) shelter	3.82	5%	3.25
Halfway house or transitional living facility	3.41	9%	3.02
Long-term, permanent housing	2.78	43%	2.46
Detoxification from substances	3.54	11%	3.32
Treatment for substance abuse	4.07	7%	3.50
Services for emotional or psychiatric problems	4.05	5%	3.43
Treatment for dual diagnosis	3.80	5%	3.25
Family counseling	3.12	5%	2.98
Medical services	4.32	11%	3.76
Women's health care	3.33	0%	3.25
Help with medication	3.93	2%	3.44
Drop-in center or day program	2.93	5%	2.98
AIDS/HIV testing/counseling	3.88	0%	3.50
TB testing	4.02	0%	3.68
TB treatment	3.83	0%	3.54
Hepatitis C testing	3.95	0%	3.60
Dental care	3.23	11%	2.64
Eye care	3.73	7%	2.93
Glasses	3.50	2%	2.92
VA disability/pension	3.33	20%	3.38
Welfare payments	2.98	2%	3.05
SSI/SSD process	2.86	14%	3.07
Guardianship (financial)	2.95	2%	2.83
Help managing money	2.93	9%	2.86
Job training	3.33	20%	3.09
Help with finding a job or getting employment	3.61	23%	3.20
Help getting needed documents or identification	3.40	0%	3.28
Help with transportation	3.45	5%	3.01
Education	3.18	9%	3.05
Child care	2.83	5%	2.47
Legal assistance	2.74	16%	2.78
Discharge upgrade	2.81	5%	3.01
Spiritual	4.05	7%	3.37
Re-entry services for incarcerated veterans	2.80	7%	2.71
Elder Healthcare	3.45	0%	3.07

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (138 reporting POC sites, n=9,132).

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.25	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.88	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.13	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	3.13	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.88	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.86	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.75	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.00	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.75	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.00	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.00	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.83

*Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).

3. 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?	3.88	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.13	3.58

*Scores of non-VA community agency representatives only.

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

4. Existing Agreements with Community Service Types:

Service Types	VA has existing collaborative agreement with agencies?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	Yes

CHALENG 2007 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, 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 2007.

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

1. Estimated Number of Homeless Veterans: 3,596

2. Estimated Number of Veterans who are Chronically Homeless: 487

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>).

We used the following formula to obtain this number:

Estimated number of homeless veterans in service area **x chronically homeless rate:** percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2007 CHALENG POC survey. "Chronically homeless rate" comes from FY 2007 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.]

Our estimate is conservative. It DOES NOT also include veterans who do not have a substance abuse/mental health disorder but do have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 0

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	1,450	20
Transitional Housing Beds	260	50
Permanent Housing Beds	100	200

*These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.

3. CHALENG Point of Contact Action Plan for FY 2008*

Long-term, permanent housing	We are working with partners on a 150-unit permanent supportive housing complex scheduled for opening in the winter of 2009. We are also involved with D-Tech, a committee in Detroit working on permanent housing.
Help with transportation	Public transportation is a serious and long-standing program. We do have bus tickets for emergency transportation.
VA disability/pension	Several veterans service officers assist with the filling of applications -- and a VA Regional Office service representative helps move along homeless veteran claims. However, the VAMC does have a long backlog in adjudication.

*The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2008.

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: 96

Percentage of Participant Surveys from Homeless Veterans: 20%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.48	6%	3.42
Food	3.80	15%	3.73
Clothing	3.62	9%	3.59
Emergency (immediate) shelter	3.29	19%	3.25
Halfway house or transitional living facility	3.17	16%	3.02
Long-term, permanent housing	2.48	46%	2.46
Detoxification from substances	3.17	6%	3.32
Treatment for substance abuse	3.35	10%	3.50
Services for emotional or psychiatric problems	3.22	16%	3.43
Treatment for dual diagnosis	3.22	7%	3.25
Family counseling	2.96	7%	2.98
Medical services	3.64	7%	3.76
Women's health care	3.19	0%	3.25
Help with medication	3.56	1%	3.44
Drop-in center or day program	3.20	3%	2.98
AIDS/HIV testing/counseling	3.38	0%	3.50
TB testing	3.59	0%	3.68
TB treatment	3.50	0%	3.54
Hepatitis C testing	3.43	1%	3.60
Dental care	2.96	9%	2.64
Eye care	2.91	4%	2.93
Glasses	2.82	10%	2.92
VA disability/pension	3.38	13%	3.38
Welfare payments	2.99	4%	3.05
SSI/SSD process	2.91	7%	3.07
Guardianship (financial)	2.85	1%	2.83
Help managing money	2.58	6%	2.86
Job training	3.01	12%	3.09
Help with finding a job or getting employment	3.05	21%	3.20
Help getting needed documents or identification	3.20	1%	3.28
Help with transportation	2.84	15%	3.01
Education	2.89	6%	3.05
Child care	2.37	1%	2.47
Legal assistance	2.84	3%	2.78
Discharge upgrade	2.86	0%	3.01
Spiritual	3.51	1%	3.37
Re-entry services for incarcerated veterans	2.76	6%	2.71
Elder Healthcare	2.99	4%	3.07

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (138 reporting POC sites, n=9,132).

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.52	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.09	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.08	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.02	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.08	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.71	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.15	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.30	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.15	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.04	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.85	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.15	1.83

*Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).

3. 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?	3.66	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.57	3.58

*Scores of non-VA community agency representatives only.

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

4. Existing Agreements with Community Service Types:

Service Types	VA has existing collaborative agreement with agencies?
Correctional Facilities (Jails, prisons, courts)	No
Psychiatric/substance abuse inpatient (hospitals, wards)	No
Nursing homes	No
Faith-based organizations	No

CHALENG 2007 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, 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 2007.

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

1. Estimated Number of Homeless Veterans: 334

2. Estimated Number of Veterans who are Chronically Homeless: 106

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>).

We used the following formula to obtain this number:

Estimated number of homeless veterans in service area **x chronically homeless rate:** percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2007 CHALENG POC survey. "Chronically homeless rate" comes from FY 2007 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.]

Our estimate is conservative. It DOES NOT also include veterans who do not have a substance abuse/mental health disorder but do have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 10

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	691	94
Transitional Housing Beds	943	82
Permanent Housing Beds	708	298

*These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.

3. CHALENG Point of Contact Action Plan for FY 2008*

Halfway house or transitional living facility	Partner with Health Net, Homeless Initiative, and other partners in housing to create 21 beds for veterans. HVAF (Helping Homeless Veterans And Families) grant accepted for 40 beds, expected to open in 2008.
Detoxification from substances	Efforts continue to develop detoxification center.
Long-term, permanent housing	We will attempt to reduce criminal background as a barrier to apply for permanent housing: i.e., special consideration for veterans who have a criminal background but are currently case-managed by VA.

*The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2008.

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: 83

Percentage of Participant Surveys from Homeless Veterans: 52%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.98	2%	3.42
Food	3.92	10%	3.73
Clothing	3.70	4%	3.59
Emergency (immediate) shelter	3.43	32%	3.25
Halfway house or transitional living facility	3.76	9%	3.02
Long-term, permanent housing	2.75	29%	2.46
Detoxification from substances	3.24	23%	3.32
Treatment for substance abuse	4.03	2%	3.50
Services for emotional or psychiatric problems	3.95	2%	3.43
Treatment for dual diagnosis	3.70	2%	3.25
Family counseling	3.05	6%	2.98
Medical services	4.08	7%	3.76
Women's health care	3.15	2%	3.25
Help with medication	3.86	0%	3.44
Drop-in center or day program	3.70	1%	2.98
AIDS/HIV testing/counseling	4.00	0%	3.50
TB testing	4.11	0%	3.68
TB treatment	3.84	0%	3.54
Hepatitis C testing	3.86	0%	3.60
Dental care	2.59	32%	2.64
Eye care	3.68	6%	2.93
Glasses	3.67	1%	2.92
VA disability/pension	2.95	18%	3.38
Welfare payments	2.71	1%	3.05
SSI/SSD process	2.94	7%	3.07
Guardianship (financial)	2.41	15%	2.83
Help managing money	2.88	5%	2.86
Job training	3.19	12%	3.09
Help with finding a job or getting employment	3.30	10%	3.20
Help getting needed documents or identification	3.71	1%	3.28
Help with transportation	3.46	14%	3.01
Education	3.33	6%	3.05
Child care	2.58	9%	2.47
Legal assistance	2.91	12%	2.78
Discharge upgrade	3.29	1%	3.01
Spiritual	3.77	0%	3.37
Re-entry services for incarcerated veterans	2.92	10%	2.71
Elder Healthcare	2.92	6%	3.07

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (138 reporting POC sites, n=9,132).

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.00	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.28	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.64	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	3.22	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.58	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.71	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.75	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.75	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.79	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.79	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.58	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.92	1.83

*Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).

3. 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?	3.83	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.79	3.58

*Scores of non-VA community agency representatives only.

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

4. Existing Agreements with Community Service Types:

Service Types	VA has existing collaborative agreement with agencies?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	No
Nursing homes	No
Faith-based organizations	Yes

CHALENG 2007 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, 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 2007.

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

1. Estimated Number of Homeless Veterans: 47

2. Estimated Number of Veterans who are Chronically Homeless: 12

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>).

We used the following formula to obtain this number:

Estimated number of homeless veterans in service area **x chronically homeless rate:** percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2007 CHALENG POC survey. "Chronically homeless rate" comes from FY 2007 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.]

Our estimate is conservative. It DOES NOT also include veterans who do not have a substance abuse/mental health disorder but do have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 0

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	75	0
Transitional Housing Beds	78	0
Permanent Housing Beds	50	0

*These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.

3. CHALENG Point of Contact Action Plan for FY 2008*

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 outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2008.

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: 11

Percentage of Participant Surveys from Homeless Veterans: 0%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.20	0%	3.42
Food	4.00	29%	3.73
Clothing	3.78	29%	3.59
Emergency (immediate) shelter	3.56	43%	3.25
Halfway house or transitional living facility	2.89	29%	3.02
Long-term, permanent housing	2.89	38%	2.46
Detoxification from substances	3.12	14%	3.32
Treatment for substance abuse	3.34	0%	3.50
Services for emotional or psychiatric problems	2.89	29%	3.43
Treatment for dual diagnosis	2.89	0%	3.25
Family counseling	2.75	0%	2.98
Medical services	4.13	0%	3.76
Women's health care	3.56	0%	3.25
Help with medication	3.56	0%	3.44
Drop-in center or day program	3.00	0%	2.98
AIDS/HIV testing/counseling	3.11	0%	3.50
TB testing	3.22	0%	3.68
TB treatment	3.33	0%	3.54
Hepatitis C testing	3.22	0%	3.60
Dental care	3.11	0%	2.64
Eye care	3.11	0%	2.93
Glasses	3.11	0%	2.92
VA disability/pension	3.25	0%	3.38
Welfare payments	3.00	0%	3.05
SSI/SSD process	2.78	0%	3.07
Guardianship (financial)	3.00	0%	2.83
Help managing money	2.67	0%	2.86
Job training	2.44	14%	3.09
Help with finding a job or getting employment	2.44	29%	3.20
Help getting needed documents or identification	3.22	14%	3.28
Help with transportation	2.75	14%	3.01
Education	2.78	0%	3.05
Child care	2.67	0%	2.47
Legal assistance	2.67	0%	2.78
Discharge upgrade	3.11	0%	3.01
Spiritual	3.22	0%	3.37
Re-entry services for incarcerated veterans	3.00	14%	2.71
Elder Healthcare	3.22	14%	3.07

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (138 reporting POC sites, n=9,132).

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	1.67	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.30	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.20	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.10	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.10	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.00	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.10	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.20	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.20	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.11	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.22	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.33	1.83

*Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).

3. 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?	3.18	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.10	3.58

*Scores of non-VA community agency representatives only.

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

4. Existing Agreements with Community Service Types:

Service Types	VA has existing collaborative agreement with agencies?
Correctional Facilities (Jails, prisons, courts)	No
Psychiatric/substance abuse inpatient (hospitals, wards)	No
Nursing homes	No
Faith-based organizations	No