Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2007 Survey Results Summary

VISN 20

Site: VA Alaska HCS & RO - 463

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in the summer/fall of 2007.

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

1. Estimated Number of Homeless Veterans: 600

2. Estimated Number of Veterans who are Chronically Homeless: 225

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 Kasprow, 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	60	0
Transitional Housing Beds	50	0
Permanent Housing Beds	150	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*

Long-term, permanent housing	Habitat for Humanity and Cook Inlet Tribal Council are building low-cost housing. Municipality of Anchorage continues to implement Ten-Year Plan to End Homelessness.
Job training	Nine Star provides job training and placement for individuals 55+. Service Solutions and other agencies provide job training for veterans. Alaska Department of Labor and Alaska Division of Vocational Rehabilitation are useful resources.
Help with finding a job or getting employment	Develop a one-stop job search and resume building center at our VA. Post job listings and fair announcements at our VA. Continue to develop community resources.

***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: **74**
Percentage of Participant Surveys from Homeless Veterans: **82%**

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	3.91	0%	3.42
Food	4.13	8%	3.73
Clothing	4.08	6%	3.59
Emergency (immediate) shelter	4.10	12%	3.25
Halfway house or transitional living facility	3.89	21%	3.02
Long-term, permanent housing	3.68	36%	2.46
Detoxification from substances	3.57	15%	3.32
Treatment for substance abuse	4.12	15%	3.50
Services for emotional or psychiatric problems	3.91	17%	3.43
Treatment for dual diagnosis	3.79	9%	3.25
Family counseling	3.22	9%	2.98
Medical services	4.21	14%	3.76
Women's health care	3.06	0%	3.25
Help with medication	4.06	3%	3.44
Drop-in center or day program	2.93	8%	2.98
AIDS/HIV testing/counseling	4.01	0%	3.50
TB testing	4.24	0%	3.68
TB treatment	3.94	0%	3.54
Hepatitis C testing	4.23	5%	3.60
Dental care	3.88	12%	2.64
Eye care	3.87	2%	2.93
Glasses	3.78	0%	2.92
VA disability/pension	3.54	14%	3.38
Welfare payments	3.04	3%	3.05
SSI/SSD process	3.13	9%	3.07
Guardianship (financial)	2.98	2%	2.83
Help managing money	3.54	2%	2.86
Job training	3.63	18%	3.09
Help with finding a job or getting employment	3.90	21%	3.20
Help getting needed documents or identification	3.96	3%	3.28
Help with transportation	3.65	5%	3.01
Education	3.46	14%	3.05
Child care	2.50	2%	2.47
Legal assistance	3.52	3%	2.78
Discharge upgrade	3.32	2%	3.01
Spiritual	3.96	8%	3.37
Re-entry services for incarcerated veterans	3.16	6%	2.71
Elder Healthcare	3.14	2%	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.	2.60	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.44	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.67	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.	2.47	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.	1.57	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.50	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.	1.86	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.	2.43	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.21	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.	1.36	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.	1.50	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.	1.36	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?	3.82	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

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2007 Survey Results Summary

VISN 20

Site: VA DOM White City, OR - 692

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in the summer/fall of 2007.

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

1. Estimated Number of Homeless Veterans: 575

2. Estimated Number of Veterans who are Chronically Homeless: 230

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 Kasprow, 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: 2

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	187	0
Transitional Housing Beds	134	75
Permanent Housing Beds	420	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	Explore possibility of a new HUD-VASH program. Participate in various groups concerned with permanent housing including HUD Continuum of Care, Homeless Task Force, and Jackson County 10-Year Plan to End Homelessness.
Dental Care	VA Dental Services serving more homeless veterans under VHA Directive 2002-080. Oregon Health Plan provides free dental care to some veterans who are eligible.
Halfway house or transitional living facility	New transitional housing beds are becoming available and this need is being addressed.

***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: **101**
Percentage of Participant Surveys from Homeless Veterans: **84%**

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	4.06	1%	3.42
Food	3.97	8%	3.73
Clothing	4.00	1%	3.59
Emergency (immediate) shelter	3.40	9%	3.25
Halfway house or transitional living facility	3.25	17%	3.02
Long-term, permanent housing	2.36	51%	2.46
Detoxification from substances	3.62	7%	3.32
Treatment for substance abuse	4.00	12%	3.50
Services for emotional or psychiatric problems	3.47	17%	3.43
Treatment for dual diagnosis	3.35	6%	3.25
Family counseling	2.76	4%	2.98
Medical services	3.86	19%	3.76
Women's health care	2.79	2%	3.25
Help with medication	3.84	4%	3.44
Drop-in center or day program	2.98	2%	2.98
AIDS/HIV testing/counseling	3.89	0%	3.50
TB testing	4.25	0%	3.68
TB treatment	3.80	1%	3.54
Hepatitis C testing	4.18	0%	3.60
Dental care	2.38	27%	2.64
Eye care	3.32	7%	2.93
Glasses	3.32	5%	2.92
VA disability/pension	3.20	10%	3.38
Welfare payments	2.35	1%	3.05
SSI/SSD process	2.84	10%	3.07
Guardianship (financial)	3.22	4%	2.83
Help managing money	3.46	4%	2.86
Job training	2.90	10%	3.09
Help with finding a job or getting employment	3.01	18%	3.20
Help getting needed documents or identification	3.29	3%	3.28
Help with transportation	3.03	10%	3.01
Education	3.18	10%	3.05
Child care	2.66	0%	2.47
Legal assistance	3.13	9%	2.78
Discharge upgrade	3.16	1%	3.01
Spiritual	4.06	4%	3.37
Re-entry services for incarcerated veterans	2.97	3%	2.71
Elder Healthcare	3.00	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.	3.00	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.07	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.20	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.	2.86	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.	1.71	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.07	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.	1.67	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.	2.67	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.13	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.	1.93	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.	2.07	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.	2.21	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.	3.60	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

Prepared by John Nakashima, Ph.D., MSW
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CHALENG 2007 Survey Results Summary

VISN 20

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

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in the summer/fall of 2007.

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

1. Estimated Number of Homeless Veterans: 2,000

2. Estimated Number of Veterans who are Chronically Homeless: 819

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 Kasprow, 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	229	20
Transitional Housing Beds	564	125
Permanent Housing Beds	262	400

***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	Continuing partnership with King County Housing Authority for Section 8 vouchers.
Halfway house or transitional living facility	Two programs (40 and 166 beds) will open soon. A 16-bed program is in development.
Emergency (immediate) shelter	Continue to work with local shelters where access -- especially during the winter -- is limited. Local community trend is to not support creation of new emergency beds.

***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: **246**
Percentage of Participant Surveys from Homeless Veterans: **49%**

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	3.22	3%	3.42
Food	3.50	10%	3.73
Clothing	3.21	7%	3.59
Emergency (immediate) shelter	2.83	27%	3.25
Halfway house or transitional living facility	2.73	32%	3.02
Long-term, permanent housing	2.19	59%	2.46
Detoxification from substances	3.18	5%	3.32
Treatment for substance abuse	3.36	12%	3.50
Services for emotional or psychiatric problems	3.18	13%	3.43
Treatment for dual diagnosis	2.91	7%	3.25
Family counseling	2.61	4%	2.98
Medical services	3.39	14%	3.76
Women's health care	2.89	3%	3.25
Help with medication	3.18	3%	3.44
Drop-in center or day program	2.60	5%	2.98
AIDS/HIV testing/counseling	3.25	0%	3.50
TB testing	3.41	0%	3.68
TB treatment	3.14	0%	3.54
Hepatitis C testing	3.32	0%	3.60
Dental care	2.33	20%	2.64
Eye care	2.69	4%	2.93
Glasses	2.63	3%	2.92
VA disability/pension	2.88	13%	3.38
Welfare payments	2.62	1%	3.05
SSI/SSD process	2.63	5%	3.07
Guardianship (financial)	2.56	0%	2.83
Help managing money	2.68	4%	2.86
Job training	2.70	11%	3.09
Help with finding a job or getting employment	2.90	10%	3.20
Help getting needed documents or identification	3.03	2%	3.28
Help with transportation	2.79	8%	3.01
Education	2.72	4%	3.05
Child care	2.28	0%	2.47
Legal assistance	2.27	2%	2.78
Discharge upgrade	2.64	0%	3.01
Spiritual	3.11	1%	3.37
Re-entry services for incarcerated veterans	2.38	7%	2.71
Elder Healthcare	2.63	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.	2.20	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.50	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.61	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.	1.93	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.	1.43	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.64	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.	1.58	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.	1.82	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.60	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.	1.48	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.	1.42	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.	1.67	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?	2.66	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	2.74	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	Yes
Nursing homes	No
Faith-based organizations	Yes

Prepared by John Nakashima, Ph.D., MSW
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CHALENG 2007 Survey Results Summary

VISN 20

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

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in the summer/fall of 2007.

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

1. Estimated Number of Homeless Veterans: 1,000

2. Estimated Number of Veterans who are Chronically Homeless: 437

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 Kasprow, 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: 6

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	450	300
Transitional Housing Beds	310	242
Permanent Housing Beds	110	150

***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	Advocate for additional Section 8 vouchers. Encourage St. Vincent de Paul to expand their permanent housing program for veterans (VetLIFT). Initiate agreements with local housing providers.
Halfway house or transitional living facility	Encourage agencies to apply for VA Grant and Per Diem funding. Develop relationships with community housing providers.
Dental Care	Improve access to VA Dental Services and fee-basis dental providers. Encourage local dentists to provide low-cost or pro bono 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: **69**
Percentage of Participant Surveys from Homeless Veterans: **51%**

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	3.11	0%	3.42
Food	3.42	16%	3.73
Clothing	3.34	10%	3.59
Emergency (immediate) shelter	2.79	26%	3.25
Halfway house or transitional living facility	2.64	32%	3.02
Long-term, permanent housing	2.20	46%	2.46
Detoxification from substances	3.15	7%	3.32
Treatment for substance abuse	3.46	1%	3.50
Services for emotional or psychiatric problems	3.19	13%	3.43
Treatment for dual diagnosis	3.17	1%	3.25
Family counseling	2.57	7%	2.98
Medical services	3.45	7%	3.76
Women's health care	2.65	6%	3.25
Help with medication	3.29	1%	3.44
Drop-in center or day program	2.94	9%	2.98
AIDS/HIV testing/counseling	3.31	0%	3.50
TB testing	3.54	0%	3.68
TB treatment	3.31	0%	3.54
Hepatitis C testing	3.51	0%	3.60
Dental care	1.85	29%	2.64
Eye care	2.25	7%	2.93
Glasses	2.37	10%	2.92
VA disability/pension	3.17	10%	3.38
Welfare payments	2.63	0%	3.05
SSI/SSD process	2.67	12%	3.07
Guardianship (financial)	2.58	3%	2.83
Help managing money	2.58	1%	2.86
Job training	3.10	3%	3.09
Help with finding a job or getting employment	3.07	6%	3.20
Help getting needed documents or identification	3.20	0%	3.28
Help with transportation	3.05	4%	3.01
Education	2.90	4%	3.05
Child care	2.18	3%	2.47
Legal assistance	2.31	7%	2.78
Discharge upgrade	2.85	1%	3.01
Spiritual	3.08	1%	3.37
Re-entry services for incarcerated veterans	2.59	1%	2.71
Elder Healthcare	2.76	3%	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.	2.29	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.29	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.	1.94	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.	1.47	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.53	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.	1.69	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.	2.38	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.13	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.	1.44	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.	1.81	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.	1.69	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?	3.24	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.25	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

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2007 Survey Results Summary

VISN 20

Site: VAMC Boise, ID - 531

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in the summer/fall of 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: 38

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 Kasprow, 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	50	0
Transitional Housing Beds	40	20
Permanent Housing Beds	35	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*

Halfway house or transitional living facility	Two agencies will be opening up 32 VA Grant and Per Diem beds soon.
Long-term, permanent housing	Work with mayor's task force and local housing authority to develop permanent beds.
Detoxification from substances	We are in a community-wide debate about construction of a new detoxification facility.

***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: **6**
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	3.34	0%	3.42
Food	3.17	0%	3.73
Clothing	3.34	0%	3.59
Emergency (immediate) shelter	2.00	17%	3.25
Halfway house or transitional living facility	2.17	17%	3.02
Long-term, permanent housing	1.67	67%	2.46
Detoxification from substances	2.17	50%	3.32
Treatment for substance abuse	2.34	17%	3.50
Services for emotional or psychiatric problems	2.34	0%	3.43
Treatment for dual diagnosis	2.50	0%	3.25
Family counseling	2.83	0%	2.98
Medical services	3.17	17%	3.76
Women's health care	3.00	0%	3.25
Help with medication	3.33	0%	3.44
Drop-in center or day program	2.67	0%	2.98
AIDS/HIV testing/counseling	3.33	0%	3.50
TB testing	3.50	0%	3.68
TB treatment	3.33	0%	3.54
Hepatitis C testing	3.17	0%	3.60
Dental care	1.83	17%	2.64
Eye care	2.17	0%	2.93
Glasses	2.00	0%	2.92
VA disability/pension	3.00	0%	3.38
Welfare payments	2.33	0%	3.05
SSI/SSD process	2.83	17%	3.07
Guardianship (financial)	2.83	0%	2.83
Help managing money	2.17	0%	2.86
Job training	2.50	33%	3.09
Help with finding a job or getting employment	3.00	0%	3.20
Help getting needed documents or identification	3.20	0%	3.28
Help with transportation	2.33	17%	3.01
Education	2.67	0%	3.05
Child care	2.17	0%	2.47
Legal assistance	2.17	0%	2.78
Discharge upgrade	2.50	17%	3.01
Spiritual	2.83	0%	3.37
Re-entry services for incarcerated veterans	2.17	17%	2.71
Elder Healthcare	2.83	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.	3.00	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.25	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.75	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.	2.25	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.	1.50	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.00	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.	1.50	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.	1.75	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.00	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.	1.50	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.	1.50	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.	1.50	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?	4.25	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.25	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

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2007 Survey Results Summary

VISN 20

Site: VAMC Portland, OR - 648

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in the summer/fall of 2007.

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

1. Estimated Number of Homeless Veterans: 2,042

2. Estimated Number of Veterans who are Chronically Homeless: 562

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 Kasprow, 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: 4

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	120	30
Transitional Housing Beds	277	0
Permanent Housing Beds	70	20

***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 trying to get an addition 14 HUD Shelter Plus Care vouchers from the Housing Authority of Portland.
Help with transportation	We are increasing our discretionary funds to purchase more bus passes. We are increasing our number of outreach sites and encountering more veterans with transportation issues.
Re-entry services for incarcerated veterans	We are hiring an incarcerated veterans re-entry specialists who will be coordinating outreach and housing 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: **73**
Percentage of Participant Surveys from Homeless Veterans: **44%**

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	3.57	3%	3.42
Food	3.66	8%	3.73
Clothing	3.51	2%	3.59
Emergency (immediate) shelter	2.99	21%	3.25
Halfway house or transitional living facility	3.15	13%	3.02
Long-term, permanent housing	2.61	56%	2.46
Detoxification from substances	3.35	3%	3.32
Treatment for substance abuse	3.49	6%	3.50
Services for emotional or psychiatric problems	3.19	13%	3.43
Treatment for dual diagnosis	2.90	9%	3.25
Family counseling	2.67	10%	2.98
Medical services	3.66	14%	3.76
Women's health care	2.96	2%	3.25
Help with medication	3.14	3%	3.44
Drop-in center or day program	2.66	5%	2.98
AIDS/HIV testing/counseling	3.31	0%	3.50
TB testing	3.95	0%	3.68
TB treatment	3.41	0%	3.54
Hepatitis C testing	3.65	2%	3.60
Dental care	2.09	33%	2.64
Eye care	2.62	5%	2.93
Glasses	2.61	3%	2.92
VA disability/pension	3.02	14%	3.38
Welfare payments	2.63	5%	3.05
SSI/SSD process	2.79	8%	3.07
Guardianship (financial)	2.52	0%	2.83
Help managing money	2.46	3%	2.86
Job training	3.24	14%	3.09
Help with finding a job or getting employment	3.50	10%	3.20
Help getting needed documents or identification	3.37	0%	3.28
Help with transportation	2.97	10%	3.01
Education	3.03	8%	3.05
Child care	2.23	8%	2.47
Legal assistance	2.73	5%	2.78
Discharge upgrade	2.83	2%	3.01
Spiritual	3.24	3%	3.37
Re-entry services for incarcerated veterans	2.59	3%	2.71
Elder Healthcare	2.95	2%	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.	2.48	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.69	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.58	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.	2.31	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.	1.42	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.81	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.	1.77	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.	2.08	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.96	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.	1.65	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.	1.73	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.	1.78	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?	2.93	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	2.78	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

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2007 Survey Results Summary

VISN 20

Site: VAMC Spokane, WA - 668

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in the summer/fall of 2007.

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

1. Estimated Number of Homeless Veterans: 4,000

2. Estimated Number of Veterans who are Chronically Homeless: 1,000

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 Kasprow, 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: not available

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	90	90
Transitional Housing Beds	10	45
Permanent Housing Beds	22	10

***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	Local provider is opening up a 10-bed program. Continue to promote submission of VA Grant and Per Diem applications.
Long-term, permanent housing	Work with Spokane County to bring on five new beds at the Windsor. Maximize occupancy of long-term housing units available.
Emergency (immediate) shelter	Improve access to area shelters by negotiating current restrictions such as a required breathalyzer test or proof of ID.

***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: **74**
Percentage of Participant Surveys from Homeless Veterans: **38%**

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	3.65	1%	3.42
Food	3.72	14%	3.73
Clothing	3.79	1%	3.59
Emergency (immediate) shelter	2.86	38%	3.25
Halfway house or transitional living facility	1.59	73%	3.02
Long-term, permanent housing	1.99	49%	2.46
Detoxification from substances	3.53	3%	3.32
Treatment for substance abuse	3.57	6%	3.50
Services for emotional or psychiatric problems	3.59	6%	3.43
Treatment for dual diagnosis	2.83	13%	3.25
Family counseling	2.87	0%	2.98
Medical services	3.62	4%	3.76
Women's health care	3.30	3%	3.25
Help with medication	3.50	1%	3.44
Drop-in center or day program	2.41	20%	2.98
AIDS/HIV testing/counseling	3.62	0%	3.50
TB testing	3.78	0%	3.68
TB treatment	3.64	1%	3.54
Hepatitis C testing	3.82	0%	3.60
Dental care	2.51	15%	2.64
Eye care	3.21	0%	2.93
Glasses	3.24	1%	2.92
VA disability/pension	3.59	1%	3.38
Welfare payments	3.49	3%	3.05
SSI/SSD process	3.42	1%	3.07
Guardianship (financial)	2.85	0%	2.83
Help managing money	3.44	4%	2.86
Job training	3.54	0%	3.09
Help with finding a job or getting employment	3.61	1%	3.20
Help getting needed documents or identification	3.08	3%	3.28
Help with transportation	3.51	8%	3.01
Education	3.33	0%	3.05
Child care	2.07	3%	2.47
Legal assistance	2.61	4%	2.78
Discharge upgrade	3.44	1%	3.01
Spiritual	3.65	1%	3.37
Re-entry services for incarcerated veterans	2.30	17%	2.71
Elder Healthcare	3.27	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.	3.21	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.	3.06	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.	1.67	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.53	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.	1.91	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.	2.73	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.68	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.	2.26	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.	2.00	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?	4.00	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.94	3.58

***Scores of non-VA community agency representatives only.**
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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	Yes

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2007 Survey Results Summary

VISN 20

Site: VAMC Walla Walla, WA - 687

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in the summer/fall of 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: 60

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 Kasprow, 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: 2

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	37	0
Transitional Housing Beds	55	10
Permanent Housing Beds	20	17

***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	Partner with local housing authorities to obtain more Section 8 vouchers for veterans. Pursue new HUD-VASH program. Partner with more landlords to improve access to low-income housing.
Help with finding a job or getting employment	Utilize existing resources such as the Department of Labor Homeless Veterans Reintegration Program, Veteran Industries/Compensated Work Therapy Program, and the local Washington Department of Employment office.
Dental Care	Clarify guidelines for veterans receiving dental care under the homeless veterans dental initiative. Create a resource guide to low-cost or free 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 2008.**

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: **41**
Percentage of Participant Surveys from Homeless Veterans: **81%**

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	4.13	5%	3.42
Food	4.20	8%	3.73
Clothing	4.10	3%	3.59
Emergency (immediate) shelter	3.93	15%	3.25
Halfway house or transitional living facility	4.48	18%	3.02
Long-term, permanent housing	3.18	38%	2.46
Detoxification from substances	4.11	3%	3.32
Treatment for substance abuse	4.11	8%	3.50
Services for emotional or psychiatric problems	4.13	13%	3.43
Treatment for dual diagnosis	3.95	5%	3.25
Family counseling	3.32	3%	2.98
Medical services	4.10	17%	3.76
Women's health care	3.43	0%	3.25
Help with medication	4.36	0%	3.44
Drop-in center or day program	3.27	8%	2.98
AIDS/HIV testing/counseling	4.00	0%	3.50
TB testing	4.36	3%	3.68
TB treatment	3.91	0%	3.54
Hepatitis C testing	4.38	0%	3.60
Dental care	2.95	30%	2.64
Eye care	3.44	15%	2.93
Glasses	3.31	8%	2.92
VA disability/pension	3.18	15%	3.38
Welfare payments	3.26	0%	3.05
SSI/SSD process	3.33	10%	3.07
Guardianship (financial)	3.29	5%	2.83
Help managing money	3.63	3%	2.86
Job training	3.16	15%	3.09
Help with finding a job or getting employment	3.68	18%	3.20
Help getting needed documents or identification	3.56	5%	3.28
Help with transportation	3.79	10%	3.01
Education	3.58	5%	3.05
Child care	2.56	0%	2.47
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VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.00	3.58

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