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

CHALENG 2007 Survey Results Summary

VISN 1

Site: VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4), VAMC Brockton, MA - 523A5 and VAH Bedford, MA

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: 1,975

2. Estimated Number of Veterans who are Chronically Homeless: 508

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: 25

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	25	0
Transitional Housing Beds	840	245
Permanent Housing Beds	80	700

***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	A SRO (single room occupancy) complex will open on the VA Bedford campus. Will partner with other agencies that provide "Housing First," co-op housing, or Section 8 voucher resources.
Help with finding a job or getting employment	Will identify nonprofits which offer sheltered workshops for individuals who are severely mentally ill.
Child care	We will continue to seek child care vouchers through the state of Massachusetts.

***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: **78**
Percentage of Participant Surveys from Homeless Veterans: **66%**

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	3.88	0%	3.42
Food	4.09	10%	3.73
Clothing	3.95	10%	3.59
Emergency (immediate) shelter	4.10	16%	3.25
Halfway house or transitional living facility	3.65	11%	3.02
Long-term, permanent housing	2.86	52%	2.46
Detoxification from substances	3.69	7%	3.32
Treatment for substance abuse	3.95	5%	3.50
Services for emotional or psychiatric problems	3.73	10%	3.43
Treatment for dual diagnosis	3.73	7%	3.25
Family counseling	3.27	3%	2.98
Medical services	4.11	8%	3.76
Women's health care	3.59	3%	3.25
Help with medication	3.66	3%	3.44
Drop-in center or day program	3.58	3%	2.98
AIDS/HIV testing/counseling	3.90	0%	3.50
TB testing	4.16	0%	3.68
TB treatment	3.89	2%	3.54
Hepatitis C testing	3.99	0%	3.60
Dental care	2.74	25%	2.64
Eye care	3.48	8%	2.93
Glasses	3.56	13%	2.92
VA disability/pension	3.49	12%	3.38
Welfare payments	3.24	2%	3.05
SSI/SSD process	3.51	8%	3.07
Guardianship (financial)	3.11	3%	2.83
Help managing money	3.52	2%	2.86
Job training	3.44	7%	3.09
Help with finding a job or getting employment	3.32	23%	3.20
Help getting needed documents or identification	3.78	8%	3.28
Help with transportation	3.29	12%	3.01
Education	3.49	3%	3.05
Child care	2.97	3%	2.47
Legal assistance	3.43	8%	2.78
Discharge upgrade	3.30	5%	3.01
Spiritual	3.52	2%	3.37
Re-entry services for incarcerated veterans	3.37	13%	2.71
Elder Healthcare	3.67	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.	3.05	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	3.10	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.	2.79	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.	2.41	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.	2.28	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.	2.63	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.	1.59	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.	1.75	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.	1.82	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?	3.67	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.81	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 1

Site: VA Connecticut HCS (VAMC Newington and VAMC West Haven)

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: 3,000

2. Estimated Number of Veterans who are Chronically Homeless: 895

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: 20

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	1,882	250
Transitional Housing Beds	996	350
Permanent Housing Beds	91	2,800

***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	Participate in Ten-Year Plan and HUD Continuum of Care process to develop more housing. Educate veterans on local housing options via local housing authorities. Educate veterans about and assist veterans with eviction prevention.
Emergency (immediate) shelter	Contract with agencies to secure emergency beds in high diversity homeless areas and better coordinate services with all local shelter (increasing access, transitioning veterans out of the shelters).
Halfway house or transitional living facility	Encourage more agencies to apply for VA Grant and Per Diem funding. Continue to network with statewide planning bodies (Ten-Year Plan, Continuum of 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: **58**
Percentage of Participant Surveys from Homeless Veterans: **23%**

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	3.58	3%	3.42
Food	3.69	11%	3.73
Clothing	3.64	0%	3.59
Emergency (immediate) shelter	3.59	29%	3.25
Halfway house or transitional living facility	3.43	23%	3.02
Long-term, permanent housing	2.69	57%	2.46
Detoxification from substances	4.00	14%	3.32
Treatment for substance abuse	3.84	14%	3.50
Services for emotional or psychiatric problems	3.84	11%	3.43
Treatment for dual diagnosis	3.63	3%	3.25
Family counseling	2.96	9%	2.98
Medical services	3.78	11%	3.76
Women's health care	2.96	8%	3.25
Help with medication	3.70	3%	3.44
Drop-in center or day program	3.48	3%	2.98
AIDS/HIV testing/counseling	3.62	0%	3.50
TB testing	3.78	0%	3.68
TB treatment	3.29	0%	3.54
Hepatitis C testing	3.84	3%	3.60
Dental care	2.80	8%	2.64
Eye care	3.16	3%	2.93
Glasses	2.98	3%	2.92
VA disability/pension	3.42	9%	3.38
Welfare payments	3.04	0%	3.05
SSI/SSD process	3.58	9%	3.07
Guardianship (financial)	2.93	6%	2.83
Help managing money	2.90	9%	2.86
Job training	3.25	3%	3.09
Help with finding a job or getting employment	3.26	9%	3.20
Help getting needed documents or identification	3.68	3%	3.28
Help with transportation	2.96	6%	3.01
Education	3.33	3%	3.05
Child care	2.35	9%	2.47
Legal assistance	3.00	9%	2.78
Discharge upgrade	3.14	0%	3.01
Spiritual	3.54	3%	3.37
Re-entry services for incarcerated veterans	3.04	6%	2.71
Elder Healthcare	3.02	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.	2.89	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.94	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.	2.79	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.	1.85	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.63	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.	2.48	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.22	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.	1.67	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.	1.75	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.	2.16	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?	3.53	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.00	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 1

Site: VAM&ROC Togus, ME - 402

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: 100

2. Estimated Number of Veterans who are Chronically Homeless: 11

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: 3

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	100	10
Transitional Housing Beds	8	25
Permanent Housing Beds	5	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*

Emergency (immediate) shelter	Assess need for "veteran- specific" emergency beds. New stakeholders group will report findings to state legislature in March 2008.
Halfway house or transitional living facility	Expand VA Grant and Per Diem beds in Maine.
Long-term, permanent housing	Continue to collaborate with housing providers.

***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: **19**
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	3.08	0%	3.42
Food	3.57	0%	3.73
Clothing	3.50	0%	3.59
Emergency (immediate) shelter	2.94	33%	3.25
Halfway house or transitional living facility	2.32	67%	3.02
Long-term, permanent housing	1.88	33%	2.46
Detoxification from substances	2.57	0%	3.32
Treatment for substance abuse	2.32	8%	3.50
Services for emotional or psychiatric problems	2.69	17%	3.43
Treatment for dual diagnosis	2.44	0%	3.25
Family counseling	2.75	0%	2.98
Medical services	3.25	17%	3.76
Women's health care	3.07	0%	3.25
Help with medication	3.25	0%	3.44
Drop-in center or day program	2.88	0%	2.98
AIDS/HIV testing/counseling	3.06	0%	3.50
TB testing	3.19	8%	3.68
TB treatment	3.19	0%	3.54
Hepatitis C testing	3.29	0%	3.60
Dental care	2.94	0%	2.64
Eye care	2.63	0%	2.93
Glasses	2.56	0%	2.92
VA disability/pension	2.80	0%	3.38
Welfare payments	3.20	0%	3.05
SSI/SSD process	2.87	8%	3.07
Guardianship (financial)	2.67	0%	2.83
Help managing money	2.64	0%	2.86
Job training	2.80	42%	3.09
Help with finding a job or getting employment	2.60	50%	3.20
Help getting needed documents or identification	2.75	0%	3.28
Help with transportation	2.69	0%	3.01
Education	2.67	17%	3.05
Child care	2.87	0%	2.47
Legal assistance	3.13	0%	2.78
Discharge upgrade	3.00	0%	3.01
Spiritual	2.67	0%	3.37
Re-entry services for incarcerated veterans	2.07	0%	2.71
Elder Healthcare	2.50	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.	2.27	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.06	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.07	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.	1.60	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.36	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.	1.93	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.	2.54	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.	1.71	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.	1.64	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.	2.40	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?	3.06	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.20	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 1

Site: VAM&ROC White River Junction, VT - 405

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: 125

2. Estimated Number of Veterans who are Chronically Homeless: 30

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	12
Transitional Housing Beds	6	20
Permanent Housing Beds	0	22

***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	Encourage agencies to apply for VA Grant and Per Diem funding. Goal: have one program funded to serve veterans in Vermont.
Long-term, permanent housing	Continue relationship with HUD Shelter Plus Care providers. Work with Land Trust organizations to identify safe, affordable housing in community.
Job training	Work with VA Compensated Work Therapy and Supported Employment programs to increase job training and job finding skills. Also work with state Department of Labor veterans representative to help place veterans into jobs.

***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: **51**
Percentage of Participant Surveys from Homeless Veterans: **16%**

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	3.15	2%	3.42
Food	3.66	9%	3.73
Clothing	3.53	5%	3.59
Emergency (immediate) shelter	2.94	39%	3.25
Halfway house or transitional living facility	2.04	43%	3.02
Long-term, permanent housing	2.04	41%	2.46
Detoxification from substances	3.11	9%	3.32
Treatment for substance abuse	3.17	14%	3.50
Services for emotional or psychiatric problems	3.25	16%	3.43
Treatment for dual diagnosis	3.15	7%	3.25
Family counseling	2.93	5%	2.98
Medical services	3.96	2%	3.76
Women's health care	3.26	0%	3.25
Help with medication	3.48	0%	3.44
Drop-in center or day program	3.17	2%	2.98
AIDS/HIV testing/counseling	3.37	0%	3.50
TB testing	3.43	0%	3.68
TB treatment	3.21	0%	3.54
Hepatitis C testing	3.29	0%	3.60
Dental care	2.36	20%	2.64
Eye care	2.49	0%	2.93
Glasses	2.54	0%	2.92
VA disability/pension	3.19	18%	3.38
Welfare payments	3.13	0%	3.05
SSI/SSD process	3.00	7%	3.07
Guardianship (financial)	2.59	0%	2.83
Help managing money	2.64	5%	2.86
Job training	2.89	7%	3.09
Help with finding a job or getting employment	3.06	14%	3.20
Help getting needed documents or identification	3.17	5%	3.28
Help with transportation	3.00	14%	3.01
Education	2.74	2%	3.05
Child care	2.37	0%	2.47
Legal assistance	2.47	2%	2.78
Discharge upgrade	2.73	0%	3.01
Spiritual	3.33	5%	3.37
Re-entry services for incarcerated veterans	2.35	9%	2.71
Elder Healthcare	2.81	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.	2.50	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.71	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.94	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.	1.52	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.	1.57	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.	1.84	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.76	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.	1.83	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.	1.62	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.	1.93	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?	3.31	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.32	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	No

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

CHALENG 2007 Survey Results Summary

VISN 1

Site: VAMC Manchester, NH - 608

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: 250

2. Estimated Number of Veterans who are Chronically Homeless: 49

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: 3

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	1,000	0
Transitional Housing Beds	480	0
Permanent Housing Beds	5	111

***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	New Hampshire Continuum of Care continues to advocate for additional Section 8 or subsidized housing funds.
Detoxification from substances	Maintain relationship with local social detoxification center. Still have had to refer many New Hampshire veterans to facilities in Massachusetts.
Help with finding a job or getting employment	Increase collaboration with veteran representatives at local employment offices. Continue collaboration with our new VA Compensated Work Therapy Program.

***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: **82**
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	3.85	0%	3.42
Food	4.24	1%	3.73
Clothing	3.87	5%	3.59
Emergency (immediate) shelter	3.77	10%	3.25
Halfway house or transitional living facility	3.72	9%	3.02
Long-term, permanent housing	2.36	59%	2.46
Detoxification from substances	3.28	19%	3.32
Treatment for substance abuse	3.48	10%	3.50
Services for emotional or psychiatric problems	3.69	5%	3.43
Treatment for dual diagnosis	3.50	3%	3.25
Family counseling	3.02	3%	2.98
Medical services	4.07	7%	3.76
Women's health care	3.39	1%	3.25
Help with medication	3.88	1%	3.44
Drop-in center or day program	2.49	11%	2.98
AIDS/HIV testing/counseling	3.73	0%	3.50
TB testing	3.99	0%	3.68
TB treatment	3.77	1%	3.54
Hepatitis C testing	3.92	0%	3.60
Dental care	2.27	28%	2.64
Eye care	2.90	3%	2.93
Glasses	2.88	3%	2.92
VA disability/pension	3.19	18%	3.38
Welfare payments	2.70	0%	3.05
SSI/SSD process	3.22	7%	3.07
Guardianship (financial)	2.80	3%	2.83
Help managing money	2.93	11%	2.86
Job training	3.08	15%	3.09
Help with finding a job or getting employment	3.39	13%	3.20
Help getting needed documents or identification	3.26	1%	3.28
Help with transportation	2.88	22%	3.01
Education	2.66	14%	3.05
Child care	2.45	4%	2.47
Legal assistance	2.28	8%	2.78
Discharge upgrade	2.91	0%	3.01
Spiritual	3.53	4%	3.37
Re-entry services for incarcerated veterans	2.97	1%	2.71
Elder Healthcare	3.24	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.	2.23	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.	1.73	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.	2.14	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.	1.70	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.63	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.	1.63	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.	1.67	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.	1.45	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.	1.55	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.	1.59	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?	3.61	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.36	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 1

Site: VAMC Northampton, MA - 631 (Leeds)

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: 250

2. Estimated Number of Veterans who are Chronically Homeless: 71

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	390	60
Transitional Housing Beds	180	60
Permanent Housing Beds	70	90

***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	Make plan to attend community homeless coalition meeting. Coordinate efforts with Massachusetts Department of Veterans Services.
Dental Care	Will target eligible veterans for the Homeless Veterans Dental Program (HVDP). Will also locate dental services for homeless veterans not eligible for HVDP.
Job training	Attend community homeless coalition meetings and coordinate with Massachusetts Department of Veterans 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: **130**
Percentage of Participant Surveys from Homeless Veterans: **67%**

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	3.78	2%	3.42
Food	3.92	5%	3.73
Clothing	3.81	9%	3.59
Emergency (immediate) shelter	4.01	9%	3.25
Halfway house or transitional living facility	3.44	11%	3.02
Long-term, permanent housing	2.63	34%	2.46
Detoxification from substances	3.93	8%	3.32
Treatment for substance abuse	4.01	11%	3.50
Services for emotional or psychiatric problems	3.82	14%	3.43
Treatment for dual diagnosis	3.61	4%	3.25
Family counseling	2.87	1%	2.98
Medical services	4.02	12%	3.76
Women's health care	3.19	4%	3.25
Help with medication	3.76	0%	3.44
Drop-in center or day program	3.38	1%	2.98
AIDS/HIV testing/counseling	3.51	1%	3.50
TB testing	4.13	0%	3.68
TB treatment	3.80	0%	3.54
Hepatitis C testing	3.77	0%	3.60
Dental care	3.06	26%	2.64
Eye care	3.36	9%	2.93
Glasses	3.34	9%	2.92
VA disability/pension	3.20	13%	3.38
Welfare payments	3.17	1%	3.05
SSI/SSD process	2.99	12%	3.07
Guardianship (financial)	2.92	1%	2.83
Help managing money	2.89	4%	2.86
Job training	2.90	16%	3.09
Help with finding a job or getting employment	3.13	22%	3.20
Help getting needed documents or identification	3.34	9%	3.28
Help with transportation	3.45	8%	3.01
Education	3.04	7%	3.05
Child care	2.64	1%	2.47
Legal assistance	2.72	11%	2.78
Discharge upgrade	3.19	7%	3.01
Spiritual	3.64	9%	3.37
Re-entry services for incarcerated veterans	3.16	3%	2.71
Elder Healthcare	3.18	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.	2.61	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.47	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.17	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.	2.32	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.	1.70	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.82	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.	1.94	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.	2.39	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.	1.66	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.	1.66	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?	3.41	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.32	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	Yes

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

CHALENG 2007 Survey Results Summary

VISN 1

Site: VAMC Providence, RI - 650, Bristol, CT

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: 200

2. Estimated Number of Veterans who are Chronically Homeless: 39

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	2	10
Transitional Housing Beds	70	15
Permanent Housing Beds	0	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	Continue to support local initiatives to develop low- income housing and write letters of support to HUD and local community development agencies.
Halfway house or transitional living facility	Assist Nickerson Community Center as they open their new 32-bed VA Grant and Per Diem facility
Dental Care	Work with VA Dental Services to open more appointment slots.

***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: **46**
Percentage of Participant Surveys from Homeless Veterans: **55%**

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	3.75	2%	3.42
Food	4.07	5%	3.73
Clothing	3.78	2%	3.59
Emergency (immediate) shelter	3.25	26%	3.25
Halfway house or transitional living facility	3.71	24%	3.02
Long-term, permanent housing	2.49	74%	2.46
Detoxification from substances	3.93	7%	3.32
Treatment for substance abuse	3.98	12%	3.50
Services for emotional or psychiatric problems	3.94	7%	3.43
Treatment for dual diagnosis	3.67	2%	3.25
Family counseling	3.26	0%	2.98
Medical services	4.20	2%	3.76
Women's health care	3.13	2%	3.25
Help with medication	3.67	2%	3.44
Drop-in center or day program	2.93	2%	2.98
AIDS/HIV testing/counseling	3.89	2%	3.50
TB testing	4.11	0%	3.68
TB treatment	3.48	0%	3.54
Hepatitis C testing	4.24	0%	3.60
Dental care	2.89	24%	2.64
Eye care	3.76	0%	2.93
Glasses	3.70	0%	2.92
VA disability/pension	3.17	26%	3.38
Welfare payments	2.65	0%	3.05
SSI/SSD process	3.09	10%	3.07
Guardianship (financial)	2.85	0%	2.83
Help managing money	2.95	5%	2.86
Job training	3.09	19%	3.09
Help with finding a job or getting employment	3.51	17%	3.20
Help getting needed documents or identification	3.19	5%	3.28
Help with transportation	3.24	7%	3.01
Education	3.30	5%	3.05
Child care	2.28	0%	2.47
Legal assistance	2.69	7%	2.78
Discharge upgrade	2.85	0%	3.01
Spiritual	3.34	5%	3.37
Re-entry services for incarcerated veterans	2.78	2%	2.71
Elder Healthcare	3.05	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.	2.21	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.64	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.50	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.	2.07	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.	1.36	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.	1.71	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.	2.21	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.64	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.	1.57	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.	1.36	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.	1.43	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?	3.14	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.29	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	No