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

CHALENG 2007 Survey Results Summary

VISN 15

Site: VA Eastern Kansas HCS (VAMC Leavenworth - 677A4)

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: 189

2. Estimated Number of Veterans who are Chronically Homeless: 48

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	0	2
Transitional Housing Beds	20	20
Permanent Housing Beds	7	40

***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	Assisted Independence and CAMP, LLC are developing a supportive housing project for FY 2008. There are plans to apply for a HUD grant.
Help with transportation	Assisted Independence, and Mid-America Regional Counsel, and state of Kansas Social & Rehabilitative Services are working to increase area transportation. VA social work intern will compiles list of available public transportation routes.
Emergency (immediate) shelter	We will continue to work with coalition agencies on identifying lead agency to develop "Safe Haven" immediate shelter.

***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: **172**
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	4.01	4%	3.42
Food	4.16	13%	3.73
Clothing	3.96	5%	3.59
Emergency (immediate) shelter	3.74	14%	3.25
Halfway house or transitional living facility	3.19	9%	3.02
Long-term, permanent housing	2.39	42%	2.46
Detoxification from substances	3.96	4%	3.32
Treatment for substance abuse	4.37	12%	3.50
Services for emotional or psychiatric problems	3.97	8%	3.43
Treatment for dual diagnosis	3.69	1%	3.25
Family counseling	3.00	4%	2.98
Medical services	4.15	11%	3.76
Women's health care	3.17	2%	3.25
Help with medication	4.02	3%	3.44
Drop-in center or day program	2.89	2%	2.98
AIDS/HIV testing/counseling	3.72	0%	3.50
TB testing	4.30	0%	3.68
TB treatment	3.74	0%	3.54
Hepatitis C testing	4.15	1%	3.60
Dental care	3.02	23%	2.64
Eye care	3.09	8%	2.93
Glasses	2.80	9%	2.92
VA disability/pension	2.62	18%	3.38
Welfare payments	2.37	1%	3.05
SSI/SSD process	2.73	8%	3.07
Guardianship (financial)	2.56	3%	2.83
Help managing money	3.08	6%	2.86
Job training	2.70	14%	3.09
Help with finding a job or getting employment	3.08	20%	3.20
Help getting needed documents or identification	3.51	0%	3.28
Help with transportation	2.43	35%	3.01
Education	2.96	9%	3.05
Child care	2.21	1%	2.47
Legal assistance	2.42	8%	2.78
Discharge upgrade	2.89	3%	3.01
Spiritual	4.11	2%	3.37
Re-entry services for incarcerated veterans	2.53	3%	2.71
Elder Healthcare	2.85	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.	2.47	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.20	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.86	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.	2.19	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.	1.47	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.	1.60	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.	2.33	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.80	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.	1.43	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.	1.57	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.**
****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 15

Site: VAH Columbia, MO - 543

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: 33

2. Estimated Number of Veterans who are Chronically Homeless: 13

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	77	10
Transitional Housing Beds	42	40
Permanent Housing Beds	21	40

***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*

Re-entry services for incarcerated veterans	We are recruiting for new staff to provide re-entry services for incarcerated veterans.
Halfway house or transitional living facility	We are helping Phoenix Programs get their VA Grant and Per Diem program operational soon.
Long-term, permanent housing	We will work with Columbia Housing Authority to secure Section 8 vouchers (if available) for homeless veterans. We will continue to use HUD Shelter Plus Care vouchers.

***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: **85**
Percentage of Participant Surveys from Homeless Veterans: **15%**

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	3.14	1%	3.42
Food	3.45	8%	3.73
Clothing	3.55	4%	3.59
Emergency (immediate) shelter	2.91	16%	3.25
Halfway house or transitional living facility	2.69	16%	3.02
Long-term, permanent housing	2.14	35%	2.46
Detoxification from substances	3.50	4%	3.32
Treatment for substance abuse	3.58	7%	3.50
Services for emotional or psychiatric problems	3.41	20%	3.43
Treatment for dual diagnosis	3.25	7%	3.25
Family counseling	3.06	4%	2.98
Medical services	3.57	7%	3.76
Women's health care	3.32	0%	3.25
Help with medication	3.24	5%	3.44
Drop-in center or day program	2.68	4%	2.98
AIDS/HIV testing/counseling	3.42	0%	3.50
TB testing	3.58	0%	3.68
TB treatment	3.49	0%	3.54
Hepatitis C testing	3.60	1%	3.60
Dental care	2.16	27%	2.64
Eye care	2.21	19%	2.93
Glasses	2.31	11%	2.92
VA disability/pension	3.15	3%	3.38
Welfare payments	3.05	1%	3.05
SSI/SSD process	3.06	3%	3.07
Guardianship (financial)	2.76	0%	2.83
Help managing money	2.73	0%	2.86
Job training	3.16	11%	3.09
Help with finding a job or getting employment	3.23	15%	3.20
Help getting needed documents or identification	3.22	3%	3.28
Help with transportation	2.43	35%	3.01
Education	2.95	3%	3.05
Child care	2.44	3%	2.47
Legal assistance	2.31	8%	2.78
Discharge upgrade	3.03	3%	3.01
Spiritual	3.40	0%	3.37
Re-entry services for incarcerated veterans	2.84	15%	2.71
Elder Healthcare	2.94	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.	2.21	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.68	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.84	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.	1.89	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.	1.73	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.60	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.	1.49	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.	1.93	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.95	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.	1.56	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.	1.57	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.	1.89	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?	3.39	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.14	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 15

Site: VAM&ROC Wichita, KS - 452

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: 350

2. Estimated Number of Veterans who are Chronically Homeless: 151

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	275	50
Transitional Housing Beds	30	50
Permanent Housing Beds	40	60

***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 will work with local housing task force to help develop "Housing First" permanent housing for individuals with chronic mental illness.
Halfway house or transitional living facility	Developing memorandums of understanding with local half-way houses. Encouraging local agencies to apply for VA Grant and Per Diem funding.
Help with transportation	Increase funding for bus tickets for homeless veterans. Will continue to advocate with local providers for more city and public transportation over extended hours.

***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: **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	3.26	10%	3.42
Food	3.78	18%	3.73
Clothing	3.38	6%	3.59
Emergency (immediate) shelter	2.88	22%	3.25
Halfway house or transitional living facility	2.33	39%	3.02
Long-term, permanent housing	1.87	61%	2.46
Detoxification from substances	3.26	4%	3.32
Treatment for substance abuse	3.34	6%	3.50
Services for emotional or psychiatric problems	3.23	10%	3.43
Treatment for dual diagnosis	3.18	4%	3.25
Family counseling	2.69	2%	2.98
Medical services	3.58	6%	3.76
Women's health care	2.71	0%	3.25
Help with medication	3.38	0%	3.44
Drop-in center or day program	3.02	4%	2.98
AIDS/HIV testing/counseling	3.36	0%	3.50
TB testing	3.79	0%	3.68
TB treatment	3.38	0%	3.54
Hepatitis C testing	3.65	0%	3.60
Dental care	2.42	12%	2.64
Eye care	2.58	8%	2.93
Glasses	2.59	0%	2.92
VA disability/pension	3.07	4%	3.38
Welfare payments	2.40	4%	3.05
SSI/SSD process	2.31	16%	3.07
Guardianship (financial)	2.31	0%	2.83
Help managing money	2.21	4%	2.86
Job training	2.04	8%	3.09
Help with finding a job or getting employment	2.23	10%	3.20
Help getting needed documents or identification	3.04	0%	3.28
Help with transportation	2.32	24%	3.01
Education	2.24	2%	3.05
Child care	2.23	0%	2.47
Legal assistance	2.47	4%	2.78
Discharge upgrade	3.00	0%	3.01
Spiritual	3.64	0%	3.37
Re-entry services for incarcerated veterans	2.23	12%	2.71
Elder Healthcare	2.69	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.	2.27	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.18	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.	1.68	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.	1.27	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.18	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.	1.29	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.57	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.36	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.	1.18	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.	1.52	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.	1.38	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?	3.76	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.64	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 15

Site: VAMC Kansas City, MO - 589

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: 1,500

2. Estimated Number of Veterans who are Chronically Homeless: 610

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	375	5
Transitional Housing Beds	365	20
Permanent Housing Beds	12	25

***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 work with community and local transitional housing providers to develop plans/funding for long-term, permanent housing.
Emergency (immediate) shelter	Use existing shelters while seeking VA funding for emergency housing.
Services for emotional or psychiatric problems	Explore VA funding opportunities and local community service options.

***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: **71%**

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	3.69	0%	3.42
Food	4.03	3%	3.73
Clothing	3.80	3%	3.59
Emergency (immediate) shelter	3.73	17%	3.25
Halfway house or transitional living facility	3.57	9%	3.02
Long-term, permanent housing	2.20	31%	2.46
Detoxification from substances	3.82	3%	3.32
Treatment for substance abuse	4.11	3%	3.50
Services for emotional or psychiatric problems	3.77	9%	3.43
Treatment for dual diagnosis	3.69	9%	3.25
Family counseling	2.73	3%	2.98
Medical services	4.00	9%	3.76
Women's health care	2.60	3%	3.25
Help with medication	4.09	6%	3.44
Drop-in center or day program	3.07	3%	2.98
AIDS/HIV testing/counseling	3.66	0%	3.50
TB testing	4.02	0%	3.68
TB treatment	3.60	0%	3.54
Hepatitis C testing	3.86	0%	3.60
Dental care	2.79	23%	2.64
Eye care	3.48	11%	2.93
Glasses	3.19	9%	2.92
VA disability/pension	3.09	19%	3.38
Welfare payments	2.32	3%	3.05
SSI/SSD process	2.26	9%	3.07
Guardianship (financial)	2.42	0%	2.83
Help managing money	3.05	9%	2.86
Job training	2.50	17%	3.09
Help with finding a job or getting employment	3.17	29%	3.20
Help getting needed documents or identification	3.25	6%	3.28
Help with transportation	3.20	17%	3.01
Education	2.88	17%	3.05
Child care	2.42	3%	2.47
Legal assistance	2.05	3%	2.78
Discharge upgrade	2.48	3%	3.01
Spiritual	3.55	6%	3.37
Re-entry services for incarcerated veterans	2.59	6%	2.71
Elder Healthcare	2.67	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.	1.44	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.31	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.19	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.	1.25	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.	1.13	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.06	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.	1.13	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.	1.44	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.25	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.	1.07	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.	1.20	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.	1.07	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?	2.86	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	2.71	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 15

Site: VAMC Marion, IL - 609*

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: 134

2. Estimated Number of Veterans who are Chronically Homeless: 48

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	252	50
Transitional Housing Beds	200	90
Permanent Housing Beds	1,313	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*

Emergency (immediate) shelter	VA will work closely with the local Continuum of Care to find more immediate shelter beds.
Halfway house or transitional living facility	VA will work closely with the local Continuum of care to identify more transitional housing opportunities.
Long-term, permanent housing	VA will work closely with the local Continuum of care to identify more permanent housing opportunities.

***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: **15**
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	3.50	13%	3.73
Clothing	3.15	0%	3.59
Emergency (immediate) shelter	2.22	67%	3.25
Halfway house or transitional living facility	2.16	13%	3.02
Long-term, permanent housing	2.29	40%	2.46
Detoxification from substances	2.29	7%	3.32
Treatment for substance abuse	2.72	7%	3.50
Services for emotional or psychiatric problems	2.93	7%	3.43
Treatment for dual diagnosis	2.86	0%	3.25
Family counseling	3.14	0%	2.98
Medical services	3.29	0%	3.76
Women's health care	3.07	0%	3.25
Help with medication	3.29	13%	3.44
Drop-in center or day program	2.64	0%	2.98
AIDS/HIV testing/counseling	2.71	0%	3.50
TB testing	3.50	0%	3.68
TB treatment	3.14	0%	3.54
Hepatitis C testing	2.93	0%	3.60
Dental care	2.29	7%	2.64
Eye care	2.36	0%	2.93
Glasses	2.29	0%	2.92
VA disability/pension	3.21	7%	3.38
Welfare payments	3.38	0%	3.05
SSI/SSD process	3.07	7%	3.07
Guardianship (financial)	2.57	7%	2.83
Help managing money	3.00	0%	2.86
Job training	2.71	0%	3.09
Help with finding a job or getting employment	2.79	13%	3.20
Help getting needed documents or identification	3.29	0%	3.28
Help with transportation	2.29	53%	3.01
Education	2.86	7%	3.05
Child care	2.57	0%	2.47
Legal assistance	3.13	13%	2.78
Discharge upgrade	2.75	0%	3.01
Spiritual	3.57	0%	3.37
Re-entry services for incarcerated veterans	1.77	20%	2.71
Elder Healthcare	2.79	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.	1.67	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.27	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.40	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.	1.73	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.	1.27	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.07	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.	1.07	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.	1.27	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.33	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.	1.13	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.	1.27	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.33	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	2.93	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.07	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	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 15

Site: VAMC Poplar Bluff, MO - 647

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: 10

2. Estimated Number of Veterans who are Chronically Homeless: 3

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	5	10
Transitional Housing Beds	0	10
Permanent Housing Beds	0	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	Shelter is needed for families in crisis. We will continue to look for more VA and non-VA resources.
Halfway house or transitional living facility	We have two transitional living facilities available and plan to find another one in FY 2008.
Help with finding a job or getting employment	Plan is to help more homeless veterans find employment.

***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: **12**
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	2.91	0%	3.42
Food	3.28	14%	3.73
Clothing	3.55	14%	3.59
Emergency (immediate) shelter	3.19	43%	3.25
Halfway house or transitional living facility	2.64	71%	3.02
Long-term, permanent housing	2.55	29%	2.46
Detoxification from substances	2.64	25%	3.32
Treatment for substance abuse	3.37	0%	3.50
Services for emotional or psychiatric problems	3.28	29%	3.43
Treatment for dual diagnosis	3.28	0%	3.25
Family counseling	2.70	14%	2.98
Medical services	3.45	14%	3.76
Women's health care	3.10	0%	3.25
Help with medication	3.36	0%	3.44
Drop-in center or day program	2.27	0%	2.98
AIDS/HIV testing/counseling	3.36	0%	3.50
TB testing	3.45	0%	3.68
TB treatment	2.91	0%	3.54
Hepatitis C testing	3.64	0%	3.60
Dental care	2.40	0%	2.64
Eye care	2.82	0%	2.93
Glasses	3.00	0%	2.92
VA disability/pension	3.00	14%	3.38
Welfare payments	2.80	0%	3.05
SSI/SSD process	3.30	14%	3.07
Guardianship (financial)	3.10	0%	2.83
Help managing money	2.30	0%	2.86
Job training	3.09	0%	3.09
Help with finding a job or getting employment	3.55	0%	3.20
Help getting needed documents or identification	3.55	0%	3.28
Help with transportation	2.40	29%	3.01
Education	2.50	0%	3.05
Child care	1.90	0%	2.47
Legal assistance	2.20	0%	2.78
Discharge upgrade	2.78	0%	3.01
Spiritual	3.36	0%	3.37
Re-entry services for incarcerated veterans	2.64	13%	2.71
Elder Healthcare	2.80	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.	2.17	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.00	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.	1.83	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.	1.00	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.20	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.	1.40	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.	2.20	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.40	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.	1.40	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.	1.60	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.88	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.00	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)	No
Psychiatric/substance abuse inpatient (hospitals, wards	No
Nursing homes	No
Faith-based organizations	Yes

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

VISN 15

Site: VAMC St. Louis, MO - 657

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: 1,350

2. Estimated Number of Veterans who are Chronically Homeless: 420

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	765	0
Transitional Housing Beds	750	0
Permanent Housing Beds	200	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	Encourage more agencies to apply for funding for affordable housing with case management. Work more closely with HUD and private developers.
Food	Explore possibility of a drop-in center that provided food with fewer restrictions.
Dental Care	Explore ways to provide dental services to veterans who do not qualify under VHA Directive 2002-080 (i.e., residing in a VA Grant and Per Diem program) but are involved in some other VA program (e.g., VA Compensated Work Therapy).

***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: **136**
Percentage of Participant Surveys from Homeless Veterans: **76%**

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	3.37	8%	3.42
Food	3.31	16%	3.73
Clothing	3.08	15%	3.59
Emergency (immediate) shelter	2.90	20%	3.25
Halfway house or transitional living facility	2.91	12%	3.02
Long-term, permanent housing	2.37	41%	2.46
Detoxification from substances	3.64	6%	3.32
Treatment for substance abuse	3.76	8%	3.50
Services for emotional or psychiatric problems	3.36	6%	3.43
Treatment for dual diagnosis	3.32	5%	3.25
Family counseling	3.02	5%	2.98
Medical services	3.80	9%	3.76
Women's health care	3.35	1%	3.25
Help with medication	3.53	2%	3.44
Drop-in center or day program	3.01	3%	2.98
AIDS/HIV testing/counseling	3.63	2%	3.50
TB testing	3.72	0%	3.68
TB treatment	3.61	0%	3.54
Hepatitis C testing	3.61	3%	3.60
Dental care	2.57	21%	2.64
Eye care	2.93	10%	2.93
Glasses	2.97	7%	2.92
VA disability/pension	2.86	9%	3.38
Welfare payments	2.66	1%	3.05
SSI/SSD process	2.95	7%	3.07
Guardianship (financial)	2.92	5%	2.83
Help managing money	3.14	3%	2.86
Job training	2.94	8%	3.09
Help with finding a job or getting employment	2.90	8%	3.20
Help getting needed documents or identification	3.31	2%	3.28
Help with transportation	2.72	13%	3.01
Education	2.85	6%	3.05
Child care	2.82	0%	2.47
Legal assistance	2.85	14%	2.78
Discharge upgrade	3.10	4%	3.01
Spiritual	3.56	5%	3.37
Re-entry services for incarcerated veterans	2.93	8%	2.71
Elder Healthcare	2.90	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.	2.91	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.	1.73	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.	2.18	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.	1.80	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.60	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.	1.45	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.	2.40	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.70	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.	1.60	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.	1.40	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?	3.50	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.73	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	No

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

CHALENG 2007 Survey Results Summary

VISN 15

Site: VAMC Topeka - 677

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: 150

2. Estimated Number of Veterans who are Chronically Homeless: 36

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: 5

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	60	10
Transitional Housing Beds	75	20
Permanent Housing Beds	20	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*

Long-term, permanent housing	Will continue to seek HUD and other funding. Community involved in tax credit projects that help develop permanent housing.
Dental Care	Will continue to work with our VISN and VA Central Office to expand dental services for homeless veterans.
Job training	Have been working with VA employment staff to assist veterans. Looking for additional resources from state of Kansas vocational rehabilitation programs and other entities.

***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: **39**
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	3.64	3%	3.42
Food	4.00	5%	3.73
Clothing	3.85	3%	3.59
Emergency (immediate) shelter	3.93	8%	3.25
Halfway house or transitional living facility	3.57	11%	3.02
Long-term, permanent housing	2.77	36%	2.46
Detoxification from substances	3.98	11%	3.32
Treatment for substance abuse	4.00	16%	3.50
Services for emotional or psychiatric problems	4.00	8%	3.43
Treatment for dual diagnosis	3.77	11%	3.25
Family counseling	3.14	3%	2.98
Medical services	4.28	16%	3.76
Women's health care	3.66	3%	3.25
Help with medication	4.08	3%	3.44
Drop-in center or day program	3.38	3%	2.98
AIDS/HIV testing/counseling	3.94	3%	3.50
TB testing	3.97	3%	3.68
TB treatment	3.77	0%	3.54
Hepatitis C testing	4.00	0%	3.60
Dental care	2.47	39%	2.64
Eye care	3.41	5%	2.93
Glasses	2.60	11%	2.92
VA disability/pension	3.03	11%	3.38
Welfare payments	2.57	0%	3.05
SSI/SSD process	2.81	11%	3.07
Guardianship (financial)	2.74	3%	2.83
Help managing money	3.00	5%	2.86
Job training	3.11	26%	3.09
Help with finding a job or getting employment	3.38	18%	3.20
Help getting needed documents or identification	3.62	3%	3.28
Help with transportation	3.25	8%	3.01
Education	3.06	3%	3.05
Child care	2.44	0%	2.47
Legal assistance	2.64	8%	2.78
Discharge upgrade	3.12	3%	3.01
Spiritual	3.72	3%	3.37
Re-entry services for incarcerated veterans	3.03	3%	2.71
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