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

CHALENG 2007 Survey Results Summary

VISN 23

Site: VA Black Hills HCS (VAMC Fort Meade - 568 and VAMC Hot Springs - 568A4)

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: 120

2. Estimated Number of Veterans who are Chronically Homeless: 32

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	146	20
Transitional Housing Beds	84	4
Permanent Housing Beds	25	50

***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	Cornerstone Mission (Rapid City) broke ground to create family housing units for VA GPD graduates to stay until they can find true permanent housing.
Discharge upgrade	Work with VISN and local veteran service representatives on discharge upgrades. Cultural issues and alcoholism contribute to many Native American veterans receiving undesirable discharges.
Treatment for substance abuse	Black Hills Homeless Coalition is exploring writing a grant to develop a "wet house" for individuals with alcohol and substance abuse issues.

***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: **16**
Percentage of Participant Surveys from Homeless Veterans: **88%**

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	4.07	0%	3.42
Food	4.25	0%	3.73
Clothing	4.00	0%	3.59
Emergency (immediate) shelter	3.57	8%	3.25
Halfway house or transitional living facility	3.07	8%	3.02
Long-term, permanent housing	1.38	69%	2.46
Detoxification from substances	3.69	8%	3.32
Treatment for substance abuse	3.38	8%	3.50
Services for emotional or psychiatric problems	3.13	8%	3.43
Treatment for dual diagnosis	2.17	15%	3.25
Family counseling	2.25	0%	2.98
Medical services	4.19	0%	3.76
Women's health care	3.78	0%	3.25
Help with medication	4.47	0%	3.44
Drop-in center or day program	1.92	0%	2.98
AIDS/HIV testing/counseling	3.38	0%	3.50
TB testing	4.06	0%	3.68
TB treatment	3.94	0%	3.54
Hepatitis C testing	4.06	0%	3.60
Dental care	1.69	43%	2.64
Eye care	1.63	23%	2.93
Glasses	1.44	29%	2.92
VA disability/pension	3.75	0%	3.38
Welfare payments	4.20	0%	3.05
SSI/SSD process	3.63	8%	3.07
Guardianship (financial)	3.00	0%	2.83
Help managing money	2.56	8%	2.86
Job training	2.56	31%	3.09
Help with finding a job or getting employment	2.63	0%	3.20
Help getting needed documents or identification	3.19	0%	3.28
Help with transportation	2.56	15%	3.01
Education	2.50	0%	3.05
Child care	1.83	0%	2.47
Legal assistance	3.20	8%	2.78
Discharge upgrade	2.13	15%	3.01
Spiritual	4.00	8%	3.37
Re-entry services for incarcerated veterans	1.50	14%	2.71
Elder Healthcare	3.69	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.	2.00	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.00	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.00	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.	2.00	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.00	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.00	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.00	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.	2.00	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.00	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.	1.00	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.00	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.69	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.92	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	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 23

Site: VAH&ROC Sioux Falls, SD - 438

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: 56

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

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

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

We used the following formula to obtain this number:

> Estimated number of homeless veterans in service area **x chronically homeless rate:** percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2007 CHALENG POC survey. "Chronically homeless rate" comes from FY 2007 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes 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	124	15
Transitional Housing Beds	293	30
Permanent Housing Beds	8	30

***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	Working with one local agency interested in applying for VA Grant and Per Diem funding for transitional housing.
Long-term, permanent housing	In process of obtaining five HUD Shelter Plus Care housing vouchers.
Dental Care	We will meet with VA Dental Service to coordinate continued care at local Stand Down and discuss other options. Dental care continues to be an overall need in the community.

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

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: **41**
Percentage of Participant Surveys from Homeless Veterans: **13%**

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	3.17	0%	3.42
Food	3.59	8%	3.73
Clothing	3.58	8%	3.59
Emergency (immediate) shelter	2.80	33%	3.25
Halfway house or transitional living facility	2.38	38%	3.02
Long-term, permanent housing	2.14	46%	2.46
Detoxification from substances	3.22	4%	3.32
Treatment for substance abuse	3.39	8%	3.50
Services for emotional or psychiatric problems	3.43	13%	3.43
Treatment for dual diagnosis	3.11	8%	3.25
Family counseling	3.11	8%	2.98
Medical services	3.76	0%	3.76
Women's health care	3.14	8%	3.25
Help with medication	3.40	0%	3.44
Drop-in center or day program	3.00	0%	2.98
AIDS/HIV testing/counseling	3.31	0%	3.50
TB testing	3.34	0%	3.68
TB treatment	3.11	0%	3.54
Hepatitis C testing	3.26	0%	3.60
Dental care	2.53	13%	2.64
Eye care	2.81	0%	2.93
Glasses	2.83	4%	2.92
VA disability/pension	3.27	13%	3.38
Welfare payments	3.23	0%	3.05
SSI/SSD process	2.94	4%	3.07
Guardianship (financial)	2.82	4%	2.83
Help managing money	2.60	0%	2.86
Job training	2.83	8%	3.09
Help with finding a job or getting employment	2.95	13%	3.20
Help getting needed documents or identification	3.00	0%	3.28
Help with transportation	2.81	8%	3.01
Education	2.74	4%	3.05
Child care	2.53	0%	2.47
Legal assistance	2.42	13%	2.78
Discharge upgrade	2.88	4%	3.01
Spiritual	3.00	4%	3.37
Re-entry services for incarcerated veterans	2.53	21%	2.71
Elder Healthcare	2.83	4%	3.07

*** % of site participants who identified this need as one of the top three they would like to work on now.**
****VHA: Veterans Healthcare Administration (138 reporting POC sites, n=9,132).**

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.08	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.38	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.54	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.	1.77	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.	1.40	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.	1.31	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.	1.62	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.72	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.	1.24	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.	1.80	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?	3.33	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.41	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	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 23

Site: VAM&ROC Fargo, ND - 437

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: 950

2. Estimated Number of Veterans who are Chronically Homeless: 290

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	695	30
Transitional Housing Beds	292	55
Permanent Housing Beds	262	55

***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	Work with HUD Continuums of Care in North Dakota and Minnesota to submit requests for funding.
Emergency (immediate) shelter	New shelter in Fargo will open soon. Will offer VA as a useful resource for the shelter.
Halfway house or transitional living facility	Centre, Inc. (Fargo) will open a 48-bed facility for homeless veterans. We will encourage other agencies to apply for VA Grant and Per Diem funding, especially those which work with Native American Indian reservations.

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

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: **69**
Percentage of Participant Surveys from Homeless Veterans: **2%**

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	3.62	0%	3.42
Food	3.84	9%	3.73
Clothing	3.80	6%	3.59
Emergency (immediate) shelter	3.23	40%	3.25
Halfway house or transitional living facility	2.76	28%	3.02
Long-term, permanent housing	2.64	41%	2.46
Detoxification from substances	3.34	7%	3.32
Treatment for substance abuse	3.42	14%	3.50
Services for emotional or psychiatric problems	3.40	12%	3.43
Treatment for dual diagnosis	3.20	13%	3.25
Family counseling	3.00	0%	2.98
Medical services	3.95	4%	3.76
Women's health care	3.48	3%	3.25
Help with medication	3.49	0%	3.44
Drop-in center or day program	2.62	15%	2.98
AIDS/HIV testing/counseling	3.56	1%	3.50
TB testing	3.65	0%	3.68
TB treatment	3.58	0%	3.54
Hepatitis C testing	3.64	0%	3.60
Dental care	2.44	31%	2.64
Eye care	2.81	4%	2.93
Glasses	2.85	7%	2.92
VA disability/pension	3.94	3%	3.38
Welfare payments	3.63	0%	3.05
SSI/SSD process	3.41	7%	3.07
Guardianship (financial)	3.02	0%	2.83
Help managing money	3.02	3%	2.86
Job training	3.22	6%	3.09
Help with finding a job or getting employment	3.35	9%	3.20
Help getting needed documents or identification	3.57	0%	3.28
Help with transportation	3.24	9%	3.01
Education	3.18	3%	3.05
Child care	2.44	6%	2.47
Legal assistance	2.75	6%	2.78
Discharge upgrade	3.27	1%	3.01
Spiritual	3.67	1%	3.37
Re-entry services for incarcerated veterans	2.90	4%	2.71
Elder Healthcare	3.24	4%	3.07

*** % of site participants who identified this need as one of the top three they would like to work on now.**
****VHA: Veterans Healthcare Administration (138 reporting POC sites, n=9,132).**

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.40	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.41	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.67	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.14	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.	1.24	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.27	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.	1.85	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.	2.04	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.69	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.	1.31	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.	1.39	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?	3.36	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.57	3.58

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

4. Existing Agreements with Community Service Types:

Service Types	**VA has existing collaborative agreement with agencies?**
Correctional Facilities (Jails, prisons, courts)	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 23

Site: VAMC Minneapolis, MN - 618, and Superior, WI

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: 624

2. Estimated Number of Veterans who are Chronically Homeless: 91

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	1,863	0
Transitional Housing Beds	1,221	0
Permanent Housing Beds	1,261	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	Conduct interviews with local veterans to identify barriers to securing permanent housing.
Treatment for substance abuse	Address wait-time issues for substance abuse treatment.
Guardianship (financial)	Assess effectiveness of current guardianship process including: available pool of fiduciaries/payees; length of time for decision-making process by benefit provider; and outcome (fiduciary or payee appointed or not appointed).

***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: **32**
Percentage of Participant Surveys from Homeless Veterans: **38%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.78	0%	3.42
Food	4.04	4%	3.73
Clothing	3.82	4%	3.59
Emergency (immediate) shelter	3.76	12%	3.25
Halfway house or transitional living facility	3.14	23%	3.02
Long-term, permanent housing	2.43	54%	2.46
Detoxification from substances	3.42	0%	3.32
Treatment for substance abuse	3.88	31%	3.50
Services for emotional or psychiatric problems	3.57	19%	3.43
Treatment for dual diagnosis	3.27	0%	3.25
Family counseling	2.93	0%	2.98
Medical services	3.81	4%	3.76
Women's health care	3.38	0%	3.25
Help with medication	3.47	0%	3.44
Drop-in center or day program	3.07	0%	2.98
AIDS/HIV testing/counseling	3.53	0%	3.50
TB testing	3.75	0%	3.68
TB treatment	3.45	0%	3.54
Hepatitis C testing	3.75	0%	3.60
Dental care	3.30	8%	2.64
Eye care	3.06	0%	2.93
Glasses	3.03	4%	2.92
VA disability/pension	3.48	12%	3.38
Welfare payments	2.80	0%	3.05
SSI/SSD process	2.66	19%	3.07
Guardianship (financial)	2.30	19%	2.83
Help managing money	2.68	15%	2.86
Job training	3.00	12%	3.09
Help with finding a job or getting employment	2.97	23%	3.20
Help getting needed documents or identification	3.31	12%	3.28
Help with transportation	3.16	12%	3.01
Education	3.03	4%	3.05
Child care	2.34	0%	2.47
Legal assistance	3.09	8%	2.78
Discharge upgrade	2.83	0%	3.01
Spiritual	3.22	0%	3.37
Re-entry services for incarcerated veterans	2.53	4%	2.71
Elder Healthcare	2.83	0%	3.07

*** % of site participants who identified this need as one of the top three they would like to work on now.**
****VHA: Veterans Healthcare Administration (138 reporting POC sites, n=9,132).**

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.80	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.70	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.	3.64	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.55	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.60	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.	2.09	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.18	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.58	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.	1.75	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.	2.09	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?	3.92	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.23	3.58

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

4. Existing Agreements with Community Service Types:

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

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

CHALENG 2007 Survey Results Summary

VISN 23

Site: VAMC St. Cloud, MN - 656*

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: 21

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: 7

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	135	20
Transitional Housing Beds	196	24
Permanent Housing Beds	310	0

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

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

Halfway house or transitional living facility	St. Cloud Housing and Redevelopment Agency and Housing Coalition of St. Cloud are interested in working with VA to develop 24 units of transitional housing for veterans.
Long-term, permanent housing	Place of Hope is building 32 units. Forty other units for individuals with chronic alcoholism will e be built in the coming year.
Re-entry services for incarcerated veterans	Ongoing dialogue between Central Minnesota Continuum of Care and Central Minnesota Corrections and Re-Entry Committee regarding developing 32 units of transitional housing for ex-offenders.

***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: **26**
Percentage of Participant Surveys from Homeless Veterans: **4%**

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	3.50	0%	3.42
Food	3.93	4%	3.73
Clothing	3.58	4%	3.59
Emergency (immediate) shelter	3.24	12%	3.25
Halfway house or transitional living facility	2.62	36%	3.02
Long-term, permanent housing	2.60	24%	2.46
Detoxification from substances	3.35	8%	3.32
Treatment for substance abuse	3.54	8%	3.50
Services for emotional or psychiatric problems	3.35	12%	3.43
Treatment for dual diagnosis	3.52	4%	3.25
Family counseling	3.25	0%	2.98
Medical services	3.84	16%	3.76
Women's health care	3.31	12%	3.25
Help with medication	3.35	0%	3.44
Drop-in center or day program	2.80	16%	2.98
AIDS/HIV testing/counseling	3.32	0%	3.50
TB testing	3.32	0%	3.68
TB treatment	3.20	0%	3.54
Hepatitis C testing	3.32	0%	3.60
Dental care	2.46	16%	2.64
Eye care	2.73	4%	2.93
Glasses	2.85	0%	2.92
VA disability/pension	3.69	8%	3.38
Welfare payments	3.46	0%	3.05
SSI/SSD process	2.88	8%	3.07
Guardianship (financial)	2.88	4%	2.83
Help managing money	2.73	8%	2.86
Job training	3.08	20%	3.09
Help with finding a job or getting employment	3.12	12%	3.20
Help getting needed documents or identification	3.12	0%	3.28
Help with transportation	3.00	8%	3.01
Education	3.19	4%	3.05
Child care	2.80	8%	2.47
Legal assistance	3.12	4%	2.78
Discharge upgrade	3.48	8%	3.01
Spiritual	3.72	0%	3.37
Re-entry services for incarcerated veterans	2.65	24%	2.71
Elder Healthcare	3.24	8%	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.	1.50	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	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.	1.90	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.	1.23	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.27	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.	1.36	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.	2.14	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.86	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.50	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.32	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.	1.73	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?	3.90	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.95	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 23

Site: VA Central Iowa HCS (VAMC Des Moines - 555, VAMC Knoxville - 555A4)

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: 508

2. Estimated Number of Veterans who are Chronically Homeless: 171

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	295	100
Transitional Housing Beds	311	50
Permanent Housing Beds	135	100

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

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

Long-term, permanent housing	Continue to access limited housing in the community and work with local HUD Continuum of Care to develop more.
Help with finding a job or getting employment	Increase referrals to Iowa Workforce Development. VA Compensated Work Therapy Program working to get more contracts. New Supported Employment program staff hired.
Job training	VA staff work as job coaches. We refer veterans to state vocational rehabilitation programs, Goodwill Industries, and Easter Seals. This community lacks a comprehensive job skills training 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: **39**
Percentage of Participant Surveys from Homeless Veterans: **54%**

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	3.84	0%	3.42
Food	4.18	0%	3.73
Clothing	3.69	3%	3.59
Emergency (immediate) shelter	3.68	15%	3.25
Halfway house or transitional living facility	3.49	15%	3.02
Long-term, permanent housing	2.71	39%	2.46
Detoxification from substances	3.45	0%	3.32
Treatment for substance abuse	3.64	6%	3.50
Services for emotional or psychiatric problems	3.66	18%	3.43
Treatment for dual diagnosis	3.52	6%	3.25
Family counseling	3.41	3%	2.98
Medical services	4.06	15%	3.76
Women's health care	2.74	0%	3.25
Help with medication	3.81	0%	3.44
Drop-in center or day program	3.10	6%	2.98
AIDS/HIV testing/counseling	3.97	0%	3.50
TB testing	3.94	0%	3.68
TB treatment	3.65	0%	3.54
Hepatitis C testing	3.94	0%	3.60
Dental care	3.46	12%	2.64
Eye care	3.82	3%	2.93
Glasses	3.79	9%	2.92
VA disability/pension	2.96	9%	3.38
Welfare payments	2.96	0%	3.05
SSI/SSD process	2.72	12%	3.07
Guardianship (financial)	3.04	0%	2.83
Help managing money	3.45	15%	2.86
Job training	3.27	21%	3.09
Help with finding a job or getting employment	3.43	33%	3.20
Help getting needed documents or identification	3.76	0%	3.28
Help with transportation	3.50	15%	3.01
Education	3.27	12%	3.05
Child care	2.61	0%	2.47
Legal assistance	2.80	6%	2.78
Discharge upgrade	3.04	6%	3.01
Spiritual	3.45	6%	3.37
Re-entry services for incarcerated veterans	3.25	12%	2.71
Elder Healthcare	3.09	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.	2.19	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.25	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.50	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.	1.81	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.	1.38	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.31	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.	1.31	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.	2.00	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.56	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.	1.47	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?	3.35	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.13	3.58

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

4. Existing Agreements with Community Service Types:

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

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

CHALENG 2007 Survey Results Summary

VISN 23

Site: VA HCS (VAMC Grand Island - 597A4, VAMC Lincoln - 597 and VAMC Omaha- 636)

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: 28

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: 15

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	541	50
Transitional Housing Beds	90	50
Permanent Housing Beds	105	50

***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	Shelters in Lincoln and North Platte will add additional beds.
Long-term, permanent housing	We will continue to use homeless housing vouchers and Section 8 housing vouchers.
Help with transportation	"Ride for 5" program (unlimited use monthly bus passes for $5) is now in operation in Lincoln.

***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: **24**
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	3.61	4%	3.42
Food	3.91	8%	3.73
Clothing	3.73	4%	3.59
Emergency (immediate) shelter	3.18	42%	3.25
Halfway house or transitional living facility	2.67	25%	3.02
Long-term, permanent housing	3.14	33%	2.46
Detoxification from substances	3.78	4%	3.32
Treatment for substance abuse	3.60	17%	3.50
Services for emotional or psychiatric problems	3.55	4%	3.43
Treatment for dual diagnosis	3.14	17%	3.25
Family counseling	3.50	8%	2.98
Medical services	3.82	8%	3.76
Women's health care	3.67	8%	3.25
Help with medication	3.55	13%	3.44
Drop-in center or day program	2.75	8%	2.98
AIDS/HIV testing/counseling	3.68	0%	3.50
TB testing	3.58	0%	3.68
TB treatment	3.37	0%	3.54
Hepatitis C testing	3.63	0%	3.60
Dental care	3.10	8%	2.64
Eye care	3.43	4%	2.93
Glasses	3.52	8%	2.92
VA disability/pension	3.86	0%	3.38
Welfare payments	3.47	0%	3.05
SSI/SSD process	3.37	4%	3.07
Guardianship (financial)	3.29	0%	2.83
Help managing money	3.62	17%	2.86
Job training	3.41	0%	3.09
Help with finding a job or getting employment	3.32	4%	3.20
Help getting needed documents or identification	3.30	4%	3.28
Help with transportation	3.00	25%	3.01
Education	3.25	8%	3.05
Child care	2.90	0%	2.47
Legal assistance	3.25	4%	2.78
Discharge upgrade	3.47	0%	3.01
Spiritual	4.00	0%	3.37
Re-entry services for incarcerated veterans	3.00	4%	2.71
Elder Healthcare	3.68	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.	2.68	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.41	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.59	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.	2.23	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.	1.48	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.33	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.	1.62	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.	2.23	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.09	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.	1.80	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.	1.90	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.	1.75	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?	3.77	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 23

Site: VAMC Iowa City, IA - 584

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: 500

2. Estimated Number of Veterans who are Chronically Homeless: 79

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	359	50
Transitional Housing Beds	228	25
Permanent Housing Beds	587	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	Community is considering developing a new type of shelter for a growing population with medical and psychiatric problems.
Services for emotional or psychiatric problems	We will form a partnership with local mental health center and strengthen existing relationships with other providers.
Help with transportation	We need more funding for bus passes and other transportation 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: **110**
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	3.89	5%	3.42
Food	4.03	17%	3.73
Clothing	3.99	11%	3.59
Emergency (immediate) shelter	3.78	16%	3.25
Halfway house or transitional living facility	3.31	8%	3.02
Long-term, permanent housing	2.63	32%	2.46
Detoxification from substances	3.48	3%	3.32
Treatment for substance abuse	3.47	4%	3.50
Services for emotional or psychiatric problems	3.48	7%	3.43
Treatment for dual diagnosis	3.22	1%	3.25
Family counseling	3.10	1%	2.98
Medical services	3.84	13%	3.76
Women's health care	3.39	1%	3.25
Help with medication	3.49	8%	3.44
Drop-in center or day program	3.19	5%	2.98
AIDS/HIV testing/counseling	3.72	4%	3.50
TB testing	3.73	3%	3.68
TB treatment	3.37	0%	3.54
Hepatitis C testing	3.60	3%	3.60
Dental care	2.60	24%	2.64
Eye care	3.45	12%	2.93
Glasses	3.33	19%	2.92
VA disability/pension	3.31	11%	3.38
Welfare payments	2.84	1%	3.05
SSI/SSD process	2.94	9%	3.07
Guardianship (financial)	2.88	1%	2.83
Help managing money	2.96	4%	2.86
Job training	3.21	7%	3.09
Help with finding a job or getting employment	3.52	20%	3.20
Help getting needed documents or identification	3.68	4%	3.28
Help with transportation	3.19	24%	3.01
Education	3.29	4%	3.05
Child care	2.75	3%	2.47
Legal assistance	3.00	1%	2.78
Discharge upgrade	3.06	1%	3.01
Spiritual	3.69	5%	3.37
Re-entry services for incarcerated veterans	2.98	3%	2.71
Elder Healthcare	3.15	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.	2.67	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.98	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.91	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.	2.54	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.	1.79	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.76	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.	2.07	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.	2.31	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.02	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.	1.76	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.	1.79	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.	1.95	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?	3.94	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.02	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