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

CHALENG 2007 Survey Results Summary

VISN 4

Site: VA Pittsburgh HCS, PA (VAMC Pittsburgh (HD) - 646A5 and VAMC Pittsburgh (UD) - 646)

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: 612

2. Estimated Number of Veterans who are Chronically Homeless: 155

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: 8

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	653	15
Transitional Housing Beds	755	28
Permanent Housing Beds	373	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 efforts with low- income housing resources. Presently, Section 8 is closed for applications, with many veterans on a waiting list. Explore creation of an Oxford House program (sober living house).
Emergency (immediate) shelter	Continue collaboration efforts with homeless provider groups in establishing more immediate shelter resources.
Halfway house or transitional living facility	Continue to encourage agencies to apply for VA Grant and Per Diem funding.

***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: **48**
Percentage of Participant Surveys from Homeless Veterans: **32%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.48	3%	3.42
Food	3.57	8%	3.73
Clothing	3.47	3%	3.59
Emergency (immediate) shelter	3.18	51%	3.25
Halfway house or transitional living facility	3.32	27%	3.02
Long-term, permanent housing	2.94	51%	2.46
Detoxification from substances	3.65	8%	3.32
Treatment for substance abuse	3.84	19%	3.50
Services for emotional or psychiatric problems	3.62	11%	3.43
Treatment for dual diagnosis	3.57	3%	3.25
Family counseling	3.27	3%	2.98
Medical services	3.71	3%	3.76
Women's health care	3.40	3%	3.25
Help with medication	3.77	3%	3.44
Drop-in center or day program	3.21	3%	2.98
AIDS/HIV testing/counseling	3.33	3%	3.50
TB testing	3.38	0%	3.68
TB treatment	3.32	0%	3.54
Hepatitis C testing	3.59	3%	3.60
Dental care	3.07	11%	2.64
Eye care	3.26	0%	2.93
Glasses	3.21	5%	2.92
VA disability/pension	3.45	5%	3.38
Welfare payments	3.10	3%	3.05
SSI/SSD process	3.34	5%	3.07
Guardianship (financial)	3.07	3%	2.83
Help managing money	3.16	5%	2.86
Job training	3.21	3%	3.09
Help with finding a job or getting employment	3.42	24%	3.20
Help getting needed documents or identification	3.45	0%	3.28
Help with transportation	3.28	11%	3.01
Education	3.18	5%	3.05
Child care	2.82	0%	2.47
Legal assistance	2.93	8%	2.78
Discharge upgrade	3.03	0%	3.01
Spiritual	3.59	3%	3.37
Re-entry services for incarcerated veterans	3.13	5%	2.71
Elder Healthcare	3.26	5%	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.	2.07	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.67	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.	1.67	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.	1.40	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.	1.67	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.80	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.	1.73	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.	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?	4.16	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.06	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 4

Site: VAM&ROC Wilmington, DE - 460

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: 582

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: 10

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	251	50
Transitional Housing Beds	108	31
Permanent Housing Beds	252	113

***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 continue to work with local agencies.
Emergency (immediate) shelter	We will continue to work with local agencies.
Halfway house or transitional living facility	We will continue to work with local agencies.

***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: **66**
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	2.65	5%	3.42
Food	2.97	11%	3.73
Clothing	2.90	0%	3.59
Emergency (immediate) shelter	2.46	50%	3.25
Halfway house or transitional living facility	2.28	26%	3.02
Long-term, permanent housing	1.99	62%	2.46
Detoxification from substances	2.68	2%	3.32
Treatment for substance abuse	2.73	6%	3.50
Services for emotional or psychiatric problems	2.61	12%	3.43
Treatment for dual diagnosis	2.46	8%	3.25
Family counseling	2.42	15%	2.98
Medical services	2.89	14%	3.76
Women's health care	2.83	2%	3.25
Help with medication	2.85	3%	3.44
Drop-in center or day program	2.56	5%	2.98
AIDS/HIV testing/counseling	3.03	2%	3.50
TB testing	2.94	0%	3.68
TB treatment	2.94	0%	3.54
Hepatitis C testing	2.82	0%	3.60
Dental care	2.37	5%	2.64
Eye care	2.35	0%	2.93
Glasses	2.41	2%	2.92
VA disability/pension	2.79	5%	3.38
Welfare payments	2.70	2%	3.05
SSI/SSD process	2.59	2%	3.07
Guardianship (financial)	2.45	2%	2.83
Help managing money	2.56	5%	2.86
Job training	2.46	8%	3.09
Help with finding a job or getting employment	2.42	14%	3.20
Help getting needed documents or identification	2.55	0%	3.28
Help with transportation	2.56	0%	3.01
Education	2.49	6%	3.05
Child care	2.38	0%	2.47
Legal assistance	2.38	2%	2.78
Discharge upgrade	2.44	0%	3.01
Spiritual	2.84	3%	3.37
Re-entry services for incarcerated veterans	2.03	27%	2.71
Elder Healthcare	2.34	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.	1.54	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.	1.41	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.	1.49	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.	1.41	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.28	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.	1.34	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.	1.40	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.32	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.	1.28	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.	1.19	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.	1.26	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?	2.90	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	2.91	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 4

Site: VAMC Altoona, PA - 503

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: 50

2. Estimated Number of Veterans who are Chronically Homeless: 4

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	10	80
Transitional Housing Beds	0	50
Permanent Housing Beds	0	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	Local agency that operates men's shelter wants to expand. Will encourage agency to seek funding.
Halfway house or transitional living facility	Will continue to try to find transitional housing resources through relationships with National Alliance for the Mentally Ill..
Long-term, permanent housing	In discussion with Clearfield Community Action Agency about developing permanent housing.

***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: **13**
Percentage of Participant Surveys from Homeless Veterans: **8%**

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	3.47	0%	3.42
Food	3.54	8%	3.73
Clothing	3.70	0%	3.59
Emergency (immediate) shelter	1.70	77%	3.25
Halfway house or transitional living facility	1.47	77%	3.02
Long-term, permanent housing	1.77	62%	2.46
Detoxification from substances	2.47	0%	3.32
Treatment for substance abuse	2.39	15%	3.50
Services for emotional or psychiatric problems	2.70	0%	3.43
Treatment for dual diagnosis	2.93	0%	3.25
Family counseling	3.08	0%	2.98
Medical services	4.08	0%	3.76
Women's health care	3.69	0%	3.25
Help with medication	3.69	0%	3.44
Drop-in center or day program	1.23	0%	2.98
AIDS/HIV testing/counseling	2.46	0%	3.50
TB testing	2.92	0%	3.68
TB treatment	2.62	0%	3.54
Hepatitis C testing	2.62	0%	3.60
Dental care	1.23	15%	2.64
Eye care	1.69	0%	2.93
Glasses	1.69	8%	2.92
VA disability/pension	3.69	0%	3.38
Welfare payments	3.25	0%	3.05
SSI/SSD process	2.62	0%	3.07
Guardianship (financial)	2.31	0%	2.83
Help managing money	2.38	0%	2.86
Job training	2.92	0%	3.09
Help with finding a job or getting employment	3.00	8%	3.20
Help getting needed documents or identification	2.77	0%	3.28
Help with transportation	2.31	8%	3.01
Education	2.92	8%	3.05
Child care	1.38	0%	2.47
Legal assistance	2.00	8%	2.78
Discharge upgrade	2.69	0%	3.01
Spiritual	3.31	0%	3.37
Re-entry services for incarcerated veterans	1.85	8%	2.71
Elder Healthcare	3.85	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.	1.75	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.	1.25	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.	1.75	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.	1.25	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.	1.25	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.75	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.63	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.	1.25	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.	1.25	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?	5.00	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	5.00	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	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 4

Site: VAMC Butler, PA - 529

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: 35

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

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: 1

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	10	10
Transitional Housing Beds	18	10
Permanent Housing Beds	5	10

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

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

Help with transportation	Work with Disabled American Veterans (DAV) to expand transportation service in other rural counties.
Emergency (immediate) shelter	Continue to work with county agencies to develop more accessible emergency shelters.
Halfway house or transitional living facility	Currently working with several agencies on a grant with possible funding available in 2008.

***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: **21%**

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	3.49	4%	3.42
Food	3.89	23%	3.73
Clothing	3.82	12%	3.59
Emergency (immediate) shelter	3.00	40%	3.25
Halfway house or transitional living facility	2.89	28%	3.02
Long-term, permanent housing	2.95	32%	2.46
Detoxification from substances	3.48	8%	3.32
Treatment for substance abuse	3.69	4%	3.50
Services for emotional or psychiatric problems	3.72	12%	3.43
Treatment for dual diagnosis	3.56	12%	3.25
Family counseling	3.29	0%	2.98
Medical services	3.86	0%	3.76
Women's health care	3.61	0%	3.25
Help with medication	3.35	8%	3.44
Drop-in center or day program	3.12	0%	2.98
AIDS/HIV testing/counseling	3.61	0%	3.50
TB testing	3.65	0%	3.68
TB treatment	3.73	0%	3.54
Hepatitis C testing	3.63	0%	3.60
Dental care	2.91	4%	2.64
Eye care	3.21	0%	2.93
Glasses	3.18	4%	2.92
VA disability/pension	3.63	4%	3.38
Welfare payments	3.28	0%	3.05
SSI/SSD process	3.22	4%	3.07
Guardianship (financial)	3.00	4%	2.83
Help managing money	2.94	12%	2.86
Job training	2.94	16%	3.09
Help with finding a job or getting employment	2.85	12%	3.20
Help getting needed documents or identification	2.97	0%	3.28
Help with transportation	2.59	23%	3.01
Education	2.79	4%	3.05
Child care	2.50	0%	2.47
Legal assistance	2.66	8%	2.78
Discharge upgrade	2.94	0%	3.01
Spiritual	3.35	8%	3.37
Re-entry services for incarcerated veterans	2.62	12%	2.71
Elder Healthcare	3.19	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.	2.48	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.83	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.83	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.	1.39	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.71	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.48	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.08	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.96	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.56	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.	1.74	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.	1.85	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?	3.93	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.74	3.58

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

4. Existing Agreements with Community Service Types:

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

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

CHALENG 2007 Survey Results Summary

VISN 4

Site: VAMC Clarksburg, WV - 540

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: 18

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: 3

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	47	5
Transitional Housing Beds	6	13
Permanent Housing Beds	68	15

***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	North Central Community Action will be opening up a VA Grant and Per Diem program.
Services for emotional or psychiatric problems	Continue to work with outside agencies in linking homeless veterans with VA mental health clinic. Also, working with homeless veterans in efforts to keep them from missing VA mental health appointments.
Re-entry services for incarcerated veterans	Work with local veterans service officer and regional jail in efforts to assist homeless veterans in re-entry services. Asking housing authorities to approve housing vouchers for recently incarcerated veterans.

***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: **34**
Percentage of Participant Surveys from Homeless Veterans: **6%**

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	3.67	4%	3.42
Food	4.25	11%	3.73
Clothing	4.11	11%	3.59
Emergency (immediate) shelter	3.83	14%	3.25
Halfway house or transitional living facility	2.97	29%	3.02
Long-term, permanent housing	2.97	21%	2.46
Detoxification from substances	3.20	11%	3.32
Treatment for substance abuse	3.36	14%	3.50
Services for emotional or psychiatric problems	3.40	25%	3.43
Treatment for dual diagnosis	3.24	11%	3.25
Family counseling	3.18	14%	2.98
Medical services	4.19	0%	3.76
Women's health care	3.73	0%	3.25
Help with medication	3.74	4%	3.44
Drop-in center or day program	3.00	14%	2.98
AIDS/HIV testing/counseling	3.56	0%	3.50
TB testing	3.88	0%	3.68
TB treatment	3.64	0%	3.54
Hepatitis C testing	3.96	0%	3.60
Dental care	3.19	14%	2.64
Eye care	3.19	7%	2.93
Glasses	3.08	0%	2.92
VA disability/pension	3.93	7%	3.38
Welfare payments	3.52	0%	3.05
SSI/SSD process	3.54	11%	3.07
Guardianship (financial)	3.48	0%	2.83
Help managing money	3.44	4%	2.86
Job training	3.73	4%	3.09
Help with finding a job or getting employment	3.69	0%	3.20
Help getting needed documents or identification	3.89	0%	3.28
Help with transportation	3.56	14%	3.01
Education	3.37	11%	3.05
Child care	2.92	4%	2.47
Legal assistance	2.96	7%	2.78
Discharge upgrade	3.52	4%	3.01
Spiritual	3.61	4%	3.37
Re-entry services for incarcerated veterans	2.85	25%	2.71
Elder Healthcare	3.58	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.	3.14	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.41	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.82	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.	3.00	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.	2.33	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.91	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.	2.45	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.	2.81	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.82	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.32	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.	2.18	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.	2.77	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?	3.96	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.33	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 4

Site: VAMC Coatesville - 542

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: 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: 0

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	2,082	120
Transitional Housing Beds	689	150
Permanent Housing Beds	292	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	Impact Services is developing a permanent housing program for veterans. Staff will encourage veteran participation in all HUD housing programs.
Halfway house or transitional living facility	VA will encourage agencies to develop more transitional housing beds.
Dental Care	Coatesville VA will continue to advocate for extra dental services for those patients in the Homeless Domiciliary and VA Grant and Per Diem programs. . These programs recently received about $275,000 through the VA Homeless Veterans Dental 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: **69**
Percentage of Participant Surveys from Homeless Veterans: **44%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.85	0%	3.42
Food	4.30	8%	3.73
Clothing	4.04	4%	3.59
Emergency (immediate) shelter	3.47	10%	3.25
Halfway house or transitional living facility	2.96	35%	3.02
Long-term, permanent housing	2.47	67%	2.46
Detoxification from substances	3.86	2%	3.32
Treatment for substance abuse	4.07	6%	3.50
Services for emotional or psychiatric problems	3.79	2%	3.43
Treatment for dual diagnosis	3.77	12%	3.25
Family counseling	2.89	8%	2.98
Medical services	4.06	2%	3.76
Women's health care	3.43	6%	3.25
Help with medication	3.84	2%	3.44
Drop-in center or day program	3.43	0%	2.98
AIDS/HIV testing/counseling	3.98	0%	3.50
TB testing	4.09	0%	3.68
TB treatment	3.89	0%	3.54
Hepatitis C testing	3.97	2%	3.60
Dental care	2.70	28%	2.64
Eye care	3.43	2%	2.93
Glasses	3.52	0%	2.92
VA disability/pension	3.38	8%	3.38
Welfare payments	2.98	2%	3.05
SSI/SSD process	3.12	0%	3.07
Guardianship (financial)	2.70	4%	2.83
Help managing money	2.97	6%	2.86
Job training	3.18	6%	3.09
Help with finding a job or getting employment	3.37	20%	3.20
Help getting needed documents or identification	3.52	0%	3.28
Help with transportation	3.09	18%	3.01
Education	2.95	6%	3.05
Child care	2.45	6%	2.47
Legal assistance	2.68	4%	2.78
Discharge upgrade	3.13	4%	3.01
Spiritual	3.59	8%	3.37
Re-entry services for incarcerated veterans	2.52	12%	2.71
Elder Healthcare	3.23	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.	3.00	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.64	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.43	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.	3.00	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.	1.79	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.38	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.	2.58	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.92	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	3.00	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.	2.25	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.	2.23	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.	2.67	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.50	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.63	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 4

Site: VAMC Erie, PA - 562

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: 38

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: 2

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	178	3
Transitional Housing Beds	10	0
Permanent Housing Beds	5	5

***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	Pennsylvania Coalition to End Homelessness is working on a "Housing First" permanent housing program. We plan to refer veterans when this program is operational.
Halfway house or transitional living facility	The Erie VAMC has two housing resources (Liberty House and Pennsylvania Soldiers and Sailors Home). We will educate community about their availability.
Job training	This is a very exciting time for Erie VAMC. Two staff have been hired to run the VA Compensated Work Therapy Program. CWT is designed to assist veterans with obtaining and maintaining 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: **20**
Percentage of Participant Surveys from Homeless Veterans: **10%**

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	2.88	0%	3.42
Food	3.57	13%	3.73
Clothing	3.32	13%	3.59
Emergency (immediate) shelter	3.20	27%	3.25
Halfway house or transitional living facility	2.82	40%	3.02
Long-term, permanent housing	2.40	87%	2.46
Detoxification from substances	3.19	0%	3.32
Treatment for substance abuse	3.25	13%	3.50
Services for emotional or psychiatric problems	3.32	7%	3.43
Treatment for dual diagnosis	3.00	0%	3.25
Family counseling	3.13	0%	2.98
Medical services	3.88	7%	3.76
Women's health care	3.47	0%	3.25
Help with medication	3.63	0%	3.44
Drop-in center or day program	3.44	0%	2.98
AIDS/HIV testing/counseling	3.69	0%	3.50
TB testing	3.63	0%	3.68
TB treatment	3.38	0%	3.54
Hepatitis C testing	3.44	0%	3.60
Dental care	2.81	20%	2.64
Eye care	2.80	0%	2.93
Glasses	2.69	0%	2.92
VA disability/pension	2.88	0%	3.38
Welfare payments	3.00	0%	3.05
SSI/SSD process	2.75	7%	3.07
Guardianship (financial)	2.60	0%	2.83
Help managing money	2.80	13%	2.86
Job training	3.07	20%	3.09
Help with finding a job or getting employment	3.00	13%	3.20
Help getting needed documents or identification	3.47	0%	3.28
Help with transportation	2.86	0%	3.01
Education	3.00	0%	3.05
Child care	2.21	0%	2.47
Legal assistance	2.53	7%	2.78
Discharge upgrade	2.60	0%	3.01
Spiritual	3.29	7%	3.37
Re-entry services for incarcerated veterans	2.69	0%	2.71
Elder Healthcare	3.63	0%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.50	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.33	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.	2.22	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.56	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.44	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.	1.33	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.	1.89	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.22	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.00	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.00	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.11	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?	3.40	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.56	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 4

Site: VAMC Lebanon, PA - 595

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: 384

2. Estimated Number of Veterans who are Chronically Homeless: 129

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: 1

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	364	100
Transitional Housing Beds	336	75
Permanent Housing Beds	147	75

***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	Representative from Pennsylvania Housing Finance Agency would like to discuss potential resources for affordable housing options for veterans. We will have this meeting soon.
Halfway house or transitional living facility	Three new VA Grant and Per Diem programs are coming on-line in FY 2008.
Help with transportation	We are pursuing closer coordination with county directors of Veterans Affairs and Disabled American Veterans which are involved in providing transportation services to veterans.

***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: **33**
Percentage of Participant Surveys from Homeless Veterans: **7%**

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	3.13	4%	3.42
Food	3.68	4%	3.73
Clothing	3.46	0%	3.59
Emergency (immediate) shelter	2.80	19%	3.25
Halfway house or transitional living facility	2.87	35%	3.02
Long-term, permanent housing	2.27	46%	2.46
Detoxification from substances	3.60	4%	3.32
Treatment for substance abuse	3.79	19%	3.50
Services for emotional or psychiatric problems	3.54	8%	3.43
Treatment for dual diagnosis	3.00	12%	3.25
Family counseling	3.14	4%	2.98
Medical services	3.62	12%	3.76
Women's health care	3.15	0%	3.25
Help with medication	3.21	4%	3.44
Drop-in center or day program	2.86	12%	2.98
AIDS/HIV testing/counseling	3.25	4%	3.50
TB testing	3.26	0%	3.68
TB treatment	3.30	0%	3.54
Hepatitis C testing	3.33	0%	3.60
Dental care	3.00	8%	2.64
Eye care	2.96	0%	2.93
Glasses	3.00	0%	2.92
VA disability/pension	3.52	12%	3.38
Welfare payments	3.25	0%	3.05
SSI/SSD process	3.14	4%	3.07
Guardianship (financial)	3.00	4%	2.83
Help managing money	3.14	0%	2.86
Job training	3.53	4%	3.09
Help with finding a job or getting employment	3.55	12%	3.20
Help getting needed documents or identification	3.29	0%	3.28
Help with transportation	3.03	27%	3.01
Education	3.00	4%	3.05
Child care	2.38	8%	2.47
Legal assistance	3.10	0%	2.78
Discharge upgrade	3.24	12%	3.01
Spiritual	3.71	0%	3.37
Re-entry services for incarcerated veterans	3.73	8%	2.71
Elder Healthcare	3.43	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.	2.78	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.04	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.09	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.32	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.59	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.70	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.86	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.27	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.91	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.	1.87	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.73	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.74	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?	3.29	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.68	3.58

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

4. Existing Agreements with Community Service Types:

Service Types	**VA has existing collaborative agreement with agencies?**
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards	No
Nursing homes	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 4

Site: VAMC Philadelphia, PA - 642

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

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

1. Estimated Number of Homeless Veterans: 550

2. Estimated Number of Veterans who are Chronically Homeless: 115

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

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

We used the following formula to obtain this number:

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

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

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

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 6

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	2,750	50
Transitional Housing Beds	96	74
Permanent Housing Beds	37	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*

Long-term, permanent housing	Have been working with five local city and federal agencies. We currently have about 47 veterans in Shelter Plus Care, Home First and single room occupancy beds. We are working through our VA HUD-VASH program to obtain additional vouchers.
Re-entry services for incarcerated veterans	Will be coordinating care with the new VISN Re-entry specialist for incarcerated veterans. We also attend the monthly Forensic Task Force meeting in Philadelphia.
Help managing money	We have begun to work with Guardianship Services (Media, PA). In addition we have continued to work with Plan of Pennsylvania (a guardianship agency), the guardianship division of VA Regional Office and the Social Security Administration.

***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: **68**
Percentage of Participant Surveys from Homeless Veterans: **9%**

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	2%	3.42
Food	3.21	9%	3.73
Clothing	3.12	0%	3.59
Emergency (immediate) shelter	2.92	19%	3.25
Halfway house or transitional living facility	2.88	14%	3.02
Long-term, permanent housing	2.10	56%	2.46
Detoxification from substances	3.28	4%	3.32
Treatment for substance abuse	3.40	11%	3.50
Services for emotional or psychiatric problems	3.26	16%	3.43
Treatment for dual diagnosis	3.18	12%	3.25
Family counseling	2.60	9%	2.98
Medical services	3.52	2%	3.76
Women's health care	2.95	7%	3.25
Help with medication	3.27	2%	3.44
Drop-in center or day program	2.93	4%	2.98
AIDS/HIV testing/counseling	3.32	5%	3.50
TB testing	3.43	2%	3.68
TB treatment	3.43	0%	3.54
Hepatitis C testing	3.47	0%	3.60
Dental care	2.77	2%	2.64
Eye care	2.87	0%	2.93
Glasses	2.78	0%	2.92
VA disability/pension	3.16	7%	3.38
Welfare payments	2.85	0%	3.05
SSI/SSD process	2.70	5%	3.07
Guardianship (financial)	2.67	0%	2.83
Help managing money	2.50	19%	2.86
Job training	2.64	4%	3.09
Help with finding a job or getting employment	2.63	11%	3.20
Help getting needed documents or identification	2.88	0%	3.28
Help with transportation	2.79	5%	3.01
Education	2.80	3%	3.05
Child care	2.11	12%	2.47
Legal assistance	2.47	9%	2.78
Discharge upgrade	2.61	0%	3.01
Spiritual	2.58	5%	3.37
Re-entry services for incarcerated veterans	2.08	37%	2.71
Elder Healthcare	2.72	5%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.20	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.59	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.74	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.	1.98	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.	1.54	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.70	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.	1.93	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.84	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.	1.61	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.55	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.93	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.17	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.11	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 4

Site: VAMC Wilkes-Barre, PA - 693

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: 420

2. Estimated Number of Veterans who are Chronically Homeless: 35

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	169	0
Transitional Housing Beds	44	8
Permanent Housing Beds	40	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	Working with Community Economic Opportunity to open eight new transitional housing apartments on the VA campus.
Long-term, permanent housing	Continue partnership with Wilkes-Barre and Luzerne County Housing Authorities for placements of homeless veterans into Section 8 housing.
Help with finding a job or getting employment	Will continue working in cooperation with VA Compensated Work Therapy program and Career Link to help homeless veterans find jobs.

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

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: **50**
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	3.58	2%	3.42
Food	4.08	10%	3.73
Clothing	4.04	10%	3.59
Emergency (immediate) shelter	3.84	18%	3.25
Halfway house or transitional living facility	3.50	12%	3.02
Long-term, permanent housing	3.34	36%	2.46
Detoxification from substances	3.70	0%	3.32
Treatment for substance abuse	3.82	2%	3.50
Services for emotional or psychiatric problems	3.80	8%	3.43
Treatment for dual diagnosis	3.68	6%	3.25
Family counseling	3.68	0%	2.98
Medical services	4.18	8%	3.76
Women's health care	3.49	0%	3.25
Help with medication	3.66	4%	3.44
Drop-in center or day program	3.58	4%	2.98
AIDS/HIV testing/counseling	3.61	0%	3.50
TB testing	3.72	0%	3.68
TB treatment	3.64	0%	3.54
Hepatitis C testing	3.63	0%	3.60
Dental care	2.74	40%	2.64
Eye care	3.06	24%	2.93
Glasses	3.04	16%	2.92
VA disability/pension	3.90	2%	3.38
Welfare payments	3.78	0%	3.05
SSI/SSD process	3.59	4%	3.07
Guardianship (financial)	3.45	6%	2.83
Help managing money	3.36	6%	2.86
Job training	3.66	14%	3.09
Help with finding a job or getting employment	3.62	10%	3.20
Help getting needed documents or identification	3.44	4%	3.28
Help with transportation	3.18	18%	3.01
Education	3.36	8%	3.05
Child care	2.78	12%	2.47
Legal assistance	3.08	4%	2.78
Discharge upgrade	3.47	0%	3.01
Spiritual	3.78	0%	3.37
Re-entry services for incarcerated veterans	2.98	10%	2.71
Elder Healthcare	3.58	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.	2.52	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.02	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.10	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.	1.67	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.74	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.	1.88	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.	2.19	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.98	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.79	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.81	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.90	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?	3.98	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.11	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