

CHALENG 2008 Survey Results Summary

VISN 22

Site: VA Greater Los Angeles HCS (VAOPC Los Angeles - 691GE and VAMC Sepulveda - 691A4 and VAMC West Los Angeles - 691)

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 2008.

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

1. **Estimated Number of Homeless Veterans:** 12,241
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 72

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	55	500
Transitional Housing Beds	1500	0
Permanent Housing Beds	1150	500

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	Yes
Transitional Housing Beds	Yes
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 291

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	4.01	3.71	3.70
Food	4.10	4.10	3.85
Clothing	3.57	3.78	3.61
Emergency (immediate) shelter	3.97	3.58	3.50
Halfway house or transitional living facility	3.51	3.62	3.35
Long-term, permanent housing	2.67	2.78	2.64
Detoxification from substances	4.07	3.59	3.59
Treatment for substance abuse	4.14	3.97	3.78
Services for emotional or psychiatric problems	3.71	3.59	3.63
Treatment for dual diagnosis	3.38	3.46	3.42
Family counseling	3.01	2.85	2.99
Medical services	4.21	4.03	3.96
Women's health care	2.75	3.62	3.09
Help with medication	4.09	3.88	3.79
Drop-in center or day program	3.09	3.39	3.08
AIDS/HIV testing/counseling	3.97	3.85	3.62
TB testing	4.44	4.26	3.96
TB treatment	3.75	4.06	3.59
Hepatitis C testing	4.06	4.02	3.73
Dental care	3.38	3.28	2.90
Eye care	3.53	3.32	3.25
Glasses	3.44	3.34	3.19
VA disability/pension	2.75	3.53	3.12
Welfare payments	2.37	3.15	2.78
SSI/SSD process	2.73	3.42	2.90
Guardianship (financial)	2.54	2.97	2.75
Help managing money	3.35	3.26	3.00
Job training	2.77	3.46	2.98
Help with finding a job or getting employment	2.80	3.49	3.12
Help getting needed documents or identification	3.78	3.69	3.52
Help with transportation	3.59	3.66	3.28
Education	3.17	3.22	3.13
Child care	2.41	2.55	2.49
Family reconciliation assistance	2.63	2.88	2.63
Discharge upgrade	2.60	3.15	2.91
Spiritual	3.53	3.32	3.51
Re-entry services for incarcerated Veterans	2.86	3.48	2.80
Elder Healthcare	2.88	3.19	3.01
Credit counseling	2.69	2.84	2.77
Legal assistance for child support issues	2.64	2.97	2.60
Legal assistance for outstanding warrants/fines	3.15	3.13	2.69
Help developing social network	2.90	3.39	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	Yes
Agencies that provide child care	Yes
Agencies that provide legal assistance for child support issues	Yes
Agencies that provide legal assistance for outstanding warrants/fines	Yes

2. Community Ratings of 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?	4.11	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.04	3.62

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. Community Rating of Level of Collaborative Activity between VA and Community Agencies

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.	3.31	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.28	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.45	1.93
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.	3.28	2.28
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.	1.86	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.16	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.	2.46	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.96	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.59	1.99
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.	1.88	1.63
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.	2.21	1.68
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.	2.25	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	Our site received approval for 840 HUD-VASH Section 8 vouchers. New staff are being hired and Veterans are beginning to be placed.
Services for emotional or psychiatric problems	New groups are being started for Veterans returning recently from Iraq and Afghanistan. These are conducted by VA or a local Vet's Center.
Job training	We continue to use our VA Compensated Work Therapy and Supported Employment programs.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.**

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	The Weingart Program has mandatory Phase Groups that are centered on self-esteem building, social development, money management. Residents meet with Case Management staff twice weekly and participate in a 75% Savings Plan. As a result, numerous Veterans have come into the program with no savings and leave with several thousands of dollars saved as well as the option to enter into Section 8 housing thru our VASH program. There are many successful cases that leave the Weingart Center. The Weingart also has a Case Track system – similar to the VA CPRS system that tracks electronic progress notes by case managers, u/a testing, etc.
Agency #2	(no agency identified)
Agency #3	(no agency identified)

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Long-term, permanent housing	Continue to hire HUD-VASH case managers and fill all 840 new VASH slots our site received in FY 2008.
Job training	Increase the number of Veterans who are receiving VA Supported Employment services; i.e., provide case management and advocacy for Veterans with mental health issues to keep them in community jobs.
Services for emotional or psychiatric problems	Under the VA Mental Health Services Redesign Initiative, reduce stigmatization to mental health care by integrating it with primary medical care. Target OIF/OEF and female homeless Veterans with special programs.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.

CHALENG 2008 Survey Results Summary

VISN 22

Site: VA Southern Nevada HCS - 593

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 2008.

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

1. **Estimated Number of Homeless Veterans:** 4,715
2. **Service Area type:** Predominantly urban
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 15

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	6	300
Transitional Housing Beds	282	200
Permanent Housing Beds	119	150

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 237

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	4.05	3.15	3.70
Food	3.91	3.09	3.85
Clothing	3.94	3.09	3.61
Emergency (immediate) shelter	3.55	2.44	3.50
Halfway house or transitional living facility	3.73	3.05	3.35
Long-term, permanent housing	2.95	2.49	2.64
Detoxification from substances	3.67	3.17	3.59
Treatment for substance abuse	3.69	3.15	3.78
Services for emotional or psychiatric problems	3.69	3.03	3.63
Treatment for dual diagnosis	3.43	3.00	3.42
Family counseling	3.04	2.72	2.99
Medical services	4.19	3.58	3.96
Women's health care	3.15	3.22	3.09
Help with medication	4.01	3.51	3.79
Drop-in center or day program	2.99	2.03	3.08
AIDS/HIV testing/counseling	3.58	3.55	3.62
TB testing	4.38	3.91	3.96
TB treatment	3.79	3.74	3.59
Hepatitis C testing	3.82	3.75	3.73
Dental care	3.28	3.04	2.90
Eye care	3.48	2.93	3.25
Glasses	3.34	2.90	3.19
VA disability/pension	2.91	3.20	3.12
Welfare payments	2.60	2.89	2.78
SSI/SSD process	2.97	3.00	2.90
Guardianship (financial)	2.76	2.74	2.75
Help managing money	3.38	2.71	3.00
Job training	3.04	2.99	2.98
Help with finding a job or getting employment	3.26	3.28	3.12
Help getting needed documents or identification	3.92	3.29	3.52
Help with transportation	3.77	3.01	3.28
Education	3.23	2.97	3.13
Child care	2.40	2.26	2.49
Family reconciliation assistance	2.54	2.55	2.63
Discharge upgrade	2.95	2.78	2.91
Spiritual	3.30	3.03	3.51
Re-entry services for incarcerated Veterans	2.76	2.59	2.80
Elder Healthcare	2.94	2.76	3.01
Credit counseling	3.37	2.63	2.77
Legal assistance for child support issues	2.81	2.49	2.60
Legal assistance for outstanding warrants/fines	2.96	2.61	2.69
Help developing social network	3.26	2.81	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	Yes
Agencies that provide child care	Yes
Agencies that provide legal assistance for child support issues	Yes
Agencies that provide legal assistance for outstanding warrants/fines	Yes

2. Community Ratings of 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?	3.58	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.72	3.62

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. Community Rating of Level of Collaborative Activity between VA and Community Agencies

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.	2.86	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.24	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.21	1.93
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	2.28
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.	2.21	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.13	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.	2.36	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.64	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.54	1.99
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.	2.30	1.63
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.	2.26	1.68
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.	2.45	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Drop-in center or day program	There is an ongoing discussion/fact-finding process to establish a drop-in center.
Long-term, permanent housing	We have obtained 105 new Section 8 vouchers for our HUD-VA Supported Housing program.
Treatment for dual diagnosis	We are in the process of contracting for services with Westcare.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Help of Southern Nevada provides 14 permanent housing units and case management for chronically mentally ill or substance abusing homeless Veterans.
Agency #2	Urban League provides rental assistance and/or deposits for homeless Veterans. They also assist with paying utilities and offer job training.
Agency #3	International Lions Club provides eye glasses for Veterans.

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Long-term, permanent housing	105 HUD-VA Supported Housing vouchers will soon be available for Veterans and families. Our goal will be to provide case management and permanent housing to these Veterans as efficiently and effectively as possible.
Drop-in center or day program	There is an ongoing need to provide drop-in/emergency services for Veterans to engage them in services and make appropriate referrals.
Treatment for substance abuse	Long-term substance abuse treatment is needed for chronic substance abusers. Currently in process of securing contract with Westcare to provide services.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.

CHALENG 2008 Survey Results Summary

VISN 22

Site: VAMC Loma Linda, CA - 605

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 2008.

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

1. **Estimated Number of Homeless Veterans:** 1,762
2. **Service Area type:** Predominantly rural
3. **Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 15

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	23	500
Transitional Housing Beds	58	300
Permanent Housing Beds	55	500

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 185

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	3.53	2.90	3.70
Food	3.68	2.96	3.85
Clothing	3.28	3.00	3.61
Emergency (immediate) shelter	3.45	2.65	3.50
Halfway house or transitional living facility	3.69	2.79	3.35
Long-term, permanent housing	2.75	2.56	2.64
Detoxification from substances	3.89	3.43	3.59
Treatment for substance abuse	4.13	3.55	3.78
Services for emotional or psychiatric problems	3.81	3.48	3.63
Treatment for dual diagnosis	3.54	3.33	3.42
Family counseling	3.14	3.36	2.99
Medical services	4.15	3.57	3.96
Women's health care	2.51	3.42	3.09
Help with medication	3.90	3.42	3.79
Drop-in center or day program	2.88	2.87	3.08
AIDS/HIV testing/counseling	3.62	3.30	3.62
TB testing	4.41	3.62	3.96
TB treatment	3.67	3.53	3.59
Hepatitis C testing	3.79	3.51	3.73
Dental care	2.05	2.70	2.90
Eye care	2.93	3.09	3.25
Glasses	2.58	2.89	3.19
VA disability/pension	2.87	3.30	3.12
Welfare payments	2.18	2.88	2.78
SSI/SSD process	2.84	3.11	2.90
Guardianship (financial)	2.36	2.77	2.75
Help managing money	2.58	2.69	3.00
Job training	2.64	2.90	2.98
Help with finding a job or getting employment	2.83	3.04	3.12
Help getting needed documents or identification	3.25	3.30	3.52
Help with transportation	3.15	2.86	3.28
Education	2.89	3.00	3.13
Child care	2.20	2.33	2.49
Family reconciliation assistance	2.56	2.67	2.63
Discharge upgrade	2.82	2.87	2.91
Spiritual	3.42	3.26	3.51
Re-entry services for incarcerated Veterans	2.78	2.60	2.80
Elder Healthcare	2.79	3.20	3.01
Credit counseling	2.33	2.67	2.77
Legal assistance for child support issues	2.32	2.56	2.60
Legal assistance for outstanding warrants/fines	2.87	2.71	2.69
Help developing social network	2.98	3.00	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	No
Agencies that provide legal assistance for child support issues	Yes
Agencies that provide legal assistance for outstanding warrants/fines	No

2. Community Ratings of 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?	3.27	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.49	3.62

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. Community Rating of Level of Collaborative Activity between VA and Community Agencies

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	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	1.74	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.75	1.93
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.19	2.28
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.	1.76	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.55	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.58	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.78	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.85	1.99
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.66	1.63
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.62	1.68
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	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	Our HUD-VA Supported Housing program received 55 Section 8 vouchers from San Bernardino County. Riverside County has expressed interest in developing a VASH program.
VA disability/pension	VA Regional Office sent a staff member to our program once a week, but this has been cut back to once a month due to an increase in claims overall.
Help with finding a job or getting employment	We have developed relationship with a local Employment Development Department office which has Veteran job specialists. We have increased referrals to a vocational rehabilitation program that promotes education and employment assistance.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.**

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	(no agency identified)
Agency #2	(no agency identified)
Agency #3	(no agency identified)

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Emergency (immediate) shelter	We continue to outreach to Riverside and San Bernardino Counties to identify new resources. We are involved with the San Bernardino County Network Providers Task force that is working on their Ten-Year Plan to End Homelessness, which includes addressing the need for emergency housing.
Long-term, permanent housing	Our VASH program received 45 vouchers from San Bernardino County and expects to get ten more. Working with Riverside County Public Housing Authority to secure additional vouchers.
Dental care	Clinicians will promote access for homeless Veteran dental care. We are seeking community providers that offer fee or low-cost dental care.

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.**

CHALENG 2008 Survey Results Summary

VISN 22

Site: VAMC Long Beach, CA - 600

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 2008.

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

1. Estimated Number of Homeless Veterans: .
2. Service Area type: Predominantly urban
3. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program: 12

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	0	100
Transitional Housing Beds	200	50
Permanent Housing Beds	35	100

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 90

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	3.46	3.27	3.70
Food	3.43	3.40	3.85
Clothing	3.13	3.44	3.61
Emergency (immediate) shelter	3.23	2.92	3.50
Halfway house or transitional living facility	3.56	2.98	3.35
Long-term, permanent housing	2.56	2.74	2.64
Detoxification from substances	3.90	2.98	3.59
Treatment for substance abuse	4.10	3.47	3.78
Services for emotional or psychiatric problems	3.73	3.48	3.63
Treatment for dual diagnosis	3.40	3.27	3.42
Family counseling	3.32	3.13	2.99
Medical services	4.00	3.85	3.96
Women's health care	3.39	3.48	3.09
Help with medication	4.18	3.46	3.79
Drop-in center or day program	3.33	3.08	3.08
AIDS/HIV testing/counseling	3.91	3.64	3.62
TB testing	4.32	3.91	3.96
TB treatment	3.71	3.78	3.59
Hepatitis C testing	4.14	3.70	3.73
Dental care	2.15	2.63	2.90
Eye care	2.63	2.67	3.25
Glasses	2.63	2.70	3.19
VA disability/pension	2.95	3.57	3.12
Welfare payments	2.64	3.23	2.78
SSI/SSD process	2.94	3.26	2.90
Guardianship (financial)	2.58	2.93	2.75
Help managing money	2.75	2.70	3.00
Job training	3.00	3.26	2.98
Help with finding a job or getting employment	3.20	3.37	3.12
Help getting needed documents or identification	3.56	3.50	3.52
Help with transportation	3.00	3.41	3.28
Education	3.26	3.18	3.13
Child care	2.71	2.62	2.49
Family reconciliation assistance	2.97	2.54	2.63
Discharge upgrade	2.80	3.15	2.91
Spiritual	3.71	3.28	3.51
Re-entry services for incarcerated Veterans	2.79	3.17	2.80
Elder Healthcare	3.03	3.22	3.01
Credit counseling	2.71	2.80	2.77
Legal assistance for child support issues	2.67	2.77	2.60
Legal assistance for outstanding warrants/fines	2.86	2.72	2.69
Help developing social network	3.18	3.09	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	Yes
Agencies that provide legal assistance for child support issues	Yes
Agencies that provide legal assistance for outstanding warrants/fines	Yes

2. Community Ratings of 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?	3.87	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.91	3.62

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.21	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.78	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.66	1.93
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.	2.84	2.28
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.	2.09	1.60
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.	2.41	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.72	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.41	1.99
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.	2.22	1.63
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.	2.66	1.68
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.	2.23	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	We now have 35 HUD-VA Supported Housing vouchers. We continue to help Veterans apply for, and obtain fixed-income resources to pay for rent.
Dental Care	We continue to promote utilization of the Homeless Veterans Dental Program.
Emergency (immediate) shelter	We continue to work with local community partners in promoting emergency housing development.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	Long Beach Area Coalition for the Homeless assists in the development of emergency beds, long-term housing needs, and other advocacy issues.
Agency #2	U.S. Veterans Initiative assists us in ensuring its Veteran participants receive care under the Homeless Veterans Dental Program.
Agency #3	Veterans First is helping to develop long-term housing for elderly and disabled Veterans -- and a new partnership of homeless service providers in Orange County.

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Emergency (immediate) shelter	Support development of emergency shelter by collaborating with local coalitions and providers and starting a new provider group in underserved Orange County area.
Dental care	Support our Homeless Veterans Dental Program by actively soliciting referrals for qualified Veterans.
Long-term, permanent housing	Expand HUD-VA Supported Housing program from 35 to 70 beds. Help Veterans obtain financial benefits to pay for rent. Work with community partners in advocating for long-term housing development.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.

CHALENG 2008 Survey Results Summary

VISN 22

Site: VAMC San Diego, CA - 664

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 2008.

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

- 1. Estimated Number of Homeless Veterans:** 1,500
- 2. Service Area type:** Predominantly urban
- 3. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2008 by local VA homeless program:** 12

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*	# of additional beds site could use
Emergency Beds	158	200
Transitional Housing Beds	419	100
Permanent Housing Beds	325	1000

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG participants (homeless Veterans and VA/ community providers). Number of total participants: 284

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene	4.05	3.23	3.70
Food	4.28	3.51	3.85
Clothing	3.76	3.17	3.61
Emergency (immediate) shelter	3.54	2.41	3.50
Halfway house or transitional living facility	3.81	3.23	3.35
Long-term, permanent housing	2.63	2.29	2.64
Detoxification from substances	3.53	3.15	3.59
Treatment for substance abuse	3.84	3.60	3.78
Services for emotional or psychiatric problems	3.57	3.45	3.63
Treatment for dual diagnosis	3.23	3.43	3.42
Family counseling	3.13	2.90	2.99
Medical services	3.77	3.77	3.96
Women's health care	2.87	3.28	3.09
Help with medication	3.59	3.45	3.79
Drop-in center or day program	2.93	2.94	3.08
AIDS/HIV testing/counseling	3.68	3.81	3.62
TB testing	4.26	3.94	3.96
TB treatment	3.60	3.77	3.59
Hepatitis C testing	3.66	3.77	3.73
Dental care	2.74	2.43	2.90
Eye care	3.05	2.72	3.25
Glasses	2.88	2.68	3.19
VA disability/pension	2.66	3.36	3.12
Welfare payments	2.34	2.91	2.78
SSI/SSD process	2.40	2.96	2.90
Guardianship (financial)	2.50	2.62	2.75
Help managing money	2.82	2.60	3.00
Job training	3.08	2.85	2.98
Help with finding a job or getting employment	3.12	2.92	3.12
Help getting needed documents or identification	3.63	2.96	3.52
Help with transportation	3.73	3.19	3.28
Education	3.25	3.17	3.13
Child care	2.48	2.49	2.49
Family reconciliation assistance	2.55	2.70	2.63
Discharge upgrade	2.43	2.67	2.91
Spiritual	3.24	3.13	3.51
Re-entry services for incarcerated Veterans	2.82	2.51	2.80
Elder Healthcare	2.60	2.87	3.01
Credit counseling	2.72	2.61	2.77
Legal assistance for child support issues	2.57	2.78	2.60
Legal assistance for outstanding warrants/fines	3.11	3.20	2.69
Help developing social network	3.08	3.02	3.10

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n=11,711, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Existing Agreements with Community Service Types:

Service Types	Local VA has existing collaborative agreement with this agency type?
Correctional Facilities (Jails, prisons, courts)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards)	Yes
Nursing homes	Yes
Faith-based organizations	No
Agencies that provide child care	Yes
Agencies that provide legal assistance for child support issues	No
Agencies that provide legal assistance for outstanding warrants/fines	Yes

2. Community Ratings of 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?	3.49	3.56
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.56	3.62

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=3,615).

3. Community Rating of Level of Collaborative Activity between VA and Community Agencies

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.	2.81	2.57
Co-location of Services - Services from the VA and your agency provided in one location.	2.25	1.84
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.19	1.93
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.	2.71	2.28
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.	2.06	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.51	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.	2.41	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.50	2.19
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.47	1.99
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.	1.88	1.63
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	1.68
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.	2.41	1.86

*Scored of non-VA community agency representatives who completed Participant Survey.
 **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055. Mean score of sites).

E. Action Plans: FY 2008 and FY 2009

1. CHALENG Point of Contact Action Plan for FY 2008: Results*

Long-term, permanent housing	St. Vincent De Paul added 160 permanent housing units. We also received 105 HUD-VA Supported Housing vouchers.
Dental Care	We continue to refer eligible Veterans to the Homeless Veterans Dental Program. We refer non-eligible Veterans to community dental services.
Help with finding a job or getting employment	We continue to support our providers in applying for Department of Labor Homeless Veterans Reintegration Program and other employment grants. We continue to network and establish relationships with existing community employment programs.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2008. This is the final report about progress towards achieving FY 2008 goals.**

2. Community Agencies Acknowledged for Their Assistance in Addressing FY 2008 Action Plan.

Agency #1	St. Vincent De Paul added 160 new units of permanent housing.
Agency #2	San Diego Housing Commission is assisting our HUD-VA Supported Housing program.
Agency #3	Logan Heights Dental Clinic is the primary provider of dental services to Veterans in our VA Grant and Per Diem programs.

3. CHALENG Point of Contact Action Plan for FY 2009: Proposed*

Long-term, permanent housing	Work with our local HUD Continuum of Care groups to advocate for more affordable permanent housing and additional Section 8 HUD-VA Supported Housing vouchers.
Emergency (immediate) shelter	Work with our local HUD Continuum of Care groups to advocate for more immediate shelter beds.
Help with finding a job or getting employment	Support our providers in applying for Department of Labor Homeless Veterans Reintegration Program and other employment grants. Network and establish relationships with existing community employment programs.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2009. Results of these 2009 targets will be reported in next year's CHALENG report.