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

CHALENG 2007 Survey Results Summary

VISN 17

Site: VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674 and VAMC Waco - 674A4 and VAOPC Austin - 674BY)

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

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

1. Estimated Number of Homeless Veterans: 1,590

2. Estimated Number of Veterans who are Chronically Homeless: 572

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	110	322
Transitional Housing Beds	397	104
Permanent Housing Beds	243	66

***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*

Treatment for dual diagnosis	Educate community about VA dual diagnosis resources available.
Long-term, permanent housing	Work with Foundation Communities which will open the Spring Terrace SRO (25 beds). Open 3-4 bed housing units for women and male veterans.
Eye care	Seek out resources.

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

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: **46**
Percentage of Participant Surveys from Homeless Veterans: **53%**

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	3.44	3%	3.42
Food	3.61	17%	3.73
Clothing	3.40	10%	3.59
Emergency (immediate) shelter	3.14	27%	3.25
Halfway house or transitional living facility	2.55	17%	3.02
Long-term, permanent housing	1.94	37%	2.46
Detoxification from substances	2.98	7%	3.32
Treatment for substance abuse	3.12	13%	3.50
Services for emotional or psychiatric problems	2.94	7%	3.43
Treatment for dual diagnosis	2.72	17%	3.25
Family counseling	2.56	0%	2.98
Medical services	3.41	10%	3.76
Women's health care	2.77	3%	3.25
Help with medication	3.16	0%	3.44
Drop-in center or day program	2.93	7%	2.98
AIDS/HIV testing/counseling	3.18	0%	3.50
TB testing	3.73	0%	3.68
TB treatment	3.36	0%	3.54
Hepatitis C testing	3.09	0%	3.60
Dental care	2.16	20%	2.64
Eye care	2.31	10%	2.93
Glasses	2.27	0%	2.92
VA disability/pension	3.18	10%	3.38
Welfare payments	2.31	0%	3.05
SSI/SSD process	2.43	10%	3.07
Guardianship (financial)	2.58	3%	2.83
Help managing money	2.31	7%	2.86
Job training	2.38	10%	3.09
Help with finding a job or getting employment	2.62	13%	3.20
Help getting needed documents or identification	2.84	7%	3.28
Help with transportation	2.91	3%	3.01
Education	2.44	7%	3.05
Child care	1.98	3%	2.47
Legal assistance	2.26	0%	2.78
Discharge upgrade	2.55	0%	3.01
Spiritual	3.12	7%	3.37
Re-entry services for incarcerated veterans	2.17	3%	2.71
Elder Healthcare	2.39	3%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.56	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.13	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.76	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.	1.96	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.	1.63	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.64	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.	1.64	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.	1.96	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.92	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.	1.52	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.75	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.92	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.41	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.26	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	No

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

CHALENG 2007 Survey Results Summary

VISN 17

Site: VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)

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: 5,000

2. Estimated Number of Veterans who are Chronically Homeless: 1591

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

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

We used the following formula to obtain this number:

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

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

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

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 5

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	3,345	46
Transitional Housing Beds	2,788	277
Permanent Housing Beds	1,757	254

***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	Currently filling 27 new efficiency apartment for chronically homeless veterans in partnership with Dallas Metrocare and Urban League. Also working with these partners to develop a 40-unit SRO.
Services for emotional or psychiatric problems	Expand mental health services to night and weekend hours for greater patient access. Expand mental health services at our VA Domiciliary.
Help with finding a job or getting employment	Provide greater employment assistance through job readiness and resume preparation classes.

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

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: 130
Percentage of Participant Surveys from Homeless Veterans: 75%

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	3.80	2%	3.42
Food	3.76	20%	3.73
Clothing	3.33	12%	3.59
Emergency (immediate) shelter	3.43	10%	3.25
Halfway house or transitional living facility	3.10	13%	3.02
Long-term, permanent housing	2.53	36%	2.46
Detoxification from substances	3.74	4%	3.32
Treatment for substance abuse	3.72	6%	3.50
Services for emotional or psychiatric problems	3.60	13%	3.43
Treatment for dual diagnosis	3.47	5%	3.25
Family counseling	3.19	2%	2.98
Medical services	3.87	9%	3.76
Women's health care	2.91	2%	3.25
Help with medication	3.87	4%	3.44
Drop-in center or day program	3.06	2%	2.98
AIDS/HIV testing/counseling	3.89	1%	3.50
TB testing	4.01	1%	3.68
TB treatment	3.39	1%	3.54
Hepatitis C testing	3.81	4%	3.60
Dental care	3.31	15%	2.64
Eye care	3.24	7%	2.93
Glasses	3.18	9%	2.92
VA disability/pension	2.99	19%	3.38
Welfare payments	2.70	2%	3.05
SSI/SSD process	2.92	8%	3.07
Guardianship (financial)	2.77	2%	2.83
Help managing money	3.28	5%	2.86
Job training	3.04	20%	3.09
Help with finding a job or getting employment	3.31	22%	3.20
Help getting needed documents or identification	3.39	3%	3.28
Help with transportation	3.07	13%	3.01
Education	2.79	18%	3.05
Child care	2.34	1%	2.47
Legal assistance	2.98	9%	2.78
Discharge upgrade	3.06	2%	3.01
Spiritual	3.69	5%	3.37
Re-entry services for incarcerated veterans	2.82	3%	2.71
Elder Healthcare	3.22	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.	2.67	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.70	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.77	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.07	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.54	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.67	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	1.75
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.	1.65	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.	1.48	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.	1.50	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.	1.58	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?	3.46	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.41	3.58

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

4. Existing Agreements with Community Service Types:

Service Types	**VA has existing collaborative agreement with agencies?**
Correctional Facilities (Jails, prisons, courts)	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 17

Site: VA South Texas Veterans HCS (VA OPC Corpus Christi, TX - 671BZ)

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: 800

2. Estimated Number of Veterans who are Chronically Homeless: 319

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	286	114
Transitional Housing Beds	25	48
Permanent Housing Beds	67	64

***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	Seek funding to develop affordable housing for veterans.
Emergency (immediate) shelter	Seek shelter resources for veterans and their children.
Eye care	Seek eye exam and glass resources.

***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: **40**
Percentage of Participant Surveys from Homeless Veterans: **30%**

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	3.06	3%	3.42
Food	3.65	6%	3.73
Clothing	3.22	3%	3.59
Emergency (immediate) shelter	3.18	22%	3.25
Halfway house or transitional living facility	3.00	6%	3.02
Long-term, permanent housing	2.24	35%	2.46
Detoxification from substances	3.19	19%	3.32
Treatment for substance abuse	3.16	10%	3.50
Services for emotional or psychiatric problems	2.77	13%	3.43
Treatment for dual diagnosis	2.67	10%	3.25
Family counseling	2.76	0%	2.98
Medical services	3.13	26%	3.76
Women's health care	2.65	3%	3.25
Help with medication	3.31	3%	3.44
Drop-in center or day program	2.47	3%	2.98
AIDS/HIV testing/counseling	3.27	0%	3.50
TB testing	3.55	0%	3.68
TB treatment	3.31	0%	3.54
Hepatitis C testing	3.08	3%	3.60
Dental care	2.49	13%	2.64
Eye care	2.34	16%	2.93
Glasses	2.47	10%	2.92
VA disability/pension	2.90	6%	3.38
Welfare payments	2.74	0%	3.05
SSI/SSD process	2.65	3%	3.07
Guardianship (financial)	2.60	0%	2.83
Help managing money	2.62	13%	2.86
Job training	2.73	19%	3.09
Help with finding a job or getting employment	3.03	13%	3.20
Help getting needed documents or identification	2.92	6%	3.28
Help with transportation	2.97	3%	3.01
Education	2.89	3%	3.05
Child care	2.53	0%	2.47
Legal assistance	2.39	6%	2.78
Discharge upgrade	2.76	3%	3.01
Spiritual	3.10	6%	3.37
Re-entry services for incarcerated veterans	2.61	3%	2.71
Elder Healthcare	2.59	3%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None, no steps taken to initiate implementation of the strategy. 2 = Low, in planning and/or initial minor steps taken. 3 = Moderate, significant steps taken but full implementation not achieved. 4 = High, strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.38	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.63	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.71	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.00	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.83	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.50	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.65	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.	1.91	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.78	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.57	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.48	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.	1.78	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?	3.07	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.07	3.58

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

4. Existing Agreements with Community Service Types:

Service Types	**VA has existing collaborative agreement with agencies?**
Correctional Facilities (Jails, prisons, courts)	No
Psychiatric/substance abuse inpatient (hospitals, wards	Yes
Nursing homes	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 17

Site: VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)

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

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

1. Estimated Number of Homeless Veterans: 3,500

2. Estimated Number of Veterans who are Chronically Homeless: 1395

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

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

We used the following formula to obtain this number:

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

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

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

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 15

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	1,258	0
Transitional Housing Beds	960	120
Permanent Housing Beds	324	450

***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*

Detoxification from substances	Haven for Hope is a large campus for homeless which will provide detoxification services. This will open in December 2008.
Treatment for substance abuse	Expedite treatment referrals for OIF/OEF veterans. Help veterans in VA GPD programs get mental health and substance abuse services during and after their housing stay.
Long-term, permanent housing	Work with VISN homeless coordinator to help get needed resources: 80 permanent housing vouchers and three VA case managers. Continue collaborating with community 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: **89**
Percentage of Participant Surveys from Homeless Veterans: **58%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.64	2%	3.42
Food	3.86	8%	3.73
Clothing	3.48	11%	3.59
Emergency (immediate) shelter	3.40	14%	3.25
Halfway house or transitional living facility	3.46	15%	3.02
Long-term, permanent housing	2.54	29%	2.46
Detoxification from substances	3.31	17%	3.32
Treatment for substance abuse	3.51	18%	3.50
Services for emotional or psychiatric problems	3.29	15%	3.43
Treatment for dual diagnosis	3.24	3%	3.25
Family counseling	2.88	3%	2.98
Medical services	3.85	10%	3.76
Women's health care	3.35	2%	3.25
Help with medication	3.61	3%	3.44
Drop-in center or day program	3.21	2%	2.98
AIDS/HIV testing/counseling	3.52	5%	3.50
TB testing	4.00	0%	3.68
TB treatment	3.67	0%	3.54
Hepatitis C testing	3.63	3%	3.60
Dental care	2.83	29%	2.64
Eye care	2.77	9%	2.93
Glasses	2.72	4%	2.92
VA disability/pension	3.16	12%	3.38
Welfare payments	2.81	2%	3.05
SSI/SSD process	3.19	13%	3.07
Guardianship (financial)	2.86	0%	2.83
Help managing money	2.93	6%	2.86
Job training	2.88	12%	3.09
Help with finding a job or getting employment	3.25	22%	3.20
Help getting needed documents or identification	3.50	2%	3.28
Help with transportation	3.00	11%	3.01
Education	2.81	14%	3.05
Child care	2.45	5%	2.47
Legal assistance	2.65	8%	2.78
Discharge upgrade	2.91	2%	3.01
Spiritual	2.99	6%	3.37
Re-entry services for incarcerated veterans	2.76	3%	2.71
Elder Healthcare	2.98	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.	2.43	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.70	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.87	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.	2.27	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.	1.90	1.59
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.	1.77	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.	1.77	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.	1.44	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.	1.58	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.	1.61	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?	3.68	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.42	3.58

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

4. Existing Agreements with Community Service Types:

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