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

CHALENG 2007 Survey Results Summary

VISN 18

Site: El Paso VA HCS, TX - 756

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: 208

2. Estimated Number of Veterans who are Chronically Homeless: 70

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	588	0
Transitional Housing Beds	413	15
Permanent Housing Beds	148	23

***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	Complete MOU with Salvation Army and HUD for 15 Shelter Plus Care beds. Work with local landlords to provide housing for veterans.
Dental Care	Will serve more veterans this year thanks to an addition $12,000 in VA dental grants. La Fe and San Vicente Clinics provide dental services to veterans. Thompson Hospital provides emergency extractions.
SSI/SSD process	Veterans will be referred to Rio Grande Legal Aid Services and the Opportunity Center for the Homeless. Also collaborating with several agencies to improve benefits process (Texas Veterans Commission, Upper Rio Grande at Work, Texas Department of Assistive and Rehabilitative Services, local Social Security Office).

***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: **80**
Percentage of Participant Surveys from Homeless Veterans: **49%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.58	9%	3.42
Food	3.76	5%	3.73
Clothing	3.52	10%	3.59
Emergency (immediate) shelter	4.05	16%	3.25
Halfway house or transitional living facility	3.72	5%	3.02
Long-term, permanent housing	2.56	34%	2.46
Detoxification from substances	3.22	5%	3.32
Treatment for substance abuse	3.28	13%	3.50
Services for emotional or psychiatric problems	3.59	11%	3.43
Treatment for dual diagnosis	3.24	4%	3.25
Family counseling	3.07	5%	2.98
Medical services	3.88	11%	3.76
Women's health care	3.32	3%	3.25
Help with medication	3.66	6%	3.44
Drop-in center or day program	3.08	3%	2.98
AIDS/HIV testing/counseling	3.82	3%	3.50
TB testing	3.86	0%	3.68
TB treatment	3.51	4%	3.54
Hepatitis C testing	3.69	3%	3.60
Dental care	2.73	19%	2.64
Eye care	2.87	13%	2.93
Glasses	2.83	14%	2.92
VA disability/pension	3.09	10%	3.38
Welfare payments	2.88	3%	3.05
SSI/SSD process	3.03	14%	3.07
Guardianship (financial)	2.72	5%	2.83
Help managing money	3.21	6%	2.86
Job training	3.05	8%	3.09
Help with finding a job or getting employment	3.35	13%	3.20
Help getting needed documents or identification	3.32	5%	3.28
Help with transportation	3.38	8%	3.01
Education	3.21	11%	3.05
Child care	2.53	1%	2.47
Legal assistance	3.17	4%	2.78
Discharge upgrade	3.18	0%	3.01
Spiritual	3.21	5%	3.37
Re-entry services for incarcerated veterans	2.78	9%	2.71
Elder Healthcare	2.92	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.	2.68	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.38	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.33	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.	2.59	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.	1.95	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.85	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.	2.13	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.48	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.23	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.	1.77	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.	2.18	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?	3.70	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)	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 18

Site: VA New Mexico HCS - 501

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: 528

2. Estimated Number of Veterans who are Chronically Homeless: 216

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: 11

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	1,391	284
Transitional Housing Beds	943	600
Permanent Housing Beds	720	1,500

***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	There are beginning discussion in several communities about starting new shelter programs. Our VA has become more involved in state-wide action groups.
Long-term, permanent housing	We will continue to collaborate with different housing agencies.
Services for emotional or psychiatric problems	We are concerned about returning OIF/OEF veterans. We will provide education and training to local community providers about this group's mental health needs.

***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: **31**
Percentage of Participant Surveys from Homeless Veterans: **26%**

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	2.90	5%	3.42
Food	3.32	18%	3.73
Clothing	3.18	14%	3.59
Emergency (immediate) shelter	2.61	55%	3.25
Halfway house or transitional living facility	2.52	14%	3.02
Long-term, permanent housing	2.42	36%	2.46
Detoxification from substances	3.18	5%	3.32
Treatment for substance abuse	3.11	5%	3.50
Services for emotional or psychiatric problems	3.10	23%	3.43
Treatment for dual diagnosis	2.94	0%	3.25
Family counseling	2.83	0%	2.98
Medical services	3.50	18%	3.76
Women's health care	3.00	5%	3.25
Help with medication	3.34	5%	3.44
Drop-in center or day program	3.14	14%	2.98
AIDS/HIV testing/counseling	3.24	0%	3.50
TB testing	3.40	0%	3.68
TB treatment	3.27	0%	3.54
Hepatitis C testing	3.43	0%	3.60
Dental care	2.90	5%	2.64
Eye care	2.97	14%	2.93
Glasses	3.07	0%	2.92
VA disability/pension	3.07	5%	3.38
Welfare payments	2.89	0%	3.05
SSI/SSD process	2.83	14%	3.07
Guardianship (financial)	2.56	5%	2.83
Help managing money	2.52	0%	2.86
Job training	2.82	5%	3.09
Help with finding a job or getting employment	2.76	5%	3.20
Help getting needed documents or identification	2.78	5%	3.28
Help with transportation	2.46	9%	3.01
Education	2.74	0%	3.05
Child care	2.37	5%	2.47
Legal assistance	2.64	5%	2.78
Discharge upgrade	2.74	0%	3.01
Spiritual	3.00	0%	3.37
Re-entry services for incarcerated veterans	2.19	9%	2.71
Elder Healthcare	2.64	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.	2.46	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.87	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.63	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.	2.09	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.43	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.54	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.	1.78	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.	1.87	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.67	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.	1.64	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.	1.67	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?	3.23	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.35	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 18

Site: VA Northern Arizona HCS - 649

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: 200

2. Estimated Number of Veterans who are Chronically Homeless: 50

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	79	5
Transitional Housing Beds	168	0
Permanent Housing Beds	46	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	We continue to support US Vets in developing more permanent housing.
Services for emotional or psychiatric problems	Our new PTSD program was implemented in the summer of 2007. We also have a peer support program in development.
Dental Care	We will continue to expand our VA Homeless Veterans Dental Program to serve more 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: **56**
Percentage of Participant Surveys from Homeless Veterans: **68%**

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	3.97	5%	3.42
Food	4.20	9%	3.73
Clothing	3.71	5%	3.59
Emergency (immediate) shelter	3.22	16%	3.25
Halfway house or transitional living facility	3.30	9%	3.02
Long-term, permanent housing	2.42	43%	2.46
Detoxification from substances	3.40	5%	3.32
Treatment for substance abuse	4.04	9%	3.50
Services for emotional or psychiatric problems	3.61	11%	3.43
Treatment for dual diagnosis	3.24	9%	3.25
Family counseling	2.63	0%	2.98
Medical services	3.71	13%	3.76
Women's health care	2.61	0%	3.25
Help with medication	3.57	7%	3.44
Drop-in center or day program	2.65	0%	2.98
AIDS/HIV testing/counseling	3.35	0%	3.50
TB testing	4.04	0%	3.68
TB treatment	3.28	0%	3.54
Hepatitis C testing	3.73	2%	3.60
Dental care	2.67	27%	2.64
Eye care	2.78	11%	2.93
Glasses	2.75	11%	2.92
VA disability/pension	3.04	18%	3.38
Welfare payments	2.40	2%	3.05
SSI/SSD process	2.64	9%	3.07
Guardianship (financial)	2.68	0%	2.83
Help managing money	2.94	5%	2.86
Job training	3.16	16%	3.09
Help with finding a job or getting employment	3.26	11%	3.20
Help getting needed documents or identification	3.36	5%	3.28
Help with transportation	2.62	9%	3.01
Education	3.12	7%	3.05
Child care	2.34	0%	2.47
Legal assistance	2.69	20%	2.78
Discharge upgrade	2.80	2%	3.01
Spiritual	3.62	4%	3.37
Re-entry services for incarcerated veterans	2.76	2%	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.	2.00	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.70	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.82	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.	2.11	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.	1.44	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.	1.80	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.	1.90	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.00	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.70	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.	1.78	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.62	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.00	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)	Yes
Psychiatric/substance abuse inpatient (hospitals, wards	Yes
Nursing homes	Yes
Faith-based organizations	No

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

VISN 18

Site: VA Southern Arizona HCS - 678

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: 840

2. Estimated Number of Veterans who are Chronically Homeless: 245

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	670	100
Transitional Housing Beds	1,040	100
Permanent Housing Beds	785	150

***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*

Dental Care	We have an informal agreement with a local college dental hygiene program to provide cleaning and general care. Will work with our VAMC and our VISN to pursue VA funds for veterans in our VA Grant and Per Diem programs.
Food	We use a community food pantry which has sufficient supplies for our walk-in clinic. We need to improve access to other community food banks for our VA Grant and Per Diem residents. We will also facilitate presentations on how to apply for Food Stamps.
Halfway house or transitional living facility	We are pursuing VA and HUD grants. We have one submission pending for a 12-bed transitional housing program for individuals recently released from prison.

***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: **95**
Percentage of Participant Surveys from Homeless Veterans: **56%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	4.02	4%	3.42
Food	4.07	16%	3.73
Clothing	3.96	10%	3.59
Emergency (immediate) shelter	3.73	20%	3.25
Halfway house or transitional living facility	3.90	19%	3.02
Long-term, permanent housing	3.09	29%	2.46
Detoxification from substances	4.05	3%	3.32
Treatment for substance abuse	4.05	3%	3.50
Services for emotional or psychiatric problems	3.76	16%	3.43
Treatment for dual diagnosis	3.72	6%	3.25
Family counseling	3.40	3%	2.98
Medical services	4.14	6%	3.76
Women's health care	3.56	1%	3.25
Help with medication	3.92	2%	3.44
Drop-in center or day program	3.17	6%	2.98
AIDS/HIV testing/counseling	3.65	1%	3.50
TB testing	4.09	1%	3.68
TB treatment	3.60	0%	3.54
Hepatitis C testing	3.98	0%	3.60
Dental care	2.17	53%	2.64
Eye care	3.14	3%	2.93
Glasses	2.92	9%	2.92
VA disability/pension	3.55	14%	3.38
Welfare payments	2.84	1%	3.05
SSI/SSD process	3.24	13%	3.07
Guardianship (financial)	3.00	3%	2.83
Help managing money	3.28	9%	2.86
Job training	3.50	9%	3.09
Help with finding a job or getting employment	3.51	3%	3.20
Help getting needed documents or identification	3.55	4%	3.28
Help with transportation	3.67	6%	3.01
Education	3.45	1%	3.05
Child care	2.48	4%	2.47
Legal assistance	2.94	10%	2.78
Discharge upgrade	3.10	1%	3.01
Spiritual	3.53	6%	3.37
Re-entry services for incarcerated veterans	3.31	7%	2.71
Elder Healthcare	3.41	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.	3.09	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.82	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.14	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.	2.70	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.	1.95	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.33	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.30	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.	2.67	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.71	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.	2.40	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.94	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.	2.32	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?	3.95	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.86	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 18

Site: VAMC Amarillo, TX - 504

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

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

1. Estimated Number of Homeless Veterans: 100

2. Estimated Number of Veterans who are Chronically Homeless: 30

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: 100

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	509	0
Transitional Housing Beds	75	0
Permanent Housing Beds	82	312

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

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

Long-term, permanent housing	We will work with local agencies in developing additional permanent housing opportunities.
Dental Care	We will work to establish formal/informal agreements with community dental providers.
Legal assistance	We will work with local legal aid agency to develop legal assistance program for homeless 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: **26**
Percentage of Participant Surveys from Homeless Veterans: **62%**

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	3.81	0%	3.42
Food	3.77	12%	3.73
Clothing	3.70	0%	3.59
Emergency (immediate) shelter	3.62	12%	3.25
Halfway house or transitional living facility	3.43	8%	3.02
Long-term, permanent housing	2.12	62%	2.46
Detoxification from substances	3.40	8%	3.32
Treatment for substance abuse	3.32	12%	3.50
Services for emotional or psychiatric problems	3.16	4%	3.43
Treatment for dual diagnosis	3.31	4%	3.25
Family counseling	2.88	4%	2.98
Medical services	4.50	8%	3.76
Women's health care	2.78	0%	3.25
Help with medication	3.88	4%	3.44
Drop-in center or day program	4.00	4%	2.98
AIDS/HIV testing/counseling	3.96	0%	3.50
TB testing	4.08	0%	3.68
TB treatment	3.42	4%	3.54
Hepatitis C testing	3.71	0%	3.60
Dental care	2.62	27%	2.64
Eye care	3.00	12%	2.93
Glasses	2.62	8%	2.92
VA disability/pension	2.83	15%	3.38
Welfare payments	2.48	0%	3.05
SSI/SSD process	2.92	8%	3.07
Guardianship (financial)	2.42	0%	2.83
Help managing money	2.84	12%	2.86
Job training	3.00	12%	3.09
Help with finding a job or getting employment	3.35	19%	3.20
Help getting needed documents or identification	3.24	8%	3.28
Help with transportation	3.08	12%	3.01
Education	3.64	4%	3.05
Child care	2.55	0%	2.47
Legal assistance	3.04	15%	2.78
Discharge upgrade	3.00	0%	3.01
Spiritual	3.65	4%	3.37
Re-entry services for incarcerated veterans	2.42	0%	2.71
Elder Healthcare	3.08	0%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.44	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.50	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.50	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.60	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.	1.50	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.30	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.45	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.00	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.60	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.	1.30	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.	1.45	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.	2.10	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?	4.27	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.00	3.58

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

4. Existing Agreements with Community Service Types:

Service Types	**VA has existing collaborative agreement with agencies?**
Correctional Facilities (Jails, prisons, courts)	No
Psychiatric/substance abuse inpatient (hospitals, wards	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 18

Site: VA West Texas HCS - 519

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: 1,200

2. Estimated Number of Veterans who are Chronically Homeless: 279

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	12	30
Transitional Housing Beds	0	85
Permanent Housing Beds	0	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	We continue to search for transitional housing facility to contract with. We are assisting nonprofit organizations apply for VA and other agency grants.
Long-term, permanent housing	We will contact local homeless coalition for information on available permanent housing.
Job training	Continue to work with veteran representatives at Texas Workforce Center, Texas Rehabilitation, and our VA rehabilitation programs.

***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: **21**
Percentage of Participant Surveys from Homeless Veterans: **0%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.22	0%	3.42
Food	3.64	6%	3.73
Clothing	3.85	11%	3.59
Emergency (immediate) shelter	3.50	17%	3.25
Halfway house or transitional living facility	2.28	32%	3.02
Long-term, permanent housing	2.12	37%	2.46
Detoxification from substances	3.12	11%	3.32
Treatment for substance abuse	3.11	11%	3.50
Services for emotional or psychiatric problems	2.84	17%	3.43
Treatment for dual diagnosis	2.17	0%	3.25
Family counseling	2.95	0%	2.98
Medical services	3.58	0%	3.76
Women's health care	3.18	0%	3.25
Help with medication	3.24	6%	3.44
Drop-in center or day program	1.82	0%	2.98
AIDS/HIV testing/counseling	3.13	0%	3.50
TB testing	3.29	6%	3.68
TB treatment	3.29	0%	3.54
Hepatitis C testing	3.24	6%	3.60
Dental care	2.22	17%	2.64
Eye care	2.72	6%	2.93
Glasses	2.56	11%	2.92
VA disability/pension	3.47	0%	3.38
Welfare payments	3.06	6%	3.05
SSI/SSD process	3.18	0%	3.07
Guardianship (financial)	2.56	6%	2.83
Help managing money	2.56	11%	2.86
Job training	2.56	28%	3.09
Help with finding a job or getting employment	3.00	6%	3.20
Help getting needed documents or identification	2.65	6%	3.28
Help with transportation	2.79	6%	3.01
Education	2.76	6%	3.05
Child care	2.11	6%	2.47
Legal assistance	2.65	11%	2.78
Discharge upgrade	2.71	0%	3.01
Spiritual	2.94	0%	3.37
Re-entry services for incarcerated veterans	2.29	22%	2.71
Elder Healthcare	2.81	6%	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.	1.64	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.27	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.36	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.83	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.55	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.	1.64	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.	2.00	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.73	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.36	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.36	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.27	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?	3.15	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	2.77	3.58

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

4. Existing Agreements with Community Service Types:

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

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

CHALENG 2007 Survey Results Summary

VISN 18

Site: VAMC Phoenix, AZ - 644

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: 2,700

2. Estimated Number of Veterans who are Chronically Homeless: 755

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	537	200
Transitional Housing Beds	181	100
Permanent Housing Beds	12	200

***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	Develop a process to rapidly place OIF/OEF veterans into transitional housing. Finding funding for a program for homeless veterans who are seriously mentally ill.
Long-term, permanent housing	Continue to identify affordable permanent housing in the Phoenix Metropolitan area. Collaborate with Governor's Task Force and Interagency Council on Homelessness.
Child care	Explore community resources that can provide family shelter, housing and child care 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: **76**
Percentage of Participant Surveys from Homeless Veterans: **31%**

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	3.35	5%	3.42
Food	3.60	3%	3.73
Clothing	3.46	2%	3.59
Emergency (immediate) shelter	3.16	29%	3.25
Halfway house or transitional living facility	3.17	24%	3.02
Long-term, permanent housing	2.40	42%	2.46
Detoxification from substances	3.28	2%	3.32
Treatment for substance abuse	3.38	12%	3.50
Services for emotional or psychiatric problems	3.23	5%	3.43
Treatment for dual diagnosis	3.02	7%	3.25
Family counseling	2.67	10%	2.98
Medical services	3.94	12%	3.76
Women's health care	2.97	2%	3.25
Help with medication	3.19	2%	3.44
Drop-in center or day program	2.72	3%	2.98
AIDS/HIV testing/counseling	3.40	0%	3.50
TB testing	3.77	0%	3.68
TB treatment	3.57	0%	3.54
Hepatitis C testing	3.70	2%	3.60
Dental care	2.63	17%	2.64
Eye care	2.42	3%	2.93
Glasses	2.47	10%	2.92
VA disability/pension	3.14	12%	3.38
Welfare payments	2.68	3%	3.05
SSI/SSD process	2.91	0%	3.07
Guardianship (financial)	2.62	3%	2.83
Help managing money	2.69	5%	2.86
Job training	2.78	12%	3.09
Help with finding a job or getting employment	3.10	12%	3.20
Help getting needed documents or identification	3.34	5%	3.28
Help with transportation	3.10	5%	3.01
Education	2.75	9%	3.05
Child care	2.18	10%	2.47
Legal assistance	2.54	10%	2.78
Discharge upgrade	2.79	2%	3.01
Spiritual	3.00	2%	3.37
Re-entry services for incarcerated veterans	2.43	9%	2.71
Elder Healthcare	2.73	2%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.12	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.93	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.	2.08	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.	1.60	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.70	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.	1.95	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.90	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.	1.51	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.	1.64	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?	3.16	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.20	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	No