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

CHALENG 2007 Survey Results Summary

VISN 21

Site: VA Central California HCS, CA - 570

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: 2,400

2. Estimated Number of Veterans who are Chronically Homeless: 563

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: 4

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	1,432	10
Transitional Housing Beds	170	20
Permanent Housing Beds	367	50

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

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

Emergency (immediate) shelter	Offer housing for women and families and men.
Long-term, permanent housing	Continue to add resources to our homeless veteran directory. Continue to advocate for long-term affordable room and board options.
Help with finding a job or getting employment	Continue employment/social skill groups in homeless veteran 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: **13**
Percentage of Participant Surveys from Homeless Veterans: **24%**

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	3.09	25%	3.42
Food	3.25	13%	3.73
Clothing	3.00	13%	3.59
Emergency (immediate) shelter	3.34	25%	3.25
Halfway house or transitional living facility	3.55	0%	3.02
Long-term, permanent housing	2.55	75%	2.46
Detoxification from substances	3.84	0%	3.32
Treatment for substance abuse	3.75	13%	3.50
Services for emotional or psychiatric problems	3.67	0%	3.43
Treatment for dual diagnosis	3.67	13%	3.25
Family counseling	3.58	13%	2.98
Medical services	3.75	0%	3.76
Women's health care	3.00	0%	3.25
Help with medication	3.33	0%	3.44
Drop-in center or day program	2.80	13%	2.98
AIDS/HIV testing/counseling	3.50	0%	3.50
TB testing	3.67	0%	3.68
TB treatment	3.67	0%	3.54
Hepatitis C testing	4.00	0%	3.60
Dental care	2.75	13%	2.64
Eye care	2.92	0%	2.93
Glasses	2.92	0%	2.92
VA disability/pension	3.67	0%	3.38
Welfare payments	3.17	0%	3.05
SSI/SSD process	3.67	13%	3.07
Guardianship (financial)	3.27	0%	2.83
Help managing money	3.18	0%	2.86
Job training	3.33	0%	3.09
Help with finding a job or getting employment	3.42	38%	3.20
Help getting needed documents or identification	3.67	0%	3.28
Help with transportation	3.08	13%	3.01
Education	2.92	0%	3.05
Child care	2.75	0%	2.47
Legal assistance	2.67	13%	2.78
Discharge upgrade	3.83	0%	3.01
Spiritual	3.82	0%	3.37
Re-entry services for incarcerated veterans	3.55	13%	2.71
Elder Healthcare	3.58	0%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.91	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.91	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.	2.36	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.	1.73	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.73	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.09	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.00	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.18	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.	1.55	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.	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?	4.00	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.90	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 21

Site: VA Northern California HCS - 612 (Martinez, Oakland and Sacramento)

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: 7,800

2. Estimated Number of Veterans who are Chronically Homeless: 2,854

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	430	100
Transitional Housing Beds	250	100
Permanent Housing Beds	15	300

***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	Develop relationship and partnerships with community. Work with new VA Grant and Per Diem agency which also provides supportive, permanent housing.
Treatment for dual diagnosis	Partner with community agencies and looking at utilizing VA contract funds.
Halfway house or transitional living facility	Continue to encourage providers to apply for VA Grant and Per Diem funds.

***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: 22
Percentage of Participant Surveys from Homeless Veterans: 50%

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	3.34	0%	3.42
Food	3.34	7%	3.73
Clothing	2.81	14%	3.59
Emergency (immediate) shelter	2.46	21%	3.25
Halfway house or transitional living facility	3.39	14%	3.02
Long-term, permanent housing	2.39	64%	2.46
Detoxification from substances	3.32	0%	3.32
Treatment for substance abuse	3.65	14%	3.50
Services for emotional or psychiatric problems	3.43	7%	3.43
Treatment for dual diagnosis	3.35	0%	3.25
Family counseling	2.86	0%	2.98
Medical services	3.81	0%	3.76
Women's health care	2.78	0%	3.25
Help with medication	3.57	7%	3.44
Drop-in center or day program	3.10	7%	2.98
AIDS/HIV testing/counseling	3.11	0%	3.50
TB testing	4.00	0%	3.68
TB treatment	3.58	0%	3.54
Hepatitis C testing	3.68	0%	3.60
Dental care	2.76	29%	2.64
Eye care	3.05	14%	2.93
Glasses	2.70	7%	2.92
VA disability/pension	2.95	7%	3.38
Welfare payments	2.68	0%	3.05
SSI/SSD process	2.56	21%	3.07
Guardianship (financial)	2.44	0%	2.83
Help managing money	2.48	0%	2.86
Job training	2.95	14%	3.09
Help with finding a job or getting employment	3.14	0%	3.20
Help getting needed documents or identification	3.19	0%	3.28
Help with transportation	3.25	0%	3.01
Education	3.05	14%	3.05
Child care	2.37	14%	2.47
Legal assistance	2.71	7%	2.78
Discharge upgrade	3.00	0%	3.01
Spiritual	2.79	7%	3.37
Re-entry services for incarcerated veterans	2.63	0%	2.71
Elder Healthcare	2.63	0%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.17	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.25	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.	3.17	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.09	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.	2.42	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.	2.75	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.42	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.	1.92	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.	1.83	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.	2.17	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?	3.38	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.08	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 21

Site: VA Palo Alto HCS (VAMC Livermore - 640A4 and VAMC Palo Alto - 640), Menlo Park, CA

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: 400

2. Estimated Number of Veterans who are Chronically Homeless: 150

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

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

We used the following formula to obtain this number:

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

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

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

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 3

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	200	100
Transitional Housing Beds	107	100
Permanent Housing Beds	100	100

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

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

Long-term, permanent housing	Forge partnerships with community providers to develop permanent housing for returning OIF/OEF veterans (women, men, and some families). Develop transitional housing in the Central Valley area.
Eye care	Need to streamline process of getting eyeglasses for veterans in residential treatment -- and also begin providing eyeglasses to veterans in outpatient treatment.
Legal assistance	Legal Aid is overwhelmed. It would be helpful if VA could contract out legal advice visits or utilize our own VA attorneys.

***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: **103**
Percentage of Participant Surveys from Homeless Veterans: **83%**

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	3.92	2%	3.42
Food	4.06	1%	3.73
Clothing	3.85	6%	3.59
Emergency (immediate) shelter	3.00	13%	3.25
Halfway house or transitional living facility	3.88	9%	3.02
Long-term, permanent housing	2.57	49%	2.46
Detoxification from substances	3.19	3%	3.32
Treatment for substance abuse	4.12	10%	3.50
Services for emotional or psychiatric problems	3.98	4%	3.43
Treatment for dual diagnosis	3.85	6%	3.25
Family counseling	2.97	6%	2.98
Medical services	4.16	6%	3.76
Women's health care	2.72	8%	3.25
Help with medication	3.97	1%	3.44
Drop-in center or day program	3.02	2%	2.98
AIDS/HIV testing/counseling	3.84	0%	3.50
TB testing	4.20	0%	3.68
TB treatment	3.85	1%	3.54
Hepatitis C testing	4.22	1%	3.60
Dental care	3.28	20%	2.64
Eye care	3.50	4%	2.93
Glasses	3.27	10%	2.92
VA disability/pension	3.49	25%	3.38
Welfare payments	2.72	4%	3.05
SSI/SSD process	3.35	13%	3.07
Guardianship (financial)	2.44	1%	2.83
Help managing money	3.57	4%	2.86
Job training	3.28	16%	3.09
Help with finding a job or getting employment	3.45	17%	3.20
Help getting needed documents or identification	3.98	3%	3.28
Help with transportation	3.64	12%	3.01
Education	3.27	12%	3.05
Child care	2.40	3%	2.47
Legal assistance	2.86	12%	2.78
Discharge upgrade	3.57	0%	3.01
Spiritual	3.29	4%	3.37
Re-entry services for incarcerated veterans	3.13	4%	2.71
Elder Healthcare	2.74	4%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.79	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.64	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.64	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	3.43	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.64	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.38	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.43	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.29	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.57	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.	2.08	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.	2.43	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	4.07	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.43	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 21

Site: VA Sierra Nevada HCS, NV - 654

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: 400

2. Estimated Number of Veterans who are Chronically Homeless: 88

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

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

We used the following formula to obtain this number:

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

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

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

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 7

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	187	160
Transitional Housing Beds	565	40
Permanent Housing Beds	577	100

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

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

Halfway house or transitional living facility	We have added two inpatient treatment beds at Bristlecone, a contracted facility. We will encourage local agencies to apply for VA Grant and Per Diem funding.
Long-term, permanent housing	We refer to Reno Housing Authority and provide low-income housing lists. We also network with local agencies, particularly ReStart, a nonprofit which has housed several of our chronic, seriously mentally ill veterans.
Dental Care	We provide dental care to veterans in the VA Grant and Per Diem Program through the Health Access Washoe County (HAWC) clinic.

***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: 11
Percentage of Participant Surveys from Homeless Veterans: 55%

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.82	20%	3.42
Food	3.82	0%	3.73
Clothing	3.73	0%	3.59
Emergency (immediate) shelter	3.55	10%	3.25
Halfway house or transitional living facility	3.28	50%	3.02
Long-term, permanent housing	2.73	60%	2.46
Detoxification from substances	3.46	10%	3.32
Treatment for substance abuse	3.19	10%	3.50
Services for emotional or psychiatric problems	3.37	10%	3.43
Treatment for dual diagnosis	3.19	10%	3.25
Family counseling	2.80	0%	2.98
Medical services	4.00	10%	3.76
Women’s health care	3.36	0%	3.25
Help with medication	4.00	0%	3.44
Drop-in center or day program	3.45	0%	2.98
AIDS/HIV testing/counseling	3.91	0%	3.50
TB testing	4.00	0%	3.68
TB treatment	3.55	0%	3.54
Hepatitis C testing	4.09	0%	3.60
Dental care	2.36	30%	2.64
Eye care	2.82	10%	2.93
Glasses	2.64	10%	2.92
VA disability/pension	2.73	0%	3.38
Welfare payments	2.55	0%	3.05
SSI/SSD process	2.36	0%	3.07
Guardianship (financial)	2.18	0%	2.83
Help managing money	2.27	0%	2.86
Job training	2.09	0%	3.09
Help with finding a job or getting employment	2.64	0%	3.20
Help getting needed documents or identification	3.00	10%	3.28
Help with transportation	2.64	0%	3.01
Education	2.09	20%	3.05
Child care	1.82	0%	2.47
Legal assistance	1.64	20%	2.78
Discharge upgrade	2.60	0%	3.01
Spiritual	2.80	0%	3.37
Re-entry services for incarcerated veterans	1.73	0%	2.71
Elder Healthcare	2.27	10%	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.	2.44	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.67	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.44	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.	1.78	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.	1.78	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.78	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.00	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.44	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.	1.33	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.	1.67	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?	3.89	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.56	3.58

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

4. Existing Agreements with Community Service Types:

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

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

CHALENG 2007 Survey Results Summary

VISN 21

Site: VAM&ROC Honolulu, HI - 459

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: 123

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	420	30
Transitional Housing Beds	240	50
Permanent Housing Beds	122	100

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

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

Long-term, permanent housing	Work with the local HUD Continuum of Care and Interagency Council. Explore developing a Housing First, harm reduction approach for permanent housing.
Help with finding a job or getting employment	Assist a local VA Grant and Per Diem provider in re-applying for Department of Labor Homeless Veterans Reintegration Program grant.

***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: **49**
Percentage of Participant Surveys from Homeless Veterans: **76%**

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	3.72	9%	3.42
Food	3.87	11%	3.73
Clothing	3.91	12%	3.59
Emergency (immediate) shelter	3.98	21%	3.25
Halfway house or transitional living facility	3.83	15%	3.02
Long-term, permanent housing	2.80	48%	2.46
Detoxification from substances	3.98	9%	3.32
Treatment for substance abuse	4.23	9%	3.50
Services for emotional or psychiatric problems	3.81	12%	3.43
Treatment for dual diagnosis	3.75	3%	3.25
Family counseling	2.89	9%	2.98
Medical services	3.94	6%	3.76
Women’s health care	3.27	6%	3.25
Help with medication	3.93	0%	3.44
Drop-in center or day program	3.44	6%	2.98
AIDS/HIV testing/counseling	3.98	0%	3.50
TB testing	4.58	0%	3.68
TB treatment	4.18	0%	3.54
Hepatitis C testing	4.14	0%	3.60
Dental care	2.72	38%	2.64
Eye care	3.22	3%	2.93
Glasses	3.20	9%	2.92
VA disability/pension	3.29	9%	3.38
Welfare payments	3.59	0%	3.05
SSI/SSD process	3.09	12%	3.07
Guardianship (financial)	3.20	0%	2.83
Help managing money	3.14	6%	2.86
Job training	3.35	3%	3.09
Help with finding a job or getting employment	3.57	12%	3.20
Help getting needed documents or identification	3.59	6%	3.28
Help with transportation	3.85	6%	3.01
Education	3.24	6%	3.05
Child care	2.47	9%	2.47
Legal assistance	2.98	6%	2.78
Discharge upgrade	2.95	0%	3.01
Spiritual	3.59	0%	3.37
Re-entry services for incarcerated veterans	2.88	3%	2.71
Elder Healthcare	2.87	9%	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.	3.33	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.33	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.60	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.	2.00	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.83	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.	2.80	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.60	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.	2.00	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.20	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.	2.40	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?	4.00	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	No
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 21

Site: VAMC San Francisco, CA - 662

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: 2,075

2. Estimated Number of Veterans who are Chronically Homeless: 533

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	400	100
Transitional Housing Beds	110	70
Permanent Housing Beds	415	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*

Food	There is an increased need for food bank and food boxes. We will update "free eats" listing guide for homeless veterans.
Clothing	There is a continued need for warm-weather and job interview clothing. Participate in local clothing drives and outreach to various clothing outlets.
Glasses	Work with local LensCrafters to provide eye care for non service-connected veterans and those who are less than 10% service-connected.

***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: **61**
Percentage of Participant Surveys from Homeless Veterans: **81%**

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	4.18	2%	3.42
Food	4.27	8%	3.73
Clothing	4.06	4%	3.59
Emergency (immediate) shelter	3.65	11%	3.25
Halfway house or transitional living facility	3.76	23%	3.02
Long-term, permanent housing	2.49	66%	2.46
Detoxification from substances	3.88	10%	3.32
Treatment for substance abuse	4.18	4%	3.50
Services for emotional or psychiatric problems	3.80	8%	3.43
Treatment for dual diagnosis	3.59	10%	3.25
Family counseling	3.04	2%	2.98
Medical services	4.40	9%	3.76
Women's health care	2.92	4%	3.25
Help with medication	3.92	0%	3.44
Drop-in center or day program	3.61	2%	2.98
AIDS/HIV testing/counseling	3.92	0%	3.50
TB testing	4.57	0%	3.68
TB treatment	4.06	0%	3.54
Hepatitis C testing	4.36	2%	3.60
Dental care	3.39	21%	2.64
Eye care	3.71	10%	2.93
Glasses	3.54	8%	2.92
VA disability/pension	3.38	23%	3.38
Welfare payments	3.20	0%	3.05
SSI/SSD process	3.20	6%	3.07
Guardianship (financial)	2.87	6%	2.83
Help managing money	3.28	8%	2.86
Job training	3.13	10%	3.09
Help with finding a job or getting employment	3.28	4%	3.20
Help getting needed documents or identification	3.75	2%	3.28
Help with transportation	3.63	10%	3.01
Education	3.26	17%	3.05
Child care	2.80	0%	2.47
Legal assistance	3.13	2%	2.78
Discharge upgrade	3.08	2%	3.01
Spiritual	3.52	4%	3.37
Re-entry services for incarcerated veterans	2.83	2%	2.71
Elder Healthcare	3.12	4%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.67	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.00	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.50	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	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.	2.00	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.	2.20	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.00	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.67	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.	1.25	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.50	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.	2.25	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?	4.00	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.83	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