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

CHALENG 2007 Survey Results Summary

VISN 7

Site: VA Central Alabama HCS (VAMC Montgomery - 619 and VAMC Tuskegee - 619A4)

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: 96

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

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

We used the following formula to obtain this number:

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

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

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

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

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	658	34
Transitional Housing Beds	276	63
Permanent Housing Beds	190	63

***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	Increase number of VA Grant and Per Diem beds by encouraging nonprofit organizations to submit proposals. Encourage existing program to expand.
Long-term, permanent housing	Establish relationship with Housing Authority offices.
VA disability/pension	Increase outreach to homeless veterans and link homeless veterans to VARO benefits officer.

***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: **53**
Percentage of Participant Surveys from Homeless Veterans: **44%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.84	9%	3.42
Food	3.79	13%	3.73
Clothing	3.73	8%	3.59
Emergency (immediate) shelter	3.49	21%	3.25
Halfway house or transitional living facility	3.50	38%	3.02
Long-term, permanent housing	3.04	45%	2.46
Detoxification from substances	3.58	11%	3.32
Treatment for substance abuse	4.00	8%	3.50
Services for emotional or psychiatric problems	3.68	4%	3.43
Treatment for dual diagnosis	3.42	4%	3.25
Family counseling	3.27	9%	2.98
Medical services	4.02	4%	3.76
Women's health care	4.09	0%	3.25
Help with medication	4.00	2%	3.44
Drop-in center or day program	3.31	11%	2.98
AIDS/HIV testing/counseling	4.00	8%	3.50
TB testing	4.00	2%	3.68
TB treatment	4.00	2%	3.54
Hepatitis C testing	3.88	2%	3.60
Dental care	3.31	11%	2.64
Eye care	3.58	2%	2.93
Glasses	3.49	4%	2.92
VA disability/pension	3.33	17%	3.38
Welfare payments	3.17	2%	3.05
SSI/SSD process	3.56	6%	3.07
Guardianship (financial)	3.33	0%	2.83
Help managing money	3.31	4%	2.86
Job training	3.31	11%	3.09
Help with finding a job or getting employment	3.42	4%	3.20
Help getting needed documents or identification	3.37	2%	3.28
Help with transportation	3.12	11%	3.01
Education	3.10	4%	3.05
Child care	3.16	4%	2.47
Legal assistance	2.92	2%	2.78
Discharge upgrade	3.17	6%	3.01
Spiritual	3.62	4%	3.37
Re-entry services for incarcerated veterans	3.21	6%	2.71
Elder Healthcare	3.26	0%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.52	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	3.00	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.54	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.	2.85	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.	2.50	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.59	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.	2.64	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.	2.78	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.68	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.	2.46	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.	2.64	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.	2.57	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?	3.18	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.50	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 7

Site: VAMC - Augusta, GA - 509

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

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

1. Estimated Number of Homeless Veterans: 550

2. Estimated Number of Veterans who are Chronically Homeless: 126

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	193	88
Transitional Housing Beds	237	225
Permanent Housing Beds	46	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	1. Local agency submitting grants. 2. Our VA submitted a proposal for a VA Compensated Work Therapy Transitional Residence program. 3. Collaborating with VAMC Columbia on VA Grant and Per Diem program in Greenwood, South Carolina.
Long-term, permanent housing	HUD and Central Savannah River Area Economic Opportunity Authority, Inc. submitting grant proposals.
Dental Care	Collaborate with St. Vincent de Paul and Salvation Army to refer patients to Medical College of Georgia.

***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: **35**
Percentage of Participant Surveys from Homeless Veterans: **18%**

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	12%	3.42
Food	3.38	18%	3.73
Clothing	3.38	3%	3.59
Emergency (immediate) shelter	2.89	24%	3.25
Halfway house or transitional living facility	2.80	21%	3.02
Long-term, permanent housing	2.56	42%	2.46
Detoxification from substances	3.48	6%	3.32
Treatment for substance abuse	3.59	9%	3.50
Services for emotional or psychiatric problems	3.36	3%	3.43
Treatment for dual diagnosis	3.24	3%	3.25
Family counseling	2.97	6%	2.98
Medical services	3.53	15%	3.76
Women's health care	3.29	9%	3.25
Help with medication	3.44	0%	3.44
Drop-in center or day program	2.65	6%	2.98
AIDS/HIV testing/counseling	3.28	3%	3.50
TB testing	3.44	0%	3.68
TB treatment	3.39	0%	3.54
Hepatitis C testing	3.24	3%	3.60
Dental care	2.74	15%	2.64
Eye care	3.00	6%	2.93
Glasses	2.88	0%	2.92
VA disability/pension	3.35	12%	3.38
Welfare payments	3.06	0%	3.05
SSI/SSD process	3.15	3%	3.07
Guardianship (financial)	2.85	0%	2.83
Help managing money	2.88	0%	2.86
Job training	3.21	15%	3.09
Help with finding a job or getting employment	3.49	6%	3.20
Help getting needed documents or identification	3.26	0%	3.28
Help with transportation	2.68	12%	3.01
Education	3.15	18%	3.05
Child care	2.38	3%	2.47
Legal assistance	2.64	6%	2.78
Discharge upgrade	2.81	0%	3.01
Spiritual	3.63	6%	3.37
Re-entry services for incarcerated veterans	2.76	12%	2.71
Elder Healthcare	3.09	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.	2.62	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.79	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.	2.14	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.29	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.36	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.	1.50	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.93	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.14	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.	1.79	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.	1.77	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.44	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	2.93	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 7

Site: VAMC Atlanta, GA - 508 (Decatur, GA)

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: 2,049

2. Estimated Number of Veterans who are Chronically Homeless: 690

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	549	0
Transitional Housing Beds	1,692	0
Permanent Housing Beds	145	130

***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	.Based on the needs identified in recent census, there will be more interest in developing transitional housing..
Long-term, permanent housing	HUD-VA Supported Housing program had 29 additional Section 8 vouchers re-activated. We will continue to work with local community housing agencies to identify additional programs for long-term housing.
Re-entry services for incarcerated veterans	We have a new VA staff to assist incarcerated veterans. We will work closely to help recently released veteran inmates.

***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: **148**
Percentage of Participant Surveys from Homeless Veterans: **80%**

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	2%	3.42
Food	4.01	9%	3.73
Clothing	3.92	10%	3.59
Emergency (immediate) shelter	3.85	13%	3.25
Halfway house or transitional living facility	3.73	17%	3.02
Long-term, permanent housing	2.73	32%	2.46
Detoxification from substances	3.93	5%	3.32
Treatment for substance abuse	4.13	13%	3.50
Services for emotional or psychiatric problems	3.90	11%	3.43
Treatment for dual diagnosis	3.74	3%	3.25
Family counseling	3.32	4%	2.98
Medical services	4.09	5%	3.76
Women's health care	3.43	1%	3.25
Help with medication	4.03	2%	3.44
Drop-in center or day program	3.08	3%	2.98
AIDS/HIV testing/counseling	3.88	1%	3.50
TB testing	4.26	1%	3.68
TB treatment	3.89	0%	3.54
Hepatitis C testing	3.77	2%	3.60
Dental care	2.89	24%	2.64
Eye care	3.63	5%	2.93
Glasses	3.66	6%	2.92
VA disability/pension	2.75	14%	3.38
Welfare payments	2.46	2%	3.05
SSI/SSD process	2.55	12%	3.07
Guardianship (financial)	2.58	2%	2.83
Help managing money	3.06	5%	2.86
Job training	2.90	19%	3.09
Help with finding a job or getting employment	3.13	31%	3.20
Help getting needed documents or identification	3.36	2%	3.28
Help with transportation	3.56	2%	3.01
Education	2.96	9%	3.05
Child care	2.53	0%	2.47
Legal assistance	2.83	14%	2.78
Discharge upgrade	2.87	4%	3.01
Spiritual	3.58	12%	3.37
Re-entry services for incarcerated veterans	2.83	5%	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.	2.80	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.10	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.20	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.	2.80	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.	2.50	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.00	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.	2.40	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.	2.50	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.40	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.	2.40	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?	3.83	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.55	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
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CHALENG 2007 Survey Results Summary

VISN 7

Site: VAMC Birmingham, AL - 521

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: 440

2. Estimated Number of Veterans who are Chronically Homeless: 198

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	65	25
Transitional Housing Beds	57	30
Permanent Housing Beds	65	30

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

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

Halfway house or transitional living facility	We plan to request funds from the medical center and the VISN for halfway house placement as a stopgap measure as need outpaces supply.
Long-term, permanent housing	We will continue to work with HUD and other community vendors to accomplish this goal.
Help with finding a job or getting employment	We plan to pursue additional VA Compensated Work Therapy contracts in the community. We also plan to enhance our relationship with VA Vocational Rehabilitation.

***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: **62**
Percentage of Participant Surveys from Homeless Veterans: **78%**

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	4.07	2%	3.42
Food	4.20	14%	3.73
Clothing	3.66	7%	3.59
Emergency (immediate) shelter	4.12	10%	3.25
Halfway house or transitional living facility	4.17	17%	3.02
Long-term, permanent housing	3.02	43%	2.46
Detoxification from substances	3.90	5%	3.32
Treatment for substance abuse	4.38	12%	3.50
Services for emotional or psychiatric problems	3.84	17%	3.43
Treatment for dual diagnosis	3.62	5%	3.25
Family counseling	3.19	5%	2.98
Medical services	4.28	10%	3.76
Women's health care	3.21	2%	3.25
Help with medication	4.12	2%	3.44
Drop-in center or day program	3.28	2%	2.98
AIDS/HIV testing/counseling	4.30	0%	3.50
TB testing	4.57	0%	3.68
TB treatment	3.98	0%	3.54
Hepatitis C testing	4.38	0%	3.60
Dental care	3.11	32%	2.64
Eye care	3.69	7%	2.93
Glasses	3.71	2%	2.92
VA disability/pension	2.98	17%	3.38
Welfare payments	2.49	0%	3.05
SSI/SSD process	2.94	5%	3.07
Guardianship (financial)	2.76	5%	2.83
Help managing money	3.18	5%	2.86
Job training	2.78	12%	3.09
Help with finding a job or getting employment	3.27	21%	3.20
Help getting needed documents or identification	3.85	5%	3.28
Help with transportation	3.66	14%	3.01
Education	2.98	12%	3.05
Child care	2.54	0%	2.47
Legal assistance	2.61	10%	2.78
Discharge upgrade	2.88	10%	3.01
Spiritual	4.07	7%	3.37
Re-entry services for incarcerated veterans	2.54	2%	2.71
Elder Healthcare	2.50	5%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.56	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.06	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.93	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.	2.50	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.	1.69	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.56	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.	1.50	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.	2.13	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.81	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.	1.69	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.	1.44	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.	1.63	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?	3.56	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.47	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 7

Site: VAMC Charleston, SC - 534

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: 157

2. Estimated Number of Veterans who are Chronically Homeless: 41

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

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

We used the following formula to obtain this number:

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

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

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

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

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	282	100
Transitional Housing Beds	160	100
Permanent Housing Beds	125	55

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

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

Long-term, permanent housing	Continue to partner with Humanities Foundation. Continue to work with our local Continuum of Care to support grant proposals to fund affordable housing.
Help with transportation	Will continue to support Humanities Foundation to expand bus services and address transportation issues via the Continuum of Care.
Education	Will partner with Trident Technical College and support "Upward Bound Program" for veterans to enhance education opportunities.

***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: **139**
Percentage of Participant Surveys from Homeless Veterans: **71%**

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	4.03	2%	3.42
Food	4.30	8%	3.73
Clothing	4.05	7%	3.59
Emergency (immediate) shelter	3.99	15%	3.25
Halfway house or transitional living facility	4.09	13%	3.02
Long-term, permanent housing	3.07	52%	2.46
Detoxification from substances	4.12	6%	3.32
Treatment for substance abuse	4.25	8%	3.50
Services for emotional or psychiatric problems	3.98	8%	3.43
Treatment for dual diagnosis	3.93	6%	3.25
Family counseling	3.43	3%	2.98
Medical services	4.29	5%	3.76
Women's health care	2.92	0%	3.25
Help with medication	4.02	4%	3.44
Drop-in center or day program	3.37	3%	2.98
AIDS/HIV testing/counseling	3.88	2%	3.50
TB testing	4.47	0%	3.68
TB treatment	3.92	1%	3.54
Hepatitis C testing	4.17	0%	3.60
Dental care	3.32	30%	2.64
Eye care	3.85	6%	2.93
Glasses	3.77	7%	2.92
VA disability/pension	3.44	22%	3.38
Welfare payments	2.76	5%	3.05
SSI/SSD process	2.93	11%	3.07
Guardianship (financial)	2.83	1%	2.83
Help managing money	3.20	1%	2.86
Job training	3.40	13%	3.09
Help with finding a job or getting employment	3.49	15%	3.20
Help getting needed documents or identification	3.80	3%	3.28
Help with transportation	3.77	12%	3.01
Education	3.37	12%	3.05
Child care	2.54	1%	2.47
Legal assistance	3.02	10%	2.78
Discharge upgrade	3.22	2%	3.01
Spiritual	3.76	6%	3.37
Re-entry services for incarcerated veterans	2.79	3%	2.71
Elder Healthcare	3.16	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.	2.87	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.75	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.	2.35	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.	1.29	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.58	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.67	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.43	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.65	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.41	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.	1.41	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.	1.95	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?	3.74	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.91	3.58

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

4. Existing Agreements with Community Service Types:

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

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

CHALENG 2007 Survey Results Summary

VISN 7

Site: VAMC Columbia, SC - 544

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: 81

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	50	275
Transitional Housing Beds	30	10
Permanent Housing Beds	15	20

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

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

Long-term, permanent housing	We will continue to work with veterans on budgeting and saving money in order to obtain and maintain stable housing. Contact Habitat for Humanity and others to build low-income housing.
Women's health care	Ensure female veterans are aware that they can receive medical care at the VA Women's Clinic. Provide brochures regarding women's issues.
Emergency (immediate) shelter	Encourage community agencies to apply for VA Grant and Per Diem funding. Work with community agencies to overcome homelessness.

***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: **98**
Percentage of Participant Surveys from Homeless Veterans: **44%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.63	1%	3.42
Food	3.92	15%	3.73
Clothing	3.73	4%	3.59
Emergency (immediate) shelter	3.12	29%	3.25
Halfway house or transitional living facility	3.11	24%	3.02
Long-term, permanent housing	2.30	38%	2.46
Detoxification from substances	3.47	8%	3.32
Treatment for substance abuse	3.48	5%	3.50
Services for emotional or psychiatric problems	3.38	3%	3.43
Treatment for dual diagnosis	3.32	3%	3.25
Family counseling	2.94	0%	2.98
Medical services	3.84	15%	3.76
Women's health care	3.17	4%	3.25
Help with medication	3.44	3%	3.44
Drop-in center or day program	2.80	1%	2.98
AIDS/HIV testing/counseling	3.30	0%	3.50
TB testing	3.63	0%	3.68
TB treatment	3.42	0%	3.54
Hepatitis C testing	3.35	0%	3.60
Dental care	2.89	15%	2.64
Eye care	2.93	10%	2.93
Glasses	3.01	5%	2.92
VA disability/pension	3.05	4%	3.38
Welfare payments	2.63	0%	3.05
SSI/SSD process	2.99	4%	3.07
Guardianship (financial)	2.87	1%	2.83
Help managing money	3.42	14%	2.86
Job training	3.07	25%	3.09
Help with finding a job or getting employment	3.44	26%	3.20
Help getting needed documents or identification	3.42	4%	3.28
Help with transportation	2.99	11%	3.01
Education	3.00	11%	3.05
Child care	2.22	0%	2.47
Legal assistance	2.60	7%	2.78
Discharge upgrade	2.82	3%	3.01
Spiritual	3.69	4%	3.37
Re-entry services for incarcerated veterans	2.66	5%	2.71
Elder Healthcare	2.82	0%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.52	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.95	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.20	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.	2.21	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.	1.61	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.51	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.16	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.	2.37	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.98	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.71	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.74	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.91	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?	3.27	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.74	3.58

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

4. Existing Agreements with Community Service Types:

Service Types	**VA has existing collaborative agreement with agencies?**
Correctional Facilities (Jails, prisons, courts)	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 7

Site: VAMC Dublin, GA - 557*

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: 700

2. Estimated Number of Veterans who are Chronically Homeless: 242

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	350	0
Transitional Housing Beds	0	30
Permanent Housing Beds	0	25

***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	Identify options for long-term housing, develop relationships with leasing agents in the community and increase coordination with HUD.
Halfway house or transitional living facility	Explore alternatives to include the possibility of developing a VA transitional living or VA Compensated Work Therapy Transitional Residence program.
Help with finding a job or getting employment	Increase vocational rehab. support for severely mentally ill population and strengthen relationship with Department of Labor. Develop VA Compensated Work Therapy contracts in community.

***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: **81**
Percentage of Participant Surveys from Homeless Veterans: **70%**

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	3.93	3%	3.42
Food	4.00	3%	3.73
Clothing	3.84	4%	3.59
Emergency (immediate) shelter	3.20	20%	3.25
Halfway house or transitional living facility	2.46	24%	3.02
Long-term, permanent housing	2.25	39%	2.46
Detoxification from substances	3.40	4%	3.32
Treatment for substance abuse	3.75	6%	3.50
Services for emotional or psychiatric problems	3.16	10%	3.43
Treatment for dual diagnosis	3.07	6%	3.25
Family counseling	2.85	4%	2.98
Medical services	3.75	18%	3.76
Women's health care	2.92	3%	3.25
Help with medication	3.52	3%	3.44
Drop-in center or day program	2.30	7%	2.98
AIDS/HIV testing/counseling	3.62	3%	3.50
TB testing	3.96	0%	3.68
TB treatment	3.62	0%	3.54
Hepatitis C testing	3.61	3%	3.60
Dental care	3.29	14%	2.64
Eye care	3.52	3%	2.93
Glasses	3.58	3%	2.92
VA disability/pension	2.49	17%	3.38
Welfare payments	2.41	0%	3.05
SSI/SSD process	2.59	6%	3.07
Guardianship (financial)	2.75	3%	2.83
Help managing money	2.85	4%	2.86
Job training	2.92	17%	3.09
Help with finding a job or getting employment	3.28	21%	3.20
Help getting needed documents or identification	3.24	6%	3.28
Help with transportation	2.70	7%	3.01
Education	2.93	18%	3.05
Child care	2.36	3%	2.47
Legal assistance	2.51	6%	2.78
Discharge upgrade	2.63	4%	3.01
Spiritual	3.56	4%	3.37
Re-entry services for incarcerated veterans	2.31	1%	2.71
Elder Healthcare	2.72	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.	2.41	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.81	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.86	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.	1.95	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.	1.57	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.67	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.57	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.	1.71	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.	1.55	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.	1.48	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.67	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?	3.47	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.50	3.58

***Scores of non-VA community agency representatives only.**
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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

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

CHALENG 2007 Survey Results Summary

VISN 7

Site: VAMC Tuscaloosa, AL - 679

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: 110

2. Estimated Number of Veterans who are Chronically Homeless: 48

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	13	10
Transitional Housing Beds	116	0
Permanent Housing Beds	9	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*

Long-term, permanent housing	The homeless coalition submitted an application for five additional Shelter Plus Care vouchers. We plan to use three of them for homeless veterans.
Halfway house or transitional living facility	The local Salvation Army was awarded ten VA Grant and Per Diem beds.
Help with finding a job or getting employment	We encourage veterans to participate in our VA Supported Employment program.

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

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: **45**
Percentage of Participant Surveys from Homeless Veterans: **80%**

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	3.94	5%	3.42
Food	4.03	10%	3.73
Clothing	3.29	10%	3.59
Emergency (immediate) shelter	3.86	25%	3.25
Halfway house or transitional living facility	2.83	18%	3.02
Long-term, permanent housing	2.74	31%	2.46
Detoxification from substances	3.59	5%	3.32
Treatment for substance abuse	3.84	10%	3.50
Services for emotional or psychiatric problems	3.77	8%	3.43
Treatment for dual diagnosis	3.77	0%	3.25
Family counseling	3.03	0%	2.98
Medical services	3.62	13%	3.76
Women's health care	3.15	5%	3.25
Help with medication	3.93	0%	3.44
Drop-in center or day program	2.89	3%	2.98
AIDS/HIV testing/counseling	3.43	0%	3.50
TB testing	3.90	0%	3.68
TB treatment	3.28	0%	3.54
Hepatitis C testing	3.68	3%	3.60
Dental care	2.67	38%	2.64
Eye care	2.90	10%	2.93
Glasses	2.86	10%	2.92
VA disability/pension	2.54	26%	3.38
Welfare payments	2.15	0%	3.05
SSI/SSD process	2.76	8%	3.07
Guardianship (financial)	2.53	0%	2.83
Help managing money	2.93	3%	2.86
Job training	2.44	10%	3.09
Help with finding a job or getting employment	2.71	18%	3.20
Help getting needed documents or identification	2.87	3%	3.28
Help with transportation	2.88	8%	3.01
Education	2.78	5%	3.05
Child care	2.25	3%	2.47
Legal assistance	2.82	8%	2.78
Discharge upgrade	2.71	0%	3.01
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System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.11	1.83

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VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.86	3.58

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