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

CHALENG 2007 Survey Results Summary

VISN 8

Site: VA North Florida/South Georgia HCS (VAMC Gainesville - 573 and VAMC Lake City - 573A4)

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

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

1. Estimated Number of Homeless Veterans: 1,200

2. Estimated Number of Veterans who are Chronically Homeless: 372

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	825	100
Transitional Housing Beds	309	100
Permanent Housing Beds	563	150

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

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

Long-term, permanent housing	Advocate for HUD-VA Supported Housing program with VISN and VA Central Office. Continue collaborations with Alachua County and Gainesville Housing Authorities.
Dental Care	Continue current efforts with the VA Homeless Veterans Dental Program. Pursue fee -basis dentists to work with veterans in Jacksonville.
Emergency (immediate) shelter	Advocate for emergency shelter beds. We are currently working with a Lake City nonprofit to establish an additional emergency shelter.

***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: **101**
Percentage of Participant Surveys from Homeless Veterans: **62%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.80	4%	3.42
Food	3.99	15%	3.73
Clothing	3.65	8%	3.59
Emergency (immediate) shelter	3.07	18%	3.25
Halfway house or transitional living facility	3.09	8%	3.02
Long-term, permanent housing	2.70	42%	2.46
Detoxification from substances	3.50	6%	3.32
Treatment for substance abuse	3.50	12%	3.50
Services for emotional or psychiatric problems	3.38	7%	3.43
Treatment for dual diagnosis	3.21	7%	3.25
Family counseling	2.85	5%	2.98
Medical services	3.58	14%	3.76
Women's health care	3.15	5%	3.25
Help with medication	3.63	2%	3.44
Drop-in center or day program	3.38	7%	2.98
AIDS/HIV testing/counseling	3.74	4%	3.50
TB testing	3.72	1%	3.68
TB treatment	3.55	0%	3.54
Hepatitis C testing	3.65	0%	3.60
Dental care	2.73	21%	2.64
Eye care	3.32	10%	2.93
Glasses	3.33	4%	2.92
VA disability/pension	3.25	13%	3.38
Welfare payments	2.72	2%	3.05
SSI/SSD process	2.95	10%	3.07
Guardianship (financial)	2.79	1%	2.83
Help managing money	2.88	0%	2.86
Job training	2.99	13%	3.09
Help with finding a job or getting employment	3.24	15%	3.20
Help getting needed documents or identification	3.43	11%	3.28
Help with transportation	3.32	8%	3.01
Education	3.24	7%	3.05
Child care	2.66	1%	2.47
Legal assistance	2.71	7%	2.78
Discharge upgrade	2.90	2%	3.01
Spiritual	3.43	2%	3.37
Re-entry services for incarcerated veterans	2.82	2%	2.71
Elder Healthcare	3.11	2%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.88	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.23	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.07	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.	2.67	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.95	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.13	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.08	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.	2.62	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.38	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.	1.97	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.	2.03	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.	2.31	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?	3.71	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.67	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 8

Site: VAH Tampa, FL - 673

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

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

1. Estimated Number of Homeless Veterans: 1,800

2. Estimated Number of Veterans who are Chronically Homeless: 374

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: 40

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	490	50
Transitional Housing Beds	82	60
Permanent Housing Beds	172	0

***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	Work with local homeless coalition to obtain more shelter beds.
Halfway house or transitional living facility	We will work with agencies interested in applying for VA Grant and Per Diem funding.
Dental Care	We will work with Hillsborough County Homeless Coalition to develop a plan for 2008.

***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: **37**
Percentage of Participant Surveys from Homeless Veterans: **22%**

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	3.14	11%	3.42
Food	3.35	16%	3.73
Clothing	3.34	5%	3.59
Emergency (immediate) shelter	2.47	43%	3.25
Halfway house or transitional living facility	2.55	35%	3.02
Long-term, permanent housing	2.25	51%	2.46
Detoxification from substances	2.97	3%	3.32
Treatment for substance abuse	3.14	8%	3.50
Services for emotional or psychiatric problems	3.17	8%	3.43
Treatment for dual diagnosis	3.07	3%	3.25
Family counseling	2.72	0%	2.98
Medical services	3.43	11%	3.76
Women's health care	3.24	5%	3.25
Help with medication	3.17	3%	3.44
Drop-in center or day program	2.76	8%	2.98
AIDS/HIV testing/counseling	3.36	0%	3.50
TB testing	3.46	0%	3.68
TB treatment	3.48	0%	3.54
Hepatitis C testing	3.36	0%	3.60
Dental care	2.06	32%	2.64
Eye care	2.46	5%	2.93
Glasses	2.50	3%	2.92
VA disability/pension	3.12	5%	3.38
Welfare payments	2.92	3%	3.05
SSI/SSD process	2.48	3%	3.07
Guardianship (financial)	2.62	0%	2.83
Help managing money	2.55	5%	2.86
Job training	2.82	8%	3.09
Help with finding a job or getting employment	2.83	5%	3.20
Help getting needed documents or identification	2.79	3%	3.28
Help with transportation	2.66	5%	3.01
Education	2.74	0%	3.05
Child care	2.42	0%	2.47
Legal assistance	2.48	0%	2.78
Discharge upgrade	2.75	0%	3.01
Spiritual	3.00	0%	3.37
Re-entry services for incarcerated veterans	2.57	11%	2.71
Elder Healthcare	2.81	0%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.00	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.46	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.42	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.	1.85	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.	1.62	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.75	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.	1.25	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.	1.92	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.75	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.	1.67	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.	1.25	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.	1.50	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?	3.39	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.63	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 8

Site: VAMC Bay Pines - 516

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

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

1. Estimated Number of Homeless Veterans: 1,500

2. Estimated Number of Veterans who are Chronically Homeless: 484

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	800	125
Transitional Housing Beds	200	150
Permanent Housing Beds	396	502

***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	Continue to inform community partners about VA Grant and Per Diem funding and other special VA funding -- and help them through the application process. Continue outreach to shelters to ensure smooth transition of veterans to transitional housing.
Treatment for dual diagnosis	Collaborate with VA Bay Pines Substance Abuse Treatment program on dual diagnosis treatment for homeless veterans. Educate community about available VA substance abuse services.
Long-term, permanent housing	Continue to collaborate with Pinellas County Housing Authority and advocate for priority Section 8 vouchers for veterans. Establish ties with other housing authorities, and continue to look for permanent housing resources.

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

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: **79**
Percentage of Participant Surveys from Homeless Veterans: **42%**

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	3.54	3%	3.42
Food	3.65	15%	3.73
Clothing	3.43	3%	3.59
Emergency (immediate) shelter	2.85	37%	3.25
Halfway house or transitional living facility	2.63	33%	3.02
Long-term, permanent housing	2.15	48%	2.46
Detoxification from substances	3.09	5%	3.32
Treatment for substance abuse	3.29	10%	3.50
Services for emotional or psychiatric problems	3.17	14%	3.43
Treatment for dual diagnosis	3.08	7%	3.25
Family counseling	2.58	2%	2.98
Medical services	4.00	3%	3.76
Women's health care	3.18	0%	3.25
Help with medication	3.63	2%	3.44
Drop-in center or day program	2.66	2%	2.98
AIDS/HIV testing/counseling	3.42	0%	3.50
TB testing	3.65	0%	3.68
TB treatment	3.29	0%	3.54
Hepatitis C testing	3.52	0%	3.60
Dental care	2.53	19%	2.64
Eye care	2.71	7%	2.93
Glasses	2.73	8%	2.92
VA disability/pension	3.43	10%	3.38
Welfare payments	2.65	2%	3.05
SSI/SSD process	2.76	8%	3.07
Guardianship (financial)	2.66	3%	2.83
Help managing money	2.87	2%	2.86
Job training	2.83	8%	3.09
Help with finding a job or getting employment	2.81	10%	3.20
Help getting needed documents or identification	3.28	3%	3.28
Help with transportation	2.96	12%	3.01
Education	2.73	8%	3.05
Child care	2.11	2%	2.47
Legal assistance	2.52	3%	2.78
Discharge upgrade	2.77	0%	3.01
Spiritual	3.27	3%	3.37
Re-entry services for incarcerated veterans	2.46	3%	2.71
Elder Healthcare	2.85	3%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.67	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.18	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.84	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.	1.81	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.	1.71	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.	2.31	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.	1.65	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.	1.81	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.18	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.56	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	No
Faith-based organizations	Yes

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CHALENG 2007 Survey Results Summary

VISN 8

Site: VAMC Miami, FL - 546

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: 4,745

2. Estimated Number of Veterans who are Chronically Homeless: 1522

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	2,140	20
Transitional Housing Beds	1,934	60
Permanent Housing Beds	1,700	0

***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 are trying to add additional VA Grant and Per Diem sites. Additionally, the Miami VA Healthcare System has written proposals for a VA Domiciliary, which could provide an additional 60 beds.
Job training	The Miami VA homeless program continues to network with community providers as well as our own VA Compensated Work Therapy and Vocational Rehabilitation programs. This has resulted in some veterans gaining permanent employment.
Emergency (immediate) shelter	This community has a need for more shelter beds and an increased length of stay in shelter to prepare for appropriate discharge planning. This would provide additional time for veterans to connect with VA services and find appropriate placement in the 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: **77**
Percentage of Participant Surveys from Homeless Veterans: **38%**

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	3.30	7%	3.42
Food	3.60	14%	3.73
Clothing	3.29	7%	3.59
Emergency (immediate) shelter	3.28	25%	3.25
Halfway house or transitional living facility	3.12	14%	3.02
Long-term, permanent housing	2.20	45%	2.46
Detoxification from substances	3.48	12%	3.32
Treatment for substance abuse	3.40	26%	3.50
Services for emotional or psychiatric problems	3.57	12%	3.43
Treatment for dual diagnosis	3.36	12%	3.25
Family counseling	2.94	0%	2.98
Medical services	3.95	14%	3.76
Women's health care	3.18	0%	3.25
Help with medication	3.46	2%	3.44
Drop-in center or day program	3.15	2%	2.98
AIDS/HIV testing/counseling	3.81	2%	3.50
TB testing	3.73	0%	3.68
TB treatment	3.48	0%	3.54
Hepatitis C testing	3.85	0%	3.60
Dental care	2.54	23%	2.64
Eye care	2.97	4%	2.93
Glasses	3.04	9%	2.92
VA disability/pension	3.47	18%	3.38
Welfare payments	2.95	2%	3.05
SSI/SSD process	3.08	7%	3.07
Guardianship (financial)	2.83	0%	2.83
Help managing money	3.00	2%	2.86
Job training	2.91	9%	3.09
Help with finding a job or getting employment	2.95	16%	3.20
Help getting needed documents or identification	3.48	4%	3.28
Help with transportation	3.62	4%	3.01
Education	3.23	2%	3.05
Child care	2.55	0%	2.47
Legal assistance	2.88	5%	2.78
Discharge upgrade	3.34	4%	3.01
Spiritual	3.45	4%	3.37
Re-entry services for incarcerated veterans	2.81	9%	2.71
Elder Healthcare	3.11	2%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.74	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.14	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.	2.30	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.	1.80	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.	2.23	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.	2.25	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.15	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.	1.85	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.	1.80	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.	2.15	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?	3.75	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.64	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 8

Site: VAMC West Palm Beach, FL - 548

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: 633

2. Estimated Number of Veterans who are Chronically Homeless: 204

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

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

We used the following formula to obtain this number:

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

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

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

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 2

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	12	84
Transitional Housing Beds	30	339
Permanent Housing Beds	0	210

***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	Continue seeking improved relationship with existing emergency shelter.
Halfway house or transitional living facility	VA Grant and Per Diem liaison to seek more community partners agencies. VA outreach team to continue to identify and inspect halfway houses.
Long-term, permanent housing	Currently in partnership with the Palm Beach homeless coalition. Support community agencies applying for national grants for permanent supportive housing.

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

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: **21**
Percentage of Participant Surveys from Homeless Veterans: **43%**

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	4.10	6%	3.42
Food	4.10	6%	3.73
Clothing	4.10	6%	3.59
Emergency (immediate) shelter	2.80	53%	3.25
Halfway house or transitional living facility	3.39	35%	3.02
Long-term, permanent housing	1.58	53%	2.46
Detoxification from substances	4.15	6%	3.32
Treatment for substance abuse	4.24	12%	3.50
Services for emotional or psychiatric problems	3.77	12%	3.43
Treatment for dual diagnosis	3.67	0%	3.25
Family counseling	2.82	0%	2.98
Medical services	4.43	0%	3.76
Women's health care	3.57	0%	3.25
Help with medication	4.05	0%	3.44
Drop-in center or day program	3.50	0%	2.98
AIDS/HIV testing/counseling	4.05	0%	3.50
TB testing	4.10	0%	3.68
TB treatment	3.89	0%	3.54
Hepatitis C testing	3.90	0%	3.60
Dental care	2.21	18%	2.64
Eye care	2.86	6%	2.93
Glasses	2.67	6%	2.92
VA disability/pension	3.45	12%	3.38
Welfare payments	2.47	6%	3.05
SSI/SSD process	2.83	0%	3.07
Guardianship (financial)	2.61	0%	2.83
Help managing money	2.89	6%	2.86
Job training	2.84	12%	3.09
Help with finding a job or getting employment	2.79	24%	3.20
Help getting needed documents or identification	3.53	0%	3.28
Help with transportation	3.84	6%	3.01
Education	3.56	0%	3.05
Child care	2.31	6%	2.47
Legal assistance	3.05	6%	2.78
Discharge upgrade	3.00	6%	3.01
Spiritual	3.75	0%	3.37
Re-entry services for incarcerated veterans	2.88	0%	2.71
Elder Healthcare	3.07	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.	2.86	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.71	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.86	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.	2.57	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.	1.43	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.	2.57	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.	1.43	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.	1.29	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.	1.57	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?	3.86	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.14	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 8

Site: VAMC San Juan, PR - 672

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: 85

2. Estimated Number of Veterans who are Chronically Homeless: 33

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	282	0
Transitional Housing Beds	452	2
Permanent Housing Beds	309	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*

Emergency (immediate) shelter	Make new informal agreements with community resources including faith-based organization and other agencies in Puerto Rico.
Halfway house or transitional living facility	Encourage community agencies to apply for VA Grants and Per Diem funding for transitional living facilities or halfway houses.
Detoxification from substances	Try to establish formal and informal agreements with Iniciativa Comunitaria to provide inpatient detoxification services.

***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: **23**
Percentage of Participant Surveys from Homeless Veterans: **35%**

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	3.19	0%	3.42
Food	3.50	7%	3.73
Clothing	3.34	19%	3.59
Emergency (immediate) shelter	2.50	27%	3.25
Halfway house or transitional living facility	3.00	13%	3.02
Long-term, permanent housing	2.45	67%	2.46
Detoxification from substances	3.32	7%	3.32
Treatment for substance abuse	3.65	7%	3.50
Services for emotional or psychiatric problems	3.53	13%	3.43
Treatment for dual diagnosis	3.50	13%	3.25
Family counseling	2.58	0%	2.98
Medical services	3.75	0%	3.76
Women's health care	2.74	7%	3.25
Help with medication	3.14	0%	3.44
Drop-in center or day program	2.95	7%	2.98
AIDS/HIV testing/counseling	3.45	0%	3.50
TB testing	3.42	0%	3.68
TB treatment	3.11	0%	3.54
Hepatitis C testing	3.45	0%	3.60
Dental care	2.48	33%	2.64
Eye care	3.05	0%	2.93
Glasses	3.00	0%	2.92
VA disability/pension	2.30	7%	3.38
Welfare payments	2.20	0%	3.05
SSI/SSD process	1.89	0%	3.07
Guardianship (financial)	2.44	0%	2.83
Help managing money	2.53	0%	2.86
Job training	2.47	7%	3.09
Help with finding a job or getting employment	2.90	27%	3.20
Help getting needed documents or identification	3.22	0%	3.28
Help with transportation	2.40	33%	3.01
Education	2.95	0%	3.05
Child care	2.15	0%	2.47
Legal assistance	2.38	13%	2.78
Discharge upgrade	2.22	0%	3.01
Spiritual	2.91	0%	3.37
Re-entry services for incarcerated veterans	1.82	0%	2.71
Elder Healthcare	2.29	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.	2.14	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.	1.71	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.29	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.43	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.33	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.	1.29	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.	2.14	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.	1.43	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.	1.29	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.	1.71	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?	3.63	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.38	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 8

Site: VAMC Orlando, FL-675

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: 2,500

2. Estimated Number of Veterans who are Chronically Homeless: 849

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: not available

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	150	100
Transitional Housing Beds	200	100
Permanent Housing Beds	0	250

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

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

Halfway house or transitional living facility	Develop plan to increase capacity through contracting of housing. In transitional housing programs, emphasize mental health treatment to reduce "revolving door" pattern.
Services for emotional or psychiatric problems	Increase access for all veterans with mental health/adjustment disorders. Create linkages with social worker, discharge planners and other VA homeless and mental health staff.
Elder Healthcare	Proactively look at aging of homeless veterans and related services-skilled nursing facility, assisted living facility, medical, funeral, etc.

***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: **138**
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	3.68	8%	3.42
Food	3.90	6%	3.73
Clothing	3.59	6%	3.59
Emergency (immediate) shelter	3.50	16%	3.25
Halfway house or transitional living facility	3.65	17%	3.02
Long-term, permanent housing	2.40	45%	2.46
Detoxification from substances	3.48	7%	3.32
Treatment for substance abuse	3.90	8%	3.50
Services for emotional or psychiatric problems	3.88	7%	3.43
Treatment for dual diagnosis	3.59	6%	3.25
Family counseling	2.82	2%	2.98
Medical services	4.15	12%	3.76
Women's health care	2.74	2%	3.25
Help with medication	3.84	1%	3.44
Drop-in center or day program	2.77	0%	2.98
AIDS/HIV testing/counseling	3.77	1%	3.50
TB testing	3.95	1%	3.68
TB treatment	3.52	2%	3.54
Hepatitis C testing	3.89	2%	3.60
Dental care	2.79	20%	2.64
Eye care	3.49	1%	2.93
Glasses	3.55	3%	2.92
VA disability/pension	3.01	17%	3.38
Welfare payments	2.39	1%	3.05
SSI/SSD process	2.63	11%	3.07
Guardianship (financial)	2.56	1%	2.83
Help managing money	3.17	3%	2.86
Job training	2.77	29%	3.09
Help with finding a job or getting employment	2.83	20%	3.20
Help getting needed documents or identification	3.29	4%	3.28
Help with transportation	3.15	8%	3.01
Education	2.86	14%	3.05
Child care	2.32	0%	2.47
Legal assistance	2.27	5%	2.78
Discharge upgrade	2.69	5%	3.01
Spiritual	3.50	5%	3.37
Re-entry services for incarcerated veterans	2.61	6%	2.71
Elder Healthcare	2.75	1%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	1.89	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.50	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.38	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.	1.89	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.	1.25	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.63	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.	1.88	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.	2.29	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.	1.57	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.71	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.	1.57	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?	3.33	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.13	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