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

# CHALENG 2007 Survey Results Summary

## VISN 19

## Site: VA Montana HCS (VAM&ROC Ft. Harrison - 436 and VA Eastern Montana HCS - 436A4), Miles City, MT

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: 245

## 2. Estimated Number of Veterans who are Chronically Homeless: 28

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 | 49 | 12 |
| Transitional Housing Beds | 29 | 20 |
| Permanent Housing Beds | 38 | 70 |

***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*

| | |
|---|---|
| **Help managing money** | Continue to pursue resources to promote money management. |
| **Detoxification from substances** | We are exploring possible contracts with local social detoxification providers. Currently, detox is done at the Sheridan VA -- a long van ride away. |
| **Help with transportation** | Considering purchasing gas vouchers and bus ticket credits. |

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

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

| Need | Site Mean Score | % want to work on this need now* | VHA Mean Score (nationwide)** |
|---|---|---|---|
| Personal hygiene | no data | % | 3.42 |
| Food | no data | % | 3.73 |
| Clothing | no data | % | 3.59 |
| Emergency (immediate) shelter | no data | % | 3.25 |
| Halfway house or transitional living facility | no data | % | 3.02 |
| Long-term, permanent housing | no data | % | 2.46 |
| Detoxification from substances | no data | % | 3.32 |
| Treatment for substance abuse | no data | % | 3.50 |
| Services for emotional or psychiatric problems | no data | % | 3.43 |
| Treatment for dual diagnosis | no data | % | 3.25 |
| Family counseling | no data | % | 2.98 |
| Medical services | no data | % | 3.76 |
| Women's health care | no data | % | 3.25 |
| Help with medication | no data | % | 3.44 |
| Drop-in center or day program | no data | % | 2.98 |
| AIDS/HIV testing/counseling | no data | % | 3.50 |
| TB testing | no data | % | 3.68 |
| TB treatment | no data | % | 3.54 |
| Hepatitis C testing | no data | % | 3.60 |
| Dental care | no data | % | 2.64 |
| Eye care | no data | % | 2.93 |
| Glasses | no data | % | 2.92 |
| VA disability/pension | no data | % | 3.38 |
| Welfare payments | no data | % | 3.05 |
| SSI/SSD process | no data | % | 3.07 |
| Guardianship (financial) | no data | % | 2.83 |
| Help managing money | no data | % | 2.86 |
| Job training | no data | % | 3.09 |
| Help with finding a job or getting employment | no data | % | 3.20 |
| Help getting needed documents or identification | no data | % | 3.28 |
| Help with transportation | no data | % | 3.01 |
| Education | no data | % | 3.05 |
| Child care | no data | % | 2.47 |
| Legal assistance | no data | % | 2.78 |
| Discharge upgrade | no data | % | 3.01 |
| Spiritual | no data | % | 3.37 |
| Re-entry services for incarcerated veterans | no data | % | 2.71 |
| Elder Healthcare | no data | % | 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**<br>**1 = None**, no steps taken to initiate implementation of the strategy.<br>**2 = Low**, in planning and/or initial minor steps taken.<br>**3 = Moderate**, significant steps taken but full implementation not achieved.<br>**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. | no data | 2.56 |
| **Co-location of Services** - Services from the VA and your agency provided in one location. | no data | 1.89 |
| **Cross-Training** - Staff training about the objectives, procedures and services of the VA and your agency. | no data | 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. | no data | 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. | no data | 1.59 |
| **Pooled/Joint Funding** - Combining or layering funds from the VA and your agency to create new resources or services. | no data | 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. | no data | 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. | no data | 2.15 |
| **Consolidation of Programs/ Agencies** - Combining programs from the VA and your agency under one administrative structure to integrate service delivery. | no data | 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. | no data | 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. | no data | 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. | no data | 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? | no data | 3.57 |
| **VA Service Coordination**: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency. | no data | 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** | 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 19

## Site: VA Southern Colorado HCS, (Colorado Springs-567)

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

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

## 1. Estimated Number of Homeless Veterans: 400

## 2. Estimated Number of Veterans who are Chronically Homeless: 156

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: 12

### 2. Housing Inventory

| Housing Inventory | Beds* | # of additional beds site could use |
|---|---|---|
| Emergency Beds | 248 | 40 |
| Transitional Housing Beds | 25 | 10 |
| Permanent Housing Beds | 14 | 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*

| | |
|---|---|
| **Dental Care** | Work with VA Dental Services to increase referrals of homeless veterans. Work with community partners to increase dental care. |
| **Long-term, permanent housing** | Request grants for vouchers and funds to increase housing opportunities. |
| **Halfway house or transitional living facility** | Assist local agency with VA Grant and Per Diem application. |

***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**: **24**
**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 | 3.75 | 0% | 3.42 |
| Food | 4.05 | 0% | 3.73 |
| Clothing | 3.74 | 0% | 3.59 |
| Emergency (immediate) shelter | 3.21 | 17% | 3.25 |
| Halfway house or transitional living facility | 2.87 | 25% | 3.02 |
| Long-term, permanent housing | 2.00 | 54% | 2.46 |
| Detoxification from substances | 3.00 | 0% | 3.32 |
| Treatment for substance abuse | 3.25 | 8% | 3.50 |
| Services for emotional or psychiatric problems | 2.79 | 21% | 3.43 |
| Treatment for dual diagnosis | 2.40 | 17% | 3.25 |
| Family counseling | 2.63 | 4% | 2.98 |
| Medical services | 3.46 | 8% | 3.76 |
| Women's health care | 2.86 | 0% | 3.25 |
| Help with medication | 3.36 | 0% | 3.44 |
| Drop-in center or day program | 2.57 | 4% | 2.98 |
| AIDS/HIV testing/counseling | 3.29 | 0% | 3.50 |
| TB testing | 3.79 | 0% | 3.68 |
| TB treatment | 3.35 | 0% | 3.54 |
| Hepatitis C testing | 3.55 | 0% | 3.60 |
| Dental care | 1.63 | 58% | 2.64 |
| Eye care | 2.17 | 4% | 2.93 |
| Glasses | 2.29 | 8% | 2.92 |
| VA disability/pension | 3.08 | 13% | 3.38 |
| Welfare payments | 2.78 | 0% | 3.05 |
| SSI/SSD process | 2.79 | 13% | 3.07 |
| Guardianship (financial) | 2.63 | 0% | 2.83 |
| Help managing money | 2.71 | 0% | 2.86 |
| Job training | 3.04 | 4% | 3.09 |
| Help with finding a job or getting employment | 2.96 | 25% | 3.20 |
| Help getting needed documents or identification | 2.79 | 4% | 3.28 |
| Help with transportation | 2.96 | 0% | 3.01 |
| Education | 3.08 | 0% | 3.05 |
| Child care | 2.61 | 0% | 2.47 |
| Legal assistance | 2.63 | 8% | 2.78 |
| Discharge upgrade | 2.79 | 0% | 3.01 |
| Spiritual | 3.13 | 0% | 3.37 |
| Re-entry services for incarcerated veterans | 2.29 | 4% | 2.71 |
| Elder Healthcare | 2.52 | 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**<br>**1 = None**, no steps taken to initiate implementation of the strategy.<br>**2 = Low**, in planning and/or initial minor steps taken.<br>**3 = Moderate**, significant steps taken but full implementation not achieved.<br>**4 = High**, strategy fully implemented. | **Site Mean Score** | **VHA (nationwide) Mean Score**** |
|---|---|---|
| **Interagency Coordinating Body** - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services. | 1.64 | 2.56 |
| **Co-location of Services** - Services from the VA and your agency provided in one location. | 1.00 | 1.89 |
| **Cross-Training** - Staff training about the objectives, procedures and services of the VA and your agency. | 1.33 | 1.86 |
| **Interagency Agreements/ Memoranda of Understanding** - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services. | 1.33 | 2.26 |
| **Interagency Client Tracking Systems/ Management Information Systems** - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access. | 1.44 | 1.59 |
| **Pooled/Joint Funding** - Combining or layering funds from the VA and your agency to create new resources or services. | 1.44 | 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. | 1.11 | 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. | 1.56 | 2.15 |
| **Consolidation of Programs/ Agencies** - Combining programs from the VA and your agency under one administrative structure to integrate service delivery. | 1.38 | 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. | 1.22 | 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. | 1.22 | 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. | 1.44 | 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? | 3.36 | 3.57 |
| **VA Service Coordination**: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency. | 3.29 | 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 19

## Site: VAM&ROC Cheyenne, WY - 442

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: 57

## 2. Estimated Number of Veterans who are Chronically Homeless: 26

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 | 120 | 0 |
| Transitional Housing Beds | 75 | 10 |
| Permanent Housing Beds | 20 | 10 |

***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** | Submit our HUD application for new housing projects. Strengthen local leadership in Wyoming HUD Continuum of Care. |
| **Dental Care** | Encourage providers to apply for dental grants. |
| **Medical services** | Encourage providers to expand health care services and refer veterans to our VA. Encourage VA to open up Community Based Outpatient Clinics in underserved areas. |

***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**: **47**
**Percentage of Participant Surveys from Homeless Veterans**: **26%**

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

| Need | Site Mean Score | % want to work on this need now* | VHA Mean Score (nationwide)** |
|---|---|---|---|
| Personal hygiene | 3.81 | 0% | 3.42 |
| Food | 3.96 | 9% | 3.73 |
| Clothing | 4.23 | 6% | 3.59 |
| Emergency (immediate) shelter | 3.93 | 15% | 3.25 |
| Halfway house or transitional living facility | 3.49 | 21% | 3.02 |
| Long-term, permanent housing | 2.32 | 50% | 2.46 |
| Detoxification from substances | 3.57 | 6% | 3.32 |
| Treatment for substance abuse | 3.64 | 21% | 3.50 |
| Services for emotional or psychiatric problems | 3.41 | 12% | 3.43 |
| Treatment for dual diagnosis | 3.22 | 0% | 3.25 |
| Family counseling | 3.14 | 0% | 2.98 |
| Medical services | 3.95 | 24% | 3.76 |
| Women's health care | 3.20 | 0% | 3.25 |
| Help with medication | 3.56 | 3% | 3.44 |
| Drop-in center or day program | 2.83 | 3% | 2.98 |
| AIDS/HIV testing/counseling | 3.29 | 0% | 3.50 |
| TB testing | 3.88 | 0% | 3.68 |
| TB treatment | 3.50 | 0% | 3.54 |
| Hepatitis C testing | 3.57 | 0% | 3.60 |
| Dental care | 2.53 | 35% | 2.64 |
| Eye care | 2.77 | 6% | 2.93 |
| Glasses | 2.60 | 12% | 2.92 |
| VA disability/pension | 3.20 | 15% | 3.38 |
| Welfare payments | 2.81 | 0% | 3.05 |
| SSI/SSD process | 2.62 | 9% | 3.07 |
| Guardianship (financial) | 2.79 | 3% | 2.83 |
| Help managing money | 2.91 | 0% | 2.86 |
| Job training | 3.05 | 17% | 3.09 |
| Help with finding a job or getting employment | 3.26 | 3% | 3.20 |
| Help getting needed documents or identification | 3.38 | 3% | 3.28 |
| Help with transportation | 3.44 | 21% | 3.01 |
| Education | 2.88 | 9% | 3.05 |
| Child care | 2.41 | 3% | 2.47 |
| Legal assistance | 2.65 | 9% | 2.78 |
| Discharge upgrade | 2.95 | 0% | 3.01 |
| Spiritual | 3.45 | 0% | 3.37 |
| Re-entry services for incarcerated veterans | 2.62 | 0% | 2.71 |
| Elder Healthcare | 2.90 | 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**<br>**1 = None**, no steps taken to initiate implementation of the strategy.<br>**2 = Low**, in planning and/or initial minor steps taken.<br>**3 = Moderate**, significant steps taken but full implementation not achieved.<br>**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. | 2.59 | 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. | 1.73 | 1.86 |
| **Interagency Agreements/ Memoranda of Understanding** - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services. | 1.83 | 2.26 |
| **Interagency Client Tracking Systems/ Management Information Systems** - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access. | 1.23 | 1.59 |
| **Pooled/Joint Funding** - Combining or layering funds from the VA and your agency to create new resources or services. | 1.50 | 1.67 |
| **Uniform Applications, Eligibility Criteria, and Intake Assessments** – Standardized form that the client fills out only once to apply for services at the VA and your agency. | 1.27 | 1.75 |
| **Interagency Service Delivery Team/ Provider Coalition** - Service team comprised of staff from the VA and your agency to assist clients with multiple needs. | 2.00 | 2.15 |
| **Consolidation of Programs/ Agencies** - Combining programs from the VA and your agency under one administrative structure to integrate service delivery. | 1.73 | 1.94 |
| **Flexible Funding** – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients. | 1.35 | 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. | 1.46 | 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. | 1.69 | 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? | 3.79 | 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)** | No |
| **Psychiatric/substance abuse inpatient (hospitals, wards** | Yes |
| **Nursing homes** | No |
| **Faith-based organizations** | No |

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

# CHALENG 2007 Survey Results Summary

## VISN 19

## Site: VA Eastern Colorado HCS (VAMC Denver - 554)

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

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

## 1. Estimated Number of Homeless Veterans: 2,400

## 2. Estimated Number of Veterans who are Chronically Homeless: 936

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

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

We used the following formula to obtain this number:

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

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

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

### 1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 8

### 2. Housing Inventory

| Housing Inventory | Beds* | # of additional beds site could use |
|---|---|---|
| Emergency Beds | 1,936 | 30 |
| Transitional Housing Beds | 1,610 | 100 |
| Permanent Housing Beds | 1,239 | 100 |

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

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

| | |
|---|---|
| **Long-term, permanent housing** | Partner with homeless permanent housing developers and service providers. |
| **Dental Care** | Utilize VA Central Office dental funds and demonstrate the benefit of treating homeless veterans through VA Dental Services. Research other community options and resources. |
| **Help with finding a job or getting employment** | Continue to partner with VA Compensated Work Therapy and Department of Labor programs. |

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

## C. Data from the CHALENG Participant Survey

**Number of Total Participant Surveys**: **85**
**Percentage of Participant Surveys from Homeless Veterans**: **84%**

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

| Need | Site Mean Score | % want to work on this need now* | VHA Mean Score (nationwide)** |
|---|---|---|---|
| Personal hygiene | 3.35 | 5% | 3.42 |
| Food | 3.81 | 6% | 3.73 |
| Clothing | 3.10 | 6% | 3.59 |
| Emergency (immediate) shelter | 3.34 | 13% | 3.25 |
| Halfway house or transitional living facility | 3.20 | 11% | 3.02 |
| Long-term, permanent housing | 1.80 | 50% | 2.46 |
| Detoxification from substances | 3.30 | 3% | 3.32 |
| Treatment for substance abuse | 3.53 | 6% | 3.50 |
| Services for emotional or psychiatric problems | 3.16 | 13% | 3.43 |
| Treatment for dual diagnosis | 2.85 | 6% | 3.25 |
| Family counseling | 2.47 | 2% | 2.98 |
| Medical services | 3.68 | 12% | 3.76 |
| Women's health care | 2.85 | 2% | 3.25 |
| Help with medication | 3.49 | 5% | 3.44 |
| Drop-in center or day program | 2.70 | 0% | 2.98 |
| AIDS/HIV testing/counseling | 3.23 | 0% | 3.50 |
| TB testing | 4.00 | 0% | 3.68 |
| TB treatment | 2.81 | 0% | 3.54 |
| Hepatitis C testing | 3.46 | 2% | 3.60 |
| Dental care | 2.34 | 25% | 2.64 |
| Eye care | 2.29 | 6% | 2.93 |
| Glasses | 2.28 | 14% | 2.92 |
| VA disability/pension | 2.72 | 22% | 3.38 |
| Welfare payments | 2.48 | 2% | 3.05 |
| SSI/SSD process | 2.42 | 11% | 3.07 |
| Guardianship (financial) | 2.33 | 0% | 2.83 |
| Help managing money | 2.92 | 5% | 2.86 |
| Job training | 2.38 | 8% | 3.09 |
| Help with finding a job or getting employment | 2.76 | 20% | 3.20 |
| Help getting needed documents or identification | 2.93 | 9% | 3.28 |
| Help with transportation | 3.27 | 16% | 3.01 |
| Education | 2.70 | 14% | 3.05 |
| Child care | 2.38 | 0% | 2.47 |
| Legal assistance | 2.25 | 3% | 2.78 |
| Discharge upgrade | 2.31 | 2% | 3.01 |
| Spiritual | 3.03 | 3% | 3.37 |
| Re-entry services for incarcerated veterans | 2.18 | 3% | 2.71 |
| Elder Healthcare | 2.42 | 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**<br>**1 = None**, no steps taken to initiate implementation of the strategy.<br>**2 = Low**, in planning and/or initial minor steps taken.<br>**3 = Moderate**, significant steps taken but full implementation not achieved.<br>**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. | 2.23 | 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. | 1.62 | 1.86 |
| **Interagency Agreements/ Memoranda of Understanding** - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services. | 2.08 | 2.26 |
| **Interagency Client Tracking Systems/ Management Information Systems** - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access. | 1.77 | 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. | 1.69 | 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. | 1.69 | 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. | 1.83 | 1.61 |
| **Use of Special Waivers** - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services. | 1.64 | 1.62 |
| **System Integration Coordinator Position** - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development. | 1.83 | 1.83 |

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

## 3. VA/Community Integration*

| **Integration Scale:** 1 (low) to 5 (high) | **Site Mean Score** | **VHA (nationwide) Mean Score**** |
|---|---|---|
| **VA Accessibility**: In general, how accessible do you feel VA services are to homeless veterans in the community? | 3.07 | 3.57 |
| **VA Service Coordination**: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency. | 3.31 | 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 19

## Site: VAMC Grand Junction, CO - 575*

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: 293

## 2. Estimated Number of Veterans who are Chronically Homeless: 105

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

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

We used the following formula to obtain this number:

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

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

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

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

### 2. Housing Inventory

| Housing Inventory | Beds* | # of additional beds site could use |
|---|---|---|
| Emergency Beds | 75 | 0 |
| Transitional Housing Beds | 8 | 0 |
| Permanent Housing Beds | 0 | 3 |

***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 complete three supportive housing units this year. |
| **Help with transportation** | Maintain veteran bus passes program. |
| **Treatment for substance abuse** | Need for substance abuse detoxification and treatment increasing. |

***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**: **5**
**Percentage of Participant Surveys from Homeless Veterans**: **0%**

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

| Need | Site Mean Score | % want to work on this need now* | VHA Mean Score (nationwide)** |
|---|---|---|---|
| Personal hygiene | 3.80 | 0% | 3.42 |
| Food | 4.40 | 0% | 3.73 |
| Clothing | 4.40 | 0% | 3.59 |
| Emergency (immediate) shelter | 3.60 | 0% | 3.25 |
| Halfway house or transitional living facility | 2.60 | 25% | 3.02 |
| Long-term, permanent housing | 2.20 | 75% | 2.46 |
| Detoxification from substances | 3.00 | 25% | 3.32 |
| Treatment for substance abuse | 3.20 | 25% | 3.50 |
| Services for emotional or psychiatric problems | 3.20 | 25% | 3.43 |
| Treatment for dual diagnosis | 2.80 | 25% | 3.25 |
| Family counseling | 2.80 | 0% | 2.98 |
| Medical services | 3.80 | 25% | 3.76 |
| Women's health care | 3.60 | 0% | 3.25 |
| Help with medication | 3.60 | 0% | 3.44 |
| Drop-in center or day program | 3.00 | 0% | 2.98 |
| AIDS/HIV testing/counseling | 4.00 | 0% | 3.50 |
| TB testing | 4.20 | 0% | 3.68 |
| TB treatment | 3.80 | 0% | 3.54 |
| Hepatitis C testing | 4.00 | 0% | 3.60 |
| Dental care | 2.80 | 25% | 2.64 |
| Eye care | 2.80 | 0% | 2.93 |
| Glasses | 2.80 | 0% | 2.92 |
| VA disability/pension | 3.60 | 0% | 3.38 |
| Welfare payments | 3.50 | 0% | 3.05 |
| SSI/SSD process | 3.20 | 0% | 3.07 |
| Guardianship (financial) | 2.60 | 0% | 2.83 |
| Help managing money | 2.40 | 0% | 2.86 |
| Job training | 3.40 | 0% | 3.09 |
| Help with finding a job or getting employment | 3.60 | 25% | 3.20 |
| Help getting needed documents or identification | 2.60 | 25% | 3.28 |
| Help with transportation | 2.60 | 0% | 3.01 |
| Education | 2.80 | 0% | 3.05 |
| Child care | 2.40 | 0% | 2.47 |
| Legal assistance | 2.60 | 0% | 2.78 |
| Discharge upgrade | 3.40 | 0% | 3.01 |
| Spiritual | 4.20 | 0% | 3.37 |
| Re-entry services for incarcerated veterans | 3.00 | 0% | 2.71 |
| Elder Healthcare | 3.20 | 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**<br>**1 = None**, no steps taken to initiate implementation of the strategy.<br>**2 = Low**, in planning and/or initial minor steps taken.<br>**3 = Moderate**, significant steps taken but full implementation not achieved.<br>**4 = High**, strategy fully implemented. | **Site Mean Score** | **VHA (nationwide) Mean Score**** |
|---|---|---|
| **Interagency Coordinating Body** - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services. | 3.60 | 2.56 |
| **Co-location of Services** - Services from the VA and your agency provided in one location. | 2.80 | 1.89 |
| **Cross-Training** - Staff training about the objectives, procedures and services of the VA and your agency. | 2.40 | 1.86 |
| **Interagency Agreements/ Memoranda of Understanding** - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services. | 3.40 | 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. | 1.60 | 1.59 |
| **Pooled/Joint Funding** - Combining or layering funds from the VA and your agency to create new resources or services. | 1.00 | 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. | 2.20 | 1.75 |
| **Interagency Service Delivery Team/ Provider Coalition** - Service team comprised of staff from the VA and your agency to assist clients with multiple needs. | 2.20 | 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. | 1.80 | 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. | 1.40 | 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. | 2.20 | 1.83 |

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

## 3. VA/Community Integration*

| **Integration Scale:** 1 (low) to 5 (high) | **Site Mean Score** | **VHA (nationwide) Mean Score**** |
|---|---|---|
| **VA Accessibility**: In general, how accessible do you feel VA services are to homeless veterans in the community? | 4.20 | 3.57 |
| **VA Service Coordination**: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency. | 4.20 | 3.58 |

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

## 4. Existing Agreements with Community Service Types:

| **Service Types** | **VA has existing collaborative agreement with agencies?** |
|---|---|
| **Correctional Facilities (Jails, prisons, courts)** | No |
| **Psychiatric/substance abuse inpatient (hospitals, wards** | 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 19

## Site: VAMC Salt Lake City, UT - 660

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: 202

## 2. Estimated Number of Veterans who are Chronically Homeless: 73

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: 50

### 2. Housing Inventory

| Housing Inventory | Beds* | # of additional beds site could use |
|---|---|---|
| Emergency Beds | 1,054 | 40 |
| Transitional Housing Beds | 504 | 80 |
| Permanent Housing Beds | 591 | 140 |

***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** | Maintain 50 HUD-VASH vouchers through the Salt Lake County Public Housing Authority -- and alert Authority of any funding opportunities. Work with local providers interested in purchasing apartments for homeless veteran use. |
| **Job training** | Coordinate job training and placement with local entities that received funding from VA or the Utah Department of Workforce Services. |
| **Halfway house or transitional living facility** | Encourage local agencies to apply for VA Grant and Per Diem funding. Encourage community partners to help develop resources for women veterans. |

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

## C. Data from the CHALENG Participant Survey

**Number of Total Participant Surveys**: **40**
**Percentage of Participant Surveys from Homeless Veterans**: **55%**

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

| Need | Site Mean Score | % want to work on this need now* | VHA Mean Score (nationwide)** |
|---|---|---|---|
| Personal hygiene | 3.75 | 0% | 3.42 |
| Food | 3.98 | 7% | 3.73 |
| Clothing | 3.83 | 7% | 3.59 |
| Emergency (immediate) shelter | 3.53 | 11% | 3.25 |
| Halfway house or transitional living facility | 3.63 | 21% | 3.02 |
| Long-term, permanent housing | 2.33 | 61% | 2.46 |
| Detoxification from substances | 3.98 | 7% | 3.32 |
| Treatment for substance abuse | 4.13 | 7% | 3.50 |
| Services for emotional or psychiatric problems | 3.88 | 4% | 3.43 |
| Treatment for dual diagnosis | 3.66 | 4% | 3.25 |
| Family counseling | 3.20 | 7% | 2.98 |
| Medical services | 4.13 | 11% | 3.76 |
| Women's health care | 2.42 | 11% | 3.25 |
| Help with medication | 3.85 | 7% | 3.44 |
| Drop-in center or day program | 2.89 | 0% | 2.98 |
| AIDS/HIV testing/counseling | 3.56 | 0% | 3.50 |
| TB testing | 4.08 | 0% | 3.68 |
| TB treatment | 3.61 | 0% | 3.54 |
| Hepatitis C testing | 4.00 | 0% | 3.60 |
| Dental care | 3.00 | 18% | 2.64 |
| Eye care | 3.18 | 0% | 2.93 |
| Glasses | 3.15 | 4% | 2.92 |
| VA disability/pension | 3.37 | 25% | 3.38 |
| Welfare payments | 2.91 | 0% | 3.05 |
| SSI/SSD process | 3.00 | 7% | 3.07 |
| Guardianship (financial) | 3.38 | 0% | 2.83 |
| Help managing money | 3.26 | 11% | 2.86 |
| Job training | 3.34 | 18% | 3.09 |
| Help with finding a job or getting employment | 3.34 | 11% | 3.20 |
| Help getting needed documents or identification | 3.68 | 4% | 3.28 |
| Help with transportation | 3.56 | 7% | 3.01 |
| Education | 3.34 | 4% | 3.05 |
| Child care | 2.61 | 11% | 2.47 |
| Legal assistance | 2.81 | 14% | 2.78 |
| Discharge upgrade | 3.20 | 0% | 3.01 |
| Spiritual | 3.89 | 0% | 3.37 |
| Re-entry services for incarcerated veterans | 3.30 | 4% | 2.71 |
| Elder Healthcare | 3.24 | 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**<br>**1 = None**, no steps taken to initiate implementation of the strategy.<br>**2 = Low**, in planning and/or initial minor steps taken.<br>**3 = Moderate**, significant steps taken but full implementation not achieved.<br>**4 = High**, strategy fully implemented. | **Site Mean Score** | **VHA (nationwide) Mean Score**** |
|---|---|---|
| **Interagency Coordinating Body** - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services. | 3.13 | 2.56 |
| **Co-location of Services** - Services from the VA and your agency provided in one location. | 3.38 | 1.89 |
| **Cross-Training** - Staff training about the objectives, procedures and services of the VA and your agency. | 1.75 | 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. | 1.88 | 1.59 |
| **Pooled/Joint Funding** - Combining or layering funds from the VA and your agency to create new resources or services. | 2.25 | 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. | 2.50 | 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. | 2.38 | 2.15 |
| **Consolidation of Programs/ Agencies** - Combining programs from the VA and your agency under one administrative structure to integrate service delivery. | 2.25 | 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. | 1.88 | 1.61 |
| **Use of Special Waivers** - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services. | 1.75 | 1.62 |
| **System Integration Coordinator Position** - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development. | 2.00 | 1.83 |

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

## 3. VA/Community Integration*

| **Integration Scale:** 1 (low) to 5 (high) | **Site Mean Score** | **VHA (nationwide) Mean Score**** |
|---|---|---|
| **VA Accessibility**: In general, how accessible do you feel VA services are to homeless veterans in the community? | 3.38 | 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** | 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 19

## Site: VAMC Sheridan, WY - 666

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: 35

## 2. Estimated Number of Veterans who are Chronically Homeless: 13

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 | 19 | 0 |
| Transitional Housing Beds | 30 | 0 |
| Permanent Housing Beds | 100 | 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*

| | |
|---|---|
| **Help with transportation** | Trying to obtain a van through VA Domiciliary or donated resources. |
| **Long-term, permanent housing** | This still continues to be a significant problem with low-income and Section 8 housing difficult to access with long waiting lists. |
| **Halfway house or transitional living facility** | Promote transitional living resource development with local providers. Significant progress made last year. |

***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**: **60**
**Percentage of Participant Surveys from Homeless Veterans**: **65%**

### 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 | 3.88 | 4% | 3.42 |
| Food | 3.94 | 4% | 3.73 |
| Clothing | 3.78 | 7% | 3.59 |
| Emergency (immediate) shelter | 3.82 | 11% | 3.25 |
| Halfway house or transitional living facility | 2.91 | 11% | 3.02 |
| Long-term, permanent housing | 2.04 | 46% | 2.46 |
| Detoxification from substances | 3.79 | 7% | 3.32 |
| Treatment for substance abuse | 4.06 | 13% | 3.50 |
| Services for emotional or psychiatric problems | 3.88 | 15% | 3.43 |
| Treatment for dual diagnosis | 3.82 | 2% | 3.25 |
| Family counseling | 3.00 | 2% | 2.98 |
| Medical services | 4.07 | 11% | 3.76 |
| Women's health care | 3.53 | 0% | 3.25 |
| Help with medication | 3.96 | 4% | 3.44 |
| Drop-in center or day program | 2.67 | 4% | 2.98 |
| AIDS/HIV testing/counseling | 3.96 | 2% | 3.50 |
| TB testing | 4.20 | 0% | 3.68 |
| TB treatment | 3.70 | 0% | 3.54 |
| Hepatitis C testing | 4.27 | 4% | 3.60 |
| Dental care | 2.57 | 26% | 2.64 |
| Eye care | 2.91 | 4% | 2.93 |
| Glasses | 2.69 | 7% | 2.92 |
| VA disability/pension | 2.96 | 11% | 3.38 |
| Welfare payments | 2.60 | 2% | 3.05 |
| SSI/SSD process | 2.83 | 7% | 3.07 |
| Guardianship (financial) | 2.64 | 4% | 2.83 |
| Help managing money | 3.04 | 13% | 2.86 |
| Job training | 3.07 | 17% | 3.09 |
| Help with finding a job or getting employment | 3.55 | 9% | 3.20 |
| Help getting needed documents or identification | 3.56 | 7% | 3.28 |
| Help with transportation | 2.95 | 15% | 3.01 |
| Education | 3.23 | 13% | 3.05 |
| Child care | 2.41 | 4% | 2.47 |
| Legal assistance | 2.48 | 7% | 2.78 |
| Discharge upgrade | 2.88 | 4% | 3.01 |
| Spiritual | 3.79 | 4% | 3.37 |
| Re-entry services for incarcerated veterans | 2.52 | 4% | 2.71 |
| Elder Healthcare | 3.20 | 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**<br>**1 = None**, no steps taken to initiate implementation of the strategy.<br>**2 = Low**, in planning and/or initial minor steps taken.<br>**3 = Moderate**, significant steps taken but full implementation not achieved.<br>**4 = High**, strategy fully implemented. | **Site Mean Score** | **VHA (nationwide) Mean Score**** |
|---|---|---|
| **Interagency Coordinating Body** - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services. | 2.67 | 2.56 |
| **Co-location of Services** - Services from the VA and your agency provided in one location. | 1.94 | 1.89 |
| **Cross-Training** - Staff training about the objectives, procedures and services of the VA and your agency. | 1.80 | 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. | 2.44 | 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. | 1.53 | 1.59 |
| **Pooled/Joint Funding** - Combining or layering funds from the VA and your agency to create new resources or services. | 1.53 | 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. | 1.53 | 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. | 2.20 | 2.15 |
| **Consolidation of Programs/ Agencies** - Combining programs from the VA and your agency under one administrative structure to integrate service delivery. | 1.87 | 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. | 1.73 | 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. | 1.87 | 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? | 3.80 | 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)** | No |
| **Psychiatric/substance abuse inpatient (hospitals, wards** | Yes |
| **Nursing homes** | No |
| **Faith-based organizations** | Yes |