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

CHALENG 2007 Survey Results Summary

VISN 6

Site: VAMC Asheville, NC - 637

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: 111

2. Estimated Number of Veterans who are Chronically Homeless: 42

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	200	25
Transitional Housing Beds	292	5
Permanent Housing Beds	124	25

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

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

Long-term, permanent housing	Continue long-term housing strategy planning and development. Develop rental assistance funding. Develop supportive services for veterans in permanent housing.
Dental Care	Continue VA Homeless Veterans Dental Program expansion. Also, distribute list of local providers who will accept Medicaid. Explore other local community resources.
Emergency (immediate) shelter	Continue to be involved in plans for community "Wet Shelter." Discussion with local halfway houses about leaving one bed open for emergency placements.

***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: **42**
Percentage of Participant Surveys from Homeless Veterans: **36%**

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	3.40	0%	3.42
Food	3.76	9%	3.73
Clothing	3.52	6%	3.59
Emergency (immediate) shelter	2.79	24%	3.25
Halfway house or transitional living facility	2.70	21%	3.02
Long-term, permanent housing	2.10	60%	2.46
Detoxification from substances	3.10	9%	3.32
Treatment for substance abuse	3.35	9%	3.50
Services for emotional or psychiatric problems	3.10	6%	3.43
Treatment for dual diagnosis	3.03	6%	3.25
Family counseling	2.58	0%	2.98
Medical services	3.73	3%	3.76
Women's health care	3.13	0%	3.25
Help with medication	3.44	6%	3.44
Drop-in center or day program	2.82	0%	2.98
AIDS/HIV testing/counseling	3.79	3%	3.50
TB testing	3.74	0%	3.68
TB treatment	3.42	0%	3.54
Hepatitis C testing	3.76	3%	3.60
Dental care	2.07	63%	2.64
Eye care	2.93	6%	2.93
Glasses	2.95	3%	2.92
VA disability/pension	2.63	12%	3.38
Welfare payments	2.57	0%	3.05
SSI/SSD process	2.73	12%	3.07
Guardianship (financial)	2.59	0%	2.83
Help managing money	3.08	0%	2.86
Job training	3.08	3%	3.09
Help with finding a job or getting employment	3.38	12%	3.20
Help getting needed documents or identification	3.68	6%	3.28
Help with transportation	3.10	6%	3.01
Education	3.26	3%	3.05
Child care	2.41	0%	2.47
Legal assistance	2.86	3%	2.78
Discharge upgrade	3.06	6%	3.01
Spiritual	3.71	0%	3.37
Re-entry services for incarcerated veterans	2.67	3%	2.71
Elder Healthcare	2.83	0%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.05	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.09	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.90	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.	2.73	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.	1.68	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.64	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.	1.73	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.67	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.33	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.70	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.67	1.62
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.27	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.67	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.86	3.58

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

4. Existing Agreements with Community Service Types:

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

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

CHALENG 2007 Survey Results Summary

VISN 6

Site: VAMC Beckley, WV - 517

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

2. Estimated Number of Veterans who are Chronically Homeless: 1

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	30	0
Transitional Housing Beds	0	0
Permanent Housing Beds	0	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	Network with HUD, local housing vendors, and other entities which can assist veteran in securing permanent, safe, secure housing.
Halfway house or transitional living facility	Continue disseminating information regarding VA Grant and Per Diem application process. Also, encourage interested vendors to attend GPD phone call.
Help with transportation	Develop transportation 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: **12**
Percentage of Participant Surveys from Homeless Veterans: **9%**

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	3.00	0%	3.42
Food	3.00	44%	3.73
Clothing	3.00	22%	3.59
Emergency (immediate) shelter	2.75	56%	3.25
Halfway house or transitional living facility	1.84	22%	3.02
Long-term, permanent housing	1.59	0%	2.46
Detoxification from substances	2.37	44%	3.32
Treatment for substance abuse	2.91	11%	3.50
Services for emotional or psychiatric problems	3.55	11%	3.43
Treatment for dual diagnosis	3.46	11%	3.25
Family counseling	3.36	0%	2.98
Medical services	4.00	0%	3.76
Women's health care	3.64	0%	3.25
Help with medication	3.55	0%	3.44
Drop-in center or day program	3.00	0%	2.98
AIDS/HIV testing/counseling	3.45	0%	3.50
TB testing	3.73	0%	3.68
TB treatment	3.64	0%	3.54
Hepatitis C testing	3.64	0%	3.60
Dental care	3.27	0%	2.64
Eye care	3.36	0%	2.93
Glasses	3.09	0%	2.92
VA disability/pension	3.45	11%	3.38
Welfare payments	3.18	0%	3.05
SSI/SSD process	3.00	0%	3.07
Guardianship (financial)	3.09	0%	2.83
Help managing money	2.82	0%	2.86
Job training	2.73	11%	3.09
Help with finding a job or getting employment	3.00	11%	3.20
Help getting needed documents or identification	3.09	0%	3.28
Help with transportation	2.64	33%	3.01
Education	2.91	0%	3.05
Child care	2.55	0%	2.47
Legal assistance	2.36	0%	2.78
Discharge upgrade	3.00	0%	3.01
Spiritual	3.27	0%	3.37
Re-entry services for incarcerated veterans	2.73	0%	2.71
Elder Healthcare	2.82	11%	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.	1.22	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.78	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.	1.00	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.11	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.	1.44	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.44	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.33	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.22	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.	1.56	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?	3.40	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.10	3.58

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

4. Existing Agreements with Community Service Types:

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

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

CHALENG 2007 Survey Results Summary

VISN 6

Site: VAMC Durham, NC - 558

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: 375

2. Estimated Number of Veterans who are Chronically Homeless: 123

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

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

We used the following formula to obtain this number:

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

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

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

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

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	90	10
Transitional Housing Beds	45	15
Permanent Housing Beds	25	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*

Halfway house or transitional living facility	Volunteers of America plans to build 24 one- bedroom units for homeless veterans. Also a VA Grant and Per Diem provider is planning to add 18 beds.
VA disability/pension	Goal is to reduce time to approve disability or non- service-connected pension for homeless veterans. Will meet with VA Regional Office staff and local service officers to explore ways to reduce approval time.
Help with finding a job or getting employment	Goal: 100% referral of homeless veterans to VA Incentive Therapy/ Compensated Work Therapy programs and/or to the North Carolina Employment Security Commission.

***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: **14**
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	3.34	0%	3.42
Food	3.70	0%	3.73
Clothing	3.54	8%	3.59
Emergency (immediate) shelter	4.24	8%	3.25
Halfway house or transitional living facility	2.85	38%	3.02
Long-term, permanent housing	2.22	69%	2.46
Detoxification from substances	3.85	0%	3.32
Treatment for substance abuse	3.43	0%	3.50
Services for emotional or psychiatric problems	3.65	0%	3.43
Treatment for dual diagnosis	3.39	8%	3.25
Family counseling	2.58	8%	2.98
Medical services	4.08	23%	3.76
Women's health care	3.22	8%	3.25
Help with medication	3.77	8%	3.44
Drop-in center or day program	2.92	8%	2.98
AIDS/HIV testing/counseling	4.08	0%	3.50
TB testing	4.23	0%	3.68
TB treatment	3.67	0%	3.54
Hepatitis C testing	3.85	8%	3.60
Dental care	2.00	8%	2.64
Eye care	2.54	0%	2.93
Glasses	2.33	0%	2.92
VA disability/pension	3.17	15%	3.38
Welfare payments	2.75	0%	3.05
SSI/SSD process	2.62	8%	3.07
Guardianship (financial)	2.67	0%	2.83
Help managing money	2.77	0%	2.86
Job training	2.85	0%	3.09
Help with finding a job or getting employment	3.23	15%	3.20
Help getting needed documents or identification	3.42	0%	3.28
Help with transportation	3.08	23%	3.01
Education	2.92	15%	3.05
Child care	2.18	0%	2.47
Legal assistance	2.62	8%	2.78
Discharge upgrade	3.00	0%	3.01
Spiritual	4.15	0%	3.37
Re-entry services for incarcerated veterans	2.23	15%	2.71
Elder Healthcare	2.75	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.	2.25	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.14	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.50	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.57	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.	1.38	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.38	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	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.	1.33	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.33	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.	1.17	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.	1.17	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?	2.75	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	2.75	3.58

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

4. Existing Agreements with Community Service Types:

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

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

CHALENG 2007 Survey Results Summary

VISN 6

Site: VAMC Fayetteville, NC - 565

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: 250

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

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

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

We used the following formula to obtain this number:

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

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

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

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 10

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	70	0
Transitional Housing Beds	28	10
Permanent Housing Beds	10	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*

Emergency (immediate) shelter	Working with community to re-open shelter that closed in May 2006.
Halfway house or transitional living facility	Encouraging agencies in the community to apply for VA Grant and Per Diem funding.
Long-term, permanent housing	Working with city and county trying to establish long-term, permanent 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: **24**
Percentage of Participant Surveys from Homeless Veterans: **71%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	4.57	0%	3.42
Food	4.61	22%	3.73
Clothing	4.41	17%	3.59
Emergency (immediate) shelter	4.05	28%	3.25
Halfway house or transitional living facility	4.19	26%	3.02
Long-term, permanent housing	3.20	26%	2.46
Detoxification from substances	3.85	11%	3.32
Treatment for substance abuse	4.15	11%	3.50
Services for emotional or psychiatric problems	3.96	6%	3.43
Treatment for dual diagnosis	3.85	6%	3.25
Family counseling	3.17	0%	2.98
Medical services	4.27	11%	3.76
Women's health care	3.22	6%	3.25
Help with medication	4.00	6%	3.44
Drop-in center or day program	3.13	11%	2.98
AIDS/HIV testing/counseling	3.72	0%	3.50
TB testing	3.53	0%	3.68
TB treatment	3.13	0%	3.54
Hepatitis C testing	3.59	0%	3.60
Dental care	3.43	22%	2.64
Eye care	2.88	11%	2.93
Glasses	2.88	11%	2.92
VA disability/pension	2.82	6%	3.38
Welfare payments	3.00	0%	3.05
SSI/SSD process	3.24	0%	3.07
Guardianship (financial)	2.62	0%	2.83
Help managing money	3.43	11%	2.86
Job training	3.45	0%	3.09
Help with finding a job or getting employment	3.57	17%	3.20
Help getting needed documents or identification	3.47	0%	3.28
Help with transportation	4.00	17%	3.01
Education	3.35	6%	3.05
Child care	2.53	6%	2.47
Legal assistance	3.00	0%	2.78
Discharge upgrade	3.00	0%	3.01
Spiritual	4.14	22%	3.37
Re-entry services for incarcerated veterans	3.25	0%	2.71
Elder Healthcare	2.83	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.	2.40	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	2.40	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.00	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.00	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.75	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.	2.40	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.25	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.	2.25	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.00	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.	2.50	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?	3.57	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	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 6

Site: VAMC Hampton, VA - 590

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: 500

2. Estimated Number of Veterans who are Chronically Homeless: 187

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

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

We used the following formula to obtain this number:

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

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

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

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2007 by local VA homeless program: 10

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	200	125
Transitional Housing Beds	210	40
Permanent Housing Beds	110	50

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

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

Long-term, permanent housing	Continue development and construction of new single room occupancy complex in Virginia Beach which will house 60 homeless individuals.
Dental Care	New community dental clinic is opening and is willing to accept veterans for treatment through fee-basis under the Homeless Veteran Dental Program.
Emergency (immediate) shelter	Identified as a perennial problem but no one is taking responsibility to develop more beds or an additional 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: **40**
Percentage of Participant Surveys from Homeless Veterans: **50%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.60	0%	3.42
Food	3.45	10%	3.73
Clothing	3.56	6%	3.59
Emergency (immediate) shelter	2.85	33%	3.25
Halfway house or transitional living facility	2.87	20%	3.02
Long-term, permanent housing	2.14	63%	2.46
Detoxification from substances	3.90	10%	3.32
Treatment for substance abuse	3.92	13%	3.50
Services for emotional or psychiatric problems	3.87	0%	3.43
Treatment for dual diagnosis	3.78	3%	3.25
Family counseling	3.09	0%	2.98
Medical services	4.11	10%	3.76
Women's health care	3.57	0%	3.25
Help with medication	4.06	7%	3.44
Drop-in center or day program	3.06	7%	2.98
AIDS/HIV testing/counseling	4.12	0%	3.50
TB testing	3.97	0%	3.68
TB treatment	3.79	0%	3.54
Hepatitis C testing	3.88	3%	3.60
Dental care	2.22	29%	2.64
Eye care	3.32	13%	2.93
Glasses	3.11	6%	2.92
VA disability/pension	2.85	20%	3.38
Welfare payments	2.54	0%	3.05
SSI/SSD process	3.31	10%	3.07
Guardianship (financial)	2.76	0%	2.83
Help managing money	2.67	0%	2.86
Job training	2.72	10%	3.09
Help with finding a job or getting employment	3.03	7%	3.20
Help getting needed documents or identification	3.31	3%	3.28
Help with transportation	2.81	10%	3.01
Education	2.61	7%	3.05
Child care	2.26	0%	2.47
Legal assistance	2.46	10%	2.78
Discharge upgrade	2.67	0%	3.01
Spiritual	3.70	0%	3.37
Re-entry services for incarcerated veterans	2.52	0%	2.71
Elder Healthcare	3.03	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.	2.27	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.69	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.81	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.	1.93	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.	1.13	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.38	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.44	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.	1.69	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.88	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.	1.38	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.	1.38	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?	3.13	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.25	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 6

Site: VAMC Richmond, VA - 652

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: 210

2. Estimated Number of Veterans who are Chronically Homeless: 37

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	51	45
Transitional Housing Beds	51	25
Permanent Housing Beds	27	35

***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	VA continues to work with and refer clients to local central shelter intake. Several informal partnerships have been formed.
Halfway house or transitional living facility	New VA Grant and Per Diem facility will provide housing to dually-diagnosed veterans.
Re-entry services for incarcerated veterans	VA OIF/OEF coordinator and VA homeless program working together in providing housing for hard to place clients.

***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: **9**
Percentage of Participant Surveys from Homeless Veterans: **12%**

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	3.45	11%	3.42
Food	3.56	0%	3.73
Clothing	3.34	22%	3.59
Emergency (immediate) shelter	3.56	56%	3.25
Halfway house or transitional living facility	3.67	22%	3.02
Long-term, permanent housing	2.56	56%	2.46
Detoxification from substances	3.45	0%	3.32
Treatment for substance abuse	3.78	0%	3.50
Services for emotional or psychiatric problems	4.00	0%	3.43
Treatment for dual diagnosis	3.67	11%	3.25
Family counseling	2.78	0%	2.98
Medical services	4.11	11%	3.76
Women's health care	3.89	11%	3.25
Help with medication	4.00	0%	3.44
Drop-in center or day program	2.78	0%	2.98
AIDS/HIV testing/counseling	3.11	0%	3.50
TB testing	3.89	0%	3.68
TB treatment	3.67	0%	3.54
Hepatitis C testing	3.44	0%	3.60
Dental care	2.33	11%	2.64
Eye care	2.44	0%	2.93
Glasses	2.11	0%	2.92
VA disability/pension	3.56	0%	3.38
Welfare payments	2.67	0%	3.05
SSI/SSD process	2.89	0%	3.07
Guardianship (financial)	2.22	0%	2.83
Help managing money	2.22	0%	2.86
Job training	3.67	0%	3.09
Help with finding a job or getting employment	3.22	22%	3.20
Help getting needed documents or identification	3.22	0%	3.28
Help with transportation	2.56	44%	3.01
Education	2.67	0%	3.05
Child care	1.56	0%	2.47
Legal assistance	2.22	0%	2.78
Discharge upgrade	3.11	0%	3.01
Spiritual	3.44	0%	3.37
Re-entry services for incarcerated veterans	3.44	22%	2.71
Elder Healthcare	3.11	0%	3.07

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

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.25	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	3.75	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	3.00	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	3.25	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.25	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	3.00	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.	3.50	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.	3.50	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	3.00	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.	2.25	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.25	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.	2.25	1.83

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

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	4.25	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.50	3.58

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

4. Existing Agreements with Community Service Types:

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

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

CHALENG 2007 Survey Results Summary

VISN 6

Site: VAMC Salem, VA - 658

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: 42

2. Estimated Number of Veterans who are Chronically Homeless: 12

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	237	0
Transitional Housing Beds	30	20
Permanent Housing Beds	50	50

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

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

Long-term, permanent housing	Continue to work with local HUD Continuum of Care to develop this resource.
Dental Care	Ongoing discussions with VA leadership and community providers on implementing the Homeless Veterans Dental Program at our site.
Halfway house or transitional living facility	Explore resource development with local Continuum of Care and VA leadership. VA Grant and Per Diem and VA Healthcare for Homeless Veterans funding development to be discussed.

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

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: **22**
Percentage of Participant Surveys from Homeless Veterans: **28%**

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	3.60	0%	3.42
Food	3.96	14%	3.73
Clothing	3.73	0%	3.59
Emergency (immediate) shelter	3.91	38%	3.25
Halfway house or transitional living facility	2.73	24%	3.02
Long-term, permanent housing	2.28	62%	2.46
Detoxification from substances	2.91	10%	3.32
Treatment for substance abuse	3.28	19%	3.50
Services for emotional or psychiatric problems	3.14	10%	3.43
Treatment for dual diagnosis	2.60	5%	3.25
Family counseling	2.45	0%	2.98
Medical services	3.59	5%	3.76
Women's health care	3.29	0%	3.25
Help with medication	3.14	10%	3.44
Drop-in center or day program	3.10	0%	2.98
AIDS/HIV testing/counseling	3.38	0%	3.50
TB testing	3.23	5%	3.68
TB treatment	3.05	0%	3.54
Hepatitis C testing	3.14	0%	3.60
Dental care	1.82	38%	2.64
Eye care	2.23	0%	2.93
Glasses	2.09	0%	2.92
VA disability/pension	2.91	5%	3.38
Welfare payments	2.68	0%	3.05
SSI/SSD process	3.00	14%	3.07
Guardianship (financial)	2.48	5%	2.83
Help managing money	2.32	0%	2.86
Job training	2.50	14%	3.09
Help with finding a job or getting employment	3.00	14%	3.20
Help getting needed documents or identification	3.05	5%	3.28
Help with transportation	2.86	0%	3.01
Education	2.86	0%	3.05
Child care	2.55	0%	2.47
Legal assistance	2.41	0%	2.78
Discharge upgrade	2.67	0%	3.01
Spiritual	3.82	5%	3.37
Re-entry services for incarcerated veterans	2.86	0%	2.71
Elder Healthcare	3.05	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.	2.81	2.56
Co-location of Services - Services from the VA and your agency provided in one location.	1.75	1.89
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.50	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.14	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.21	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.07	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.57	1.75
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.62	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.29	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.	1.00	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	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.	1.38	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?	3.88	3.57
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.35	3.58

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

4. Existing Agreements with Community Service Types:

Service Types	**VA has existing collaborative agreement with agencies?**
Correctional Facilities (Jails, prisons, courts)	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 6

Site: VAMC Salisbury, NC - 659

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: 590

2. Estimated Number of Veterans who are Chronically Homeless: 260

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	114	0
Transitional Housing Beds	203	0
Permanent Housing Beds	300	500

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

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

Long-term, permanent housing	Our number one need. For 2008, we will be developing contracts with outside agencies. We also as a team continue to work with community partners to develop ideas and plans for long-term housing options.
Halfway house or transitional living facility	Currently our area has five VA Grant an Per Diem programs. We continue to use and promote these programs.
Family counseling	The VA is working to improve access to care in all areas including mental health/family counseling. We are considering evening groups to improve patient access and participation.

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

C. Data from the CHALENG Participant Survey

Number of Total Participant Surveys: **53**
Percentage of Participant Surveys from Homeless Veterans: **29%**

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

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	2.98	0%	3.42
Food	3.33	9%	3.73
Clothing	3.21	2%	3.59
Emergency (immediate) shelter	3.07	11%	3.25
Halfway house or transitional living facility	3.13	22%	3.02
Long-term, permanent housing	2.37	49%	2.46
Detoxification from substances	3.27	7%	3.32
Treatment for substance abuse	3.37	11%	3.50
Services for emotional or psychiatric problems	3.05	9%	3.43
Treatment for dual diagnosis	2.85	2%	3.25
Family counseling	2.58	13%	2.98
Medical services	3.46	13%	3.76
Women's health care	2.65	4%	3.25
Help with medication	3.29	2%	3.44
Drop-in center or day program	2.40	4%	2.98
AIDS/HIV testing/counseling	3.53	0%	3.50
TB testing	3.60	0%	3.68
TB treatment	3.33	2%	3.54
Hepatitis C testing	3.36	0%	3.60
Dental care	2.66	13%	2.64
Eye care	2.73	7%	2.93
Glasses	2.63	9%	2.92
VA disability/pension	3.24	15%	3.38
Welfare payments	3.00	2%	3.05
SSI/SSD process	3.06	7%	3.07
Guardianship (financial)	2.69	4%	2.83
Help managing money	2.66	2%	2.86
Job training	2.60	18%	3.09
Help with finding a job or getting employment	2.83	18%	3.20
Help getting needed documents or identification	3.02	2%	3.28
Help with transportation	2.89	13%	3.01
Education	2.84	2%	3.05
Child care	2.28	7%	2.47
Legal assistance	2.57	2%	2.78
Discharge upgrade	3.00	2%	3.01
Spiritual	3.34	4%	3.37
Re-entry services for incarcerated veterans	2.27	9%	2.71
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Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.93	1.86
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.20	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.	1.56	1.59
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.56	1.67
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.73	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.	2.17	2.15
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.80	1.94
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.41	1.61
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.35	1.62
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VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.52	3.58

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