

EVH - S1EP23 - We Want YOU(r Feedback about Homeless Services)!

Jessica Blue-Howells: [00:00:00] In my mind, the most important impact CHALENG has had is better integrating VA and community homeless service providers. Local coordination seems so obvious now. But 30 years ago, it actually was really innovative for Congress to empower local medical centers to consider the perspective of local homeless service providers.

In the old days, VA really was stuck on the grounds of VA medical centers, really needed to wait for Veterans to come to us, to be well enough to even know to ask for services. And CHALENG instead got VA out into the community. Rebuild, or build for the first time, that trust, so that Veterans felt safe and interested in using VA services.

Shawn Liu: Welcome to Ending Veteran Homelessness, your firsthand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home From the Department of Veterans Affairs, [00:01:00] Homeless Programs Office, I'm your host, Shawn Liu.

If you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3838.

It can feel like homelessness in America, for Veterans or non-Veterans alike, has been around since the founding of our country. It often feels like homelessness is this big intractable problem that has always been here, and in admittedly, some of our more pessimistic moments, can also feel like it will never be solved.

But the truth is that homelessness that we see today, it's actually a relatively recent phenomenon. I say relatively because honestly, what is time anymore? And fortunately though, we actually do know what works. Veteran homelessness [00:02:00] is solvable, and at VA we have the right tools for the job.

Interestingly, the tools that make up VA's homeless programs and services are also somewhat relatively new. If by relatively you can consider 37 years ago to be "relatively" new.

Little history lesson. The first VA Homeless Programs were actually established way back in 1987 with Public Law 100-6, which authorized VA to contract for care, treatment and rehabilitative services in halfway houses, therapeutic communities, psychiatric residential treatment centers, and other community-based treatment facilities of eligible Veterans suffering from chronic mental illness disabilities. And this included coverage for homeless Veterans with those disabilities.

I think just as an aside, I was around six when that law was passed.

But it was basically a law that authorizes the very first VA homeless program.

Also, as another aside, I'm gonna put a link in the description if you wanna watch a video recounting the history of the legal and [00:03:00] policy foundations of VA Homeless programs. It's super interesting.

Now you'd be unsurprised to hear that the needs of homeless and at-risk Veterans have changed and evolved a lot over the last four decades.

And so to have our programs, they've changed and evolved. We've added transitional housing, permanent housing, employment services, services for justice-involved, Veterans tailored primary care, all built around the evidence-based Housing First approach.

Some of these changes have been in response to what the latest research and science tells us. And of course, some of these changes have been in response to changing political priorities.

But some of these changes have also been informed by the tens of thousands of VA staff and community partners across the country. And some of these changes have been in response to direct feedback from the Veterans we serve.

Those last two: feedback from providers and from Veterans are what I'm most interested in right now.

How does VA actually get that information? Because that's a lot of people to get feedback from.[00:04:00] And what precisely do we do with that information once we get it?

Those are really great questions.

So to help us understand just how VA has been receiving your feedback to fill the gaps in services for homeless and at-risk Veterans, I can think of no one better to talk to than our very own, Jessica Blue-Howells.

Ms. Blue-Howells is the Deputy National Director for Veterans Justice Programs, which serves Veterans at any point in the criminal justice continuum, including crisis interactions with police in the community, oversight in treatment courts, incarceration in jails and prisons, and reentry back into the community. The reason why we brought her on today, Ms. Blue-Howells is also the National Lead for Project CHALENG, and coincidentally serves as a co-investigator on studies focused on Veterans who are homeless or involved in the criminal justice system.

Jessica, welcome to the show.

Jessica Blue-Howells: Good afternoon, Shawn. Thank you for having me on today.

Shawn Liu: Yeah, really great to have you here. I know we brought you on because you're our national lead for Project CHALENG, and we're gonna talk about what CHALENG is. Spoilers, that's an acronym and the acronym's pretty [00:05:00] long, and we're gonna get to that along with other alphabet soup.

But before we get into how we receive feedback from providers and Veterans about the programs and services that we provide, and also really importantly, the programs and services that we don't yet provide, but should be based off of their needs, why don't you go, just tell us a little bit about yourself.

What is your current role as Deputy National Director and the lead for Project CHALENG?

Jessica Blue-Howells: Absolutely. Thank you, Shawn. I actually am a social worker by training. I've had the opportunity to work in VA for a little bit over 20 years. I started way back in 2001 actually. Right before September 11th.

Locally, I've had the chance to work at the medical center level in a variety of roles, including what shaped my national role. So the chance to do street outreach, trying to engage Veterans in care, the chance to do outreach in local jails, and I had the opportunity to work in a drop in homeless center.

Currently, as you mentioned, I serve in VA's [00:06:00] National Homeless Programs Office as the Deputy Director of the Veterans Justice Programs, and then the National Lead for Project CHALENG, which we'll talk about today.

Shawn Liu: Awesome. That's fantastic. And yeah, you like many of us in the Homeless Programs Office, come from basically direct practice working specifically with Veterans. And I think that's a really important bit for a lot of us who now have the ability to influence policy, who help provide oversight and technical assistance around our programs, that we're not just coming to it from, no shade to academics, but we're not just coming to it from a thought experiment standpoint. We're actually coming to it informed by our own experiences working with Veterans in these particular settings, getting them these particular services, and then onto wellness and recovery, which is fantastic.

Really, really glad to have you here. And you're right. The reason why we brought you on: Project CHALENG, which for many years has basically been, the word we use is kind of like a gaps analysis, which is just fancy jargon speak for let's figure out what are the gaps in services. What are the gaps in [00:07:00] things that Veterans still need that we're not yet providing so that we can provide them? And things like Project CHALENG have been really important in our ability to respond to how those needs change over time.

But I'm getting way ahead of myself here and way ahead of the episode.

So to start us out one on Earth is Project CHALENG? Acknowledging, as I mentioned at the top, that too is an acronym. And so if you could give us the whole spelling of what Project CHALENG is, and just, you know, what is it? Why has it been important? What's the deal?

Jessica Blue-Howells: So CHALENG actually stands for Community Homelessness Assessment, Local Education and Networking Groups. So that is a long acronym, but it actually really describes the intent of Congress in authorizing VA to work on this kind of a project. CHALENG started back in 1993, very much predates me. But at the time, VA services for Veterans who were homeless were very new, as you mentioned. The legislation that started CHALENG required VA to partner with community [00:08:00] homeless service providers, and the intent was really to assess the needs of homeless Veterans and local communities.

So as you say, that intention to do a gaps analysis or a needs assessment.

Local coordination seems so obvious now. But 30 years ago, it actually was really innovative for Congress to empower local medical centers to consider the perspective of local homeless service providers.

The initial legislation created two requirements. VA medical centers needed to convene an annual meeting. This was very new, to allow federal employees to go out and meet with community providers. And then it required collecting a needs assessment survey. So really the intention was both to network with the community and then to collect some data.

Data from the survey was analyzed at a national level to get an overall picture of Veterans unmet needs, and then the information was shared back locally so that local medical centers and [00:09:00] local homeless service providers could plan for new services in their communities.

Shawn Liu: Yeah, I remember when I first joined VA back in 2008, my exposure to CHALENG was primarily in that survey, but I think we were still doing kind of those CHALENG convening meetings. And what I really, really appreciate about both CHALENG and the summary that you provided is that over the years I've been really fascinated with research that speaks to the distance, the gap, or the disconnect that often we as providers have about what our patients, our clients, our consumers, our Veterans need.

And I've used that almost like a capital N need. As opposed to the services and benefits and resources that the patients, the Veterans need, and also I would say want as well. And when we think about engagement. Want and need go hand in hand. And oftentimes what we find, what the research reveals is that there's often a big disconnect.

We, in our [00:10:00] ivory towers, often have a certain perception about what type of things a person needs to get healthy. And that often butts up against their own perceptions. And I think when we have these opportunities to not only meet in the middle, but really elevate and provide the services that they both from their perspective need, and I would also, it's really important and okay, the services that they want, that that helps really bring in engagement, bring them in.

You also brought up a really important point that I don't think people really get. Especially from here in 2024, right? With all of the work that's been done with our community partners and our Continuums of Care and all of our grantees, and especially if folks are arriving at homelessness for the first, like just go like, "Wow, Veteran homelessness, this is a thing?"

The... coordination... is relatively new and, and we're using relatively again, but like we didn't used to be that. It used to be a lot more siloed. We at VA, you know, and again, I only came on in 2008, so like there, this is decades before, but like that actually is somewhat revolutionary. I don't know if you have any anecdotes or any other kind of reflections on just how [00:11:00] big a deal it was that Congress had empowered us to talk to other people about the services we provided.

Jessica Blue-Howells: Absolutely. It really, really was new. And thinking back to that time, VA was very much a federal entity. The intention was that Veterans who needed services would come to us, would come to the hospital and ask for services. This really was Congress acknowledging that the knowledge about what people who are homeless need is centered with those nonprofit providers who deliver those services in the community and on the street every day. And that VA needed to really leave the grounds, needed to leave the gate, had to really get out and do that work.

But it was new. VA can't go out and do things just because it's a good idea. As a federal agency, we really do need the authority from Congress to be able to deliver services that are new.

And CHALENG really came [00:12:00] about to encourage VA to do exactly what you say: get out of our own space, get out of the hospital, and get into the community to deliver services directly where Veterans are.

Shawn Liu: Yeah, that's another kind of really delightful, I guess, civics lesson for today is that, you know, as the federal government, We can only do what we have the authority provided by the legislative branch to do. Otherwise, like, you know, when we say like, "On what authority? On whose authority? On what?"

Like, that's literally what we're talking about. If you ever heard it In a show or a story or whatnot.

Jessica, I wanna shift gears a little bit. Depending on when you look at the timeframe, we're at either the 30th or 31st anniversary of Project CHALENG, right? Which is like, "Okay, great CHALENG is a 30 something now, which is fantastic."

And I imagine over those last three decades, CHALENG itself has evolved and changed along with the Veterans, along with the program and services. So can you tell us how this activity, how this endeavor has shifted and evolved over the years?

Jessica Blue-Howells: Absolutely. There have [00:13:00] actually been a few pretty major changes to CHALENG, as you would hope, with a project that's been running for 30 years.

The first one is that as those local meetings between VA medical centers and community partners really became standard practice, that requirement to have to document that you were meeting was removed. We created some trust there that medical centers and community partners were partnering and were networking. So that networking piece of CHALENG really became standard practice.

The second change was actually in the survey itself. So initially the survey was pencil and paper, as you would expect in 30 years ago, trying to do survey collection. Which is wonderful and limiting because what it meant is that the only people who gave us input were people who were already connected to VA and were invited to those meetings and had the time available to attend a CHALENG meeting. And so we modernize so that the survey itself is [00:14:00] available online 24/7, so that folks can really give us their input at their convenience. It makes it much more accessible and available to a wider audience.

The third major change, and you alluded to this, but that I think is really the most important thing that we could have done, is that we added a Veteran version of the CHALENG survey. So initially, really we were collecting the perspective of providers, and as you mentioned earlier, clinicians and providers have one sense of what people need. People themselves have a different sense of what they need, and adding that Veteran version of the survey allows VA to really consider Veterans' own perspective about what they need. And it lets us really examine any differences between what VA staff, what community service providers, and what Veterans themselves think of about their needs.

And then finally, we recently added a qualitative question, which invites Veterans and providers to [00:15:00] reflect on the single most important resource they think would help end their homelessness. This has been really illuminating for us because when you take a look at structured data that people just rate on a scale, they say one thing. When you take a look at qualitative data and ask people to really reflect what's the single most important thing that could help you end your homelessness, we get different kinds of responses, so that has been a really important update as well.

Shawn Liu: I really want to dive into that. The qualitative feedback that you've been getting in a little bit. But just to kind of reflect on something that you've shared and how it's evolved. I remember a couple years back, this is the before

times, before the pandemic, you and I, we actually co-authored a white paper on effective ways of implementing CHALENG in the modern era. I think, I don't know if we wrote that in 2019, 2018, but it was right before the pandemic. And one of the things when you mention how CHALENG has shifted a little bit to add an online component where it was previously pen and paper, and then you added an [00:16:00] online component.

And you still do both, right? Like my understanding is you have the online that we're gonna talk about a little bit later towards the end of the episode, but then the pen and paper still exists. And that there are certain circumstances where it almost comes full circle that, especially for events like stand downs, other outreach events, any area where it's rural that has a low internet connectivity, pen and paper still, actually, you still have to have like the, they're connected to us somehow, but pen and paper actually works out.

And so it's kind of delightful that instead of going hard one way or hard the other, you've basically created multiple avenues for people to engage. That's really, really great access.

Jessica Blue-Howells: Absolutely. It's been really important that we offer both. We get thousands of responses to the surveys every year. Probably 75% of them are online. But we still have maybe a thousand surveys a year that people are able to give us input directly on paper. Whether that's, as you mentioned at a stand down Veterans who are [00:17:00] available there, who may wanna give us input. Maybe in waiting rooms or drop-in centers at Homeless service centers. People can give their feedback on pencil and paper and we can still collect that and honor that feedback.

Shawn Liu: Absolutely. Now that I mention it, we're gonna put a link to that white paper in the description because somebody out there is like, "I wanna read the white paper, Shawn and Jessica." We're gonna put the link in the description so you can check it out.

All right, Jessica, let's shift gears a little bit. So what have we learned? Like what are the Veterans and what are the staff telling us over the years? I'm really, really fascinated in that qualitative feedback. If we're seeing some unique trends that might be a little bit counterintuitive for us as national policy makers. What are we hearing from Veterans and staff?

Jessica Blue-Howells: So we do get really great responsiveness. As I mentioned, there are thousands of surveys that we receive each year where people give us feedback. What's been consistent even over 30 years is that's

what is rated as met, what people really consider needs that are met, are some of the core services that VA medical centers directly provide.

[00:18:00] The number one thing ranked as met is medical care, core physical healthcare services, testing for infectious diseases. Things that are really important especially if Veterans have been living outside. If they've had the experience of living on the street.

Also rated as met are things like mental health care and case management and substance use treatment. That really shows up, especially when we evaluate what Veterans think versus what providers think, which you alluded to that Veterans often consider their clinical needs met, where providers might consider that that's the most important thing to deliver.

Shawn Liu: Jessica, before you go on, I, I just want to just. That's interesting to me. Especially... You know, we had Dr. Keith Harris and Dr. Stefan Kertesz on earlier this year to talk about Housing First. And one of the things that we discussed during that conversation, especially about the controversy, is the idea or the perception that Housing First, which is our guiding philosophy, this idea of, you know, we [00:19:00] put Veterans into housing first and then provide 'em wraparound services, that Housing First omits root causes. Root causes such as substance addiction and mental health diagnoses. And so it's interesting to hear from Veterans that they actually believe those needs are being met by VA pretty well, at least for VA. I can't speak for non-Vets or, you know, in the civilian population, but for VA those are, those are good, right?

That's... that's kind of interesting to me especially in that kind of disconnect theme of what we perceive and what they feel.

Or what they know and experience.

Jessica Blue-Howells: It really does highlight the importance of adding that Veteran component so that we really can dig into that.

One thing that comes through loud and clear when we take a look at the qualitative piece is that what Veterans say they need the biggest thing that they say they need is housing: affordable housing, permanent housing. So when you ask what is the single most important thing that you need to end your homelessness, affordable housing, just as you say, it really reinforces that commitment to Housing First.

Shawn Liu: I can [00:20:00] already hear a little bit of a downstream debate on to what degree, and I... just to put my cards, I, you know, absolutely think we should trust Veterans, they're the experts of their own needs. But I can also see as like, "Well, they don't know, or they're being naive."

That said, I do believe, and this might be idealistic, but I do believe it's important to trust the patients, the people we're serving when they tell us what they need and then provide that. Yeah, I don't, it is like, to me it feels like a self-evident truth.

So I don't really know where I'm going with this part, but like, I just feel like it's important to kind of put a neon sign on that.

Jessica, are there other kind of like lessons learned or insights that we've picked up on over the years?

Jessica Blue-Howells: There are, and really where that comes through is what gets rated as unmet. So we take a look at all of these thousands of surveys, we assign scores to each of these categories and really filter to the top things that people rate as highly unmet. And some of those are consistent. Some of those actually have showed up consistently over multiple years, and it's not what you [00:21:00] would expect.

The two biggest ones are childcare, access to childcare, and access to dental care and dental treatment. Those have been rated as unmet pretty much every year for the last 30 years.

But we have seen some changes in emphasis. So in the first 10 years that we were collecting CHALENG data, providers, when it was just providers finishing the survey, really did assess an unmet need for permanent housing. And that's changed. So as VA's been able to invest more as partners have been able to invest more. As the partnership with HUD in the HUD-VASH program has become stronger and larger, in the middle 10 years of CHALENG permanent housing was rated as met. It was no longer listed as an unmet need. And really what came to the top was financial guardianship. So that perspective of providers and clinicians that in order to end homelessness, Veterans really needed some oversight around their funds and [00:22:00] around their income.

And in the most recent 10 years as we added that Veteran survey and we really get Veteran voice, what has emerged as unmet is legal needs. So nothing to do with housing, nothing to do with clinical needs, but legal needs, especially to address civil legal issues. So things like family law and eviction defense.

And so really showcases the importance of adding that Veteran perspective to the needs assessment.

If I could for a second, I would love to talk about qualitative responses, because those really are interesting and give us some great insight.

Jessica Blue-Howells: As I mentioned before, when we ask about what is that very top resource that Veterans need to end their homelessness in their own words, Veterans identify affordable housing and then financial support. A good paying job, access to service, connected benefits. Really income and housing. Two core things that really help you stabilize and keep you off the [00:23:00] street.

And they also identify a need for human connection.

So people write in that they need mentoring, they want peer support, and then a number of Veterans actually offer messages of gratitude. So have a paper survey and write on there a message of gratitude.

And I'd love to read a few of those.

"The HUD-VASH program is amazing. I have been treated with the utmost respect and dignity throughout this entire process."

Another one, "The most important thing is being here and going through the program. This time I came back to finish what I started. The program is a positive and spiritual environment for me." Really emphasizing that support and that need for human connection.

And the final one, "You all probably saved my life. I was too sick to stay on the street any longer. Thank you."

Really, really important and I think really acknowledges the [00:24:00] danger of living on the street, the danger inherent in being homeless, and the need for VA to really focus, as you said on housing, housing first, so that people really can recover and move forward with their lives.

Finally, one topic that emerges as unmet is a really specific kind of housing. And that is housing for Veterans who need to register as sex offenders. Really stigmatizing topic, really stigmatizing place to find yourself. We see that this is identified as an unmet need among both Veterans when they complete the survey and among homeless service providers. It's an issue that outside of

CHALENG, VA has studied. Really finding that Veterans who need to register are more likely to be homeless than Veterans who have no registry requirements. It makes intuitive sense because people who need to register have restrictions on where they can live that are placed on them in federal law, state [00:25:00] law and local laws. And the collection of all those restrictions mean that they cannot access housing choice vouchers, in most states, they cannot live in congregate group home settings and laws impose distance restrictions on where people can find their own private housing.

So we do have some positive examples of communities that find creative solutions to assist Veterans who need to register, but as VA and all of our partners in the community work to actually end Veteran homelessness, all communities are going to need to enact strategies that ensure that Veterans, even in this situation, even Veterans who need to register as sex offenders can find themselves a permanent housing option.

Shawn Liu: Yeah, those are really, really good points, especially for the Veterans who need to register. I guarantee you that's not a topic that we have enough time to even scratch the surface on today. I mean, we can probably do like eight or nine episodes just on that topic alone. And so [00:26:00] I have, yeah, I, I know we've done, I've done, we've done some white papers on, some creative housing solutions that different communities have done specifically that created access for Veterans with a history of sex offense and who've had to register on their statewide registries. And it's always been a really important topic. We think about our North Star or our big overarching aim of truly ending Veteran homelessness. We need to end it for everybody regardless of criminal history or race or ethnicity or gender or geography. We have to end it for everybody.

Jessica, you probably have the same sense that I do. There are some conversations that we're way more ready to have, and there are some that we're treading delicately and intentionally, because they are way more contentious. But we still have an overarching goal that we need to achieve.

When we say ending Veteran homelessness, meaning for every Veteran.

Um.

Jessica Blue-Howells: I agree, And I think this particular population, Veterans who need to register as sex offenders, may end up being the final group of [00:27:00] Veterans who we need to think very carefully about and need to

really work on ending stigma around that kind of a charge so that we can actually end Veteran homelessness.

It is so stigmatizing, people are so uncomfortable talking about it. But if we are of the mission that no Veterans should be homeless, we need to also address this population. So I appreciate the chance to talk for a second about it.

Shawn Liu: Yeah, absolutely.

And Jessica, I'm definitely really interested in hearing more about the impact that CHALENG has had. And you shared some very human impacts already, folks who basically attribute the homeless program services as the thing that saved their life. And that they were able to communicate that through the CHALENG survey, which was just fantastic. Can you share a little bit about what some of the broader positive impacts have been from Project CHALENG?

Jessica Blue-Howells: In my mind, the most important impact CHALENG has had is better integrating VA and [00:28:00] community homeless service providers. When Congress crafted this legislation that created CHALENG, it really created that mandate that VA needs to consider the expertise of community. And over time, it's really empowered VA Homeless Programs to be responsive to those local needs. Not take a national blanket policy approach, but really be responsive to what conditions are in local communities.

That legislation that created CHALENG really helped transform the way VA serves Veterans, who experience homelessness. So as we mentioned before, in the old days, VA really was stuck on grounds of VA medical centers, really needed to wait for Veterans to come to us, to be well enough to even know to ask for services, to be aware enough of what was available to come to us. And CHALENG instead got VA out into the community. It really broke that barrier around VA being allowed to leave the grounds and bring [00:29:00] services out into the community, rebuild or build for the first time, that trust, so that Veterans felt safe and interested in using VA services.

The data that we have from CHALENG Surveys has also had a big impact in shaping what VA's authorized to deliver. So as we mentioned, some of this talk is a little bit of a civics lesson that just because something is a good idea doesn't mean that VA can invest in it. And some of what Congress needs to see in order to issue new authority is documentation that this is actually a real need. And so the data that we collect from all of the thousands of people who've given us, input really has helped VA and providers work with Congress and advocate to ask for new authorities.

And some of the examples are the authority for the Homeless Veterans Dental Program. So as I mentioned, access to dental care really comes up time and again as something that is unmet and Congress was able to write that authority, issue some legislation that allows [00:30:00] VA to deliver dental services for Veterans who are homeless. The Supportive Services for Veterans Families grant program used CHALENG as some of the documentation to demonstrate that VA really had a need to be able to issue a new kind of grant. And then most recently, our very newest grant program, the Legal Services for Homeless Veterans and Veterans at Risk for Homelessness, really documented specifically in the legislation, the kinds of legal services that Veterans identify as unmet. So the new program awards grants to community legal providers specifically to address these civil legal needs that CHALENG identifies. So legal services related to accessing or maintaining your housing, family law issues, income support, and employment law. All of these issues that really can help lift Veterans out of homelessness and help them maintain stability once they find it.

Shawn Liu: Yeah, and you named off a couple heavy hitters there. I know folks may not be as [00:31:00] familiar with the Homeless Veterans Dental Program. We did have Madolyn Gingell your team on last year to talk about the new Legal Services for Veterans grants.

But Supportive Services for Veteran Families. That's a big heavy hitter here in the homeless program, so it's delightful to know that a big part of making that happen was some of the documentation from the gap analysis and the surveys that CHALENG was able to surface.

This is outstanding stuff.

Also, Jessica, just jumping on the whole authority thing really quickly.

When you were hearkening back to the whole civics lesson component of today's episode, we get a lot of folks out in the public saying, "Why doesn't VA buy this building and convert it to permanent housing?"

And like you're right, like there's a lot of things that are fantastic ideas, but if we don't have the authority to do it, we are legally, we're not legally allowed to do it. And then when we say like, "Well, we don't have the authority to do it," people's like, "Oh, well VA's just passing the buck again."

But no, this is actually the way like our government works. And in some ways you actually want that. You don't... like... folks probably listening in probably trust me a lot, [00:32:00] but honestly, you don't want me going rogue and just

doing whatever I want willy nilly. You want me, me in particular, you want me bound by authorities and laws.

People should remember that this is the way our government is structured and in some ways that's a good thing.

But what it also means is that their advocacy, their feedback is so critical, so that it builds the case for potential new authorities that give us more empowerment to do other stuff. Jessica, this has been fantastic, both for the history lesson and the civics lesson. I feel like we're going back to school on this one. This has fantastic.

I wanna shift gears, two more times. Shifting gears, the first, how do Veterans providers or the public participate. Can they do the CHALENG now? Can they participate in the survey?

Jessica Blue-Howells: Absolutely. And as you just mentioned, we really welcome people's input. It really helps us build the case for the new things that VA needs in order to end Veteran homelessness. So the very most direct way to participate is actually to take the CHALENG survey. We encourage Veterans [00:33:00] who are homeless, Veterans who have an experience of homelessness in their history, or are at risk of homelessness. We really want to encourage Veteran voice, especially in taking the survey. We would love to hear from homeless service providers, from Veteran advocates, from VA staff who provide homeless services and interested members of the community to please share their perspective.

You can find the survey online.

It's available 24 hours a day, seven days a week, 365 days a year.

Shawn Liu: We're also gonna put the direct link to the survey in the description. We want your feedback and we want your honest feedback too. I think for the Veterans out there, Jessica, correct me if I'm wrong, the survey's anonymous, right?

We can't track back your responses to you. So if you wanna put us on blast, that's okay too, because you probably have really great feedback as part of your criticisms of us. We wanna know because we wanna do better.

But I think it's important for folks to know that because it's anonymous, it's not gonna impact your healthcare. Like we're not gonna, "Oh, so Mr. Smith said this

thing about [00:34:00] us, we're gonna take away his benefits." That like, we don't even have that ability to do that in the, in the platform.

Um, and we wouldn't want to anyway.

Jessica Blue-Howells: No, of course not. But this is completely anonymous for Veterans and for service providers and for VA staff. We really do welcome very honest input and as you say, Shawn, for Veterans, it has no impact on your access to services. For providers, it has no impact on your access to grant funding. For members of the public, there's no downside. We really do welcome very honest input.

Shawn Liu: Yeah, for VA staff, this, doesn't impact your employment with VA. Like, give us your feedback. We couldn't even link it back to you if we tried.

Really, really, really helpful stuff. Again, we're gonna put links to those into the description. You can even take it right now as we're getting into the, what's your Why?

You can click on the link if you're listening from your mobile device or your desktop, and take the CHALENG survey.

Jessica, this has been amazing. We're gonna shift gears one last time, closing with a tradition that's on our show, [00:35:00] closing with why. Now, folks know that I am not a Veteran, but it is deeply, deeply, deeply important that when I rep for Veterans, when I communicate to Veterans, when I communicate to the public about Veterans, that everybody knows that this isn't just another job for me. I'm not just collecting a paycheck. I'm here for the mission, I'm here for them. We're gonna get it done. So as we close down this month's episode, what's your why for this work?

You've done a lot of clinical work. You could have stayed doing clinical work, either with Veterans or other subpopulations. You're now in the national office. You're a hyper competent woman. You could be doing a lot of different jobs, but you're here with us in the Veterans Justice program. And on top of your day job as Deputy Director for Veterans Justice Programs, you have this vaunted other duty as assigned a Project CHALENG that you've been leading for a while.

What's your why for this work?

Jessica Blue-Howells: I do this work for a number of reasons, both personal and professional. And the main one really is that it is a core value in my family to be of service, [00:36:00] particularly to honor Veterans. So even though I didn't serve in the military myself, my family has a long tradition of military service with my grandfather serving in World War II, and my stepdad serving in the Vietnam era, and in my generation, cousins who dedicate their full careers to serving in current conflicts.

And professionally, as we mentioned way back in the beginning, I'm trained as a social worker. And I'm really called to do this kind of work, particularly serving Veterans who are homeless, people who have served time and incarceration because I really deeply believe in social work values. I deeply believe that helping people meet their basic human needs is the most critical place to start. And that respect for the dignity and the worth of all people, regardless of where they find themselves is of critical importance.

And having seen through that work at the medical center, through the work that I do outside, really powerful [00:37:00] transformation in people's lives as they leave homelessness behind and they leave incarceration behind. That really inspires me to continue my service in the VA Homeless Programs to really help folks exit and be sure that people don't have a future where they need to live on the street.

Shawn Liu: Jessica Blue-Howells is the Deputy National Director for Veterans Justice Programs here in the Homeless Programs Office.

Jessica, thank you so much for the gift of your time.

Jessica Blue-Howells: Thank you, Shawn. I appreciate the chance to be with you today.

Shawn Liu: If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at www.va.gov/Homeless.

And if you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number, again is 877-424-3838.[00:38:00]

You're enjoying this show, leave us a review on Apple Podcasts. It would really help us out.

That's all for this month. We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home.

Take care.

[00:39:00]