Grant and Per Diem Operational Call

Jeff Quarles, MRC, LICDC  
National Director, GPD  

Chelsea Watson  
Deputy Director, GPD  

Tuesday, November 12, 2019 at 2pm  
Eastern/11am Pacific  

Visuals: http://va-eerc-ees.adobeconnect.com/gpdbh/  
Audio: 1-800-767-1750 Code: 17663
1. Grant and Per Diem (GPD) Announcements and Updates
2. Office of Business Oversight (OBO) Announcements and Updates
4. Questions and Answers/Dialogue
1. Per Diem Only (PDO) NOFA
   – Expect to publish between November-January

2. Transition in Place (TIP) NOFA
   – Expect release after PDO NOFA

3. What You Can Do to Prepare
   • Monitor GPD website, national calls, and communications from GPD Office
   • Be strategic, now is the time to work with your liaison, the other GPD grantees serving the area, the VAMC, the CoC, and community partners
Medication Storage

- October Memo provides emergency medication storage guidance pertaining to HCHV and GPD programs
- Important that grantees have an understanding of the guidance
- Defines *Emergency Medications* that can be maintained by Veteran
- *Includes*: naloxone, rescue inhalers for COPD and asthma, epiPen (epinephrine injection), glucose oral gel, glucagon injectable and nitroglycerin sublingual
GPD Announcements: Case Management Grant Updates

1. Submit: Caseload Tracking Tool to GPD Liaison by 5th business day of following month
   - As of 11/8, 40% of tracking tools had been uploaded by GPD Liaisons

2. Save the Date: GPD Case Management Grantee Live Q&A on Wednesday, December 4th at 2pm Eastern/11am Pacific

3. Clarification: CM grantees do not need to submit a quarterly SF-425 via GIFTS. Rather, they will complete a quarterly requirement in GIFTS to verify cash disbursements. They will complete an annual SF-425.

**HMIS Survey and Communication with Liaison and Program Office**

- **HMIS Requirement/Action Item in GIFTS**
  - Sent on 11/7 to GIFTS Account Holder/Contacts
  - Account holder should complete requirement or transfer to other contact in GIFTS
  - Purpose is to understand the use of Homeless Management Information Systems (HMIS) amongst grantees (informational only; no wrong answer)
  - HMIS is not a requirement for GPD grantees, but it can be a useful tool program design as well as community coordination
  - HMIS is an eligible expense under the Case Management Grant

- **Communication**
  - Please include the FAIN or FAINs for all emails that you sent to our office regarding a specific grant or grants.
  - We have an extremely large number of grantees, and it streamlines our response when we are able to quickly identify the grant(s).
  - As a reminder, grantees are required to participate in monthly GPD National Operational Grantee Calls (see Grant Recipient Guide and Reminders)
Office of Business Oversight

- **First Quarter (FY20) Site Visits**
  - New Directions, Los Angeles, CA – December 17-19, 2019
  - WestCare Nevada, Inc., Las Vegas, NV – January 21-23, 2020
- **Federal Contractors**
- **Case Management Grants**
- **Indirect Rate Agreements**
- **Training Item of the Month:**
  - *Office of Management and Budget (OMB) SF-425 Federal Financial Report Instructions, Page 3, states,* “Annual reports shall be submitted no later than 90 days after the end of each reporting period.”
Part 1: Housing First, Stress, and Crisis

Tools for Supporting Housing-Focused Case Management

A special thanks to SSVF for Some Content for Part 1
Deeper Dive

How and when transitional housing can be used as a tool for targeted populations while also embodying client choice and housing first.
Housing First (USICH Brief)

– Homelessness is a **housing crisis** and can be addressed through the provision of safe and affordable housing;

– All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing;

– Everyone is "**housing ready,**" meaning that sobriety, compliance in treatment, or even a clean criminal history is not necessary to succeed in housing;

– Many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, **as a result of achieving housing**;

– People experiencing homelessness have the **right to self-determination** and should be treated with dignity and respect and;

– The exact configuration of housing and services depends upon the **needs and preferences of the population.**
We Need a Variety of Tools in Communities

- **Doubled Up**

  - **Housed**
  - **Traditional Prevention**
  - **Coordinated Entry Systems**
  - **Diversion**
  - **Entry into Homeless System**
  - **Crisis Response**: Street Outreach, Emergency Shelter, Transitional Housing

- **Rapid Resolution** (Diversion and Rapid Exit)
  
  - **Rapid Exit**
  - **Rapid Re-Housing**, PSH, with family and/or friends, Self-Resolve, Other

- **Other Tools**: Shallow Subsidy, Landlord Contingency Funds, Shared Housing, etc.

- **Housing Retention Support** (Could be through continuation of PSH or RRH or through new service like GPD Case Management Program)

- **GPD Service Centers**
  - GPD BH, SITH, CT, LD, H2H, SN

- **GPD TIP**

Source: Adapted from SSVF Rapid Resolution Position in System Image
Think about a time in your life when:

- You faced a very difficult situation.
- It was critically important.
- You didn’t feel you had much (or any) control.
- The problem(s) continued for more than a month.

Try to remember how you felt, thought and acted. Count the number of words on the next slide that describe you during that time.
## Manifestations of Stress

### Cognitive and Emotional Symptoms of Stress
- Anger and Irritability
- Anxiety
- Lack of direction and Apathy
- Mood swings
- Cynicism/pessimism/doubt
- Nightmares
- Defensiveness
- Panic Depression
- Feeling of impending doom/danger
- Restlessness
- Feelings of insecurity
- Sadness
- Suspiciousness
- Hopelessness/Helplessness
- Worthlessness

### Behavioral Symptoms of Stress
- Angry outbursts/Increased Complaining/Increased Arguing/Overreacting/Impatience
- Avoiding social activities
- Increased crying/Excessive worrying/Nervous twitch or habit
- Being late
- Increased smoking or use of drugs or alcohol
- Changes in religious practices
- Change in sleep patterns
- Decreased interest in sex
- Inability to enjoy activities you used to like
- Difficulty concentrating/Forgetfulness/Procrastination
- Increased use of sick time/Decrease in Job Performance
- Neglecting responsibility
- Overeating
- Poor personal hygiene
- Increase in accidents or injuries

Source: Mayo Clinic
Stress Happens and the Power of Social Supports

**Situation**
- Confused
- Scared
- Sad

**Support**
- Husband
- Nurses/Doctors
- Family/Church/Friends
Your Brain: Stress is for REAL

Your brain, feeling good....

...And your brain under stress

Cognitive Impacts

- Stress affects executive function.

- Executive function includes neurocognitive processes that enable us to:
  - Solve problems
  - Modify behavior in response to new information
  - Follow through with plans
  - Override impulsive behaviors and emotions to engage in goal-directed behavior
  - Remember and retrieve important information

- The cognitive abilities we need to resolve a crisis are the same abilities that are diminished during that crisis! We may not be aware of changes in our cognitive functioning.

- People who have medical issues or disabilities may find that their condition is exacerbated by stress.

- Housing is particularly important for people who may have:
  - Any disability – emotional, mental, physical
  - A medical condition such as diabetes, HIV/AIDS, asthma, etc.
  - People who have had life histories of trauma
  - People who are older

- You don’t need to know a person’s complete history to know that you are working with someone dealing with a severe crisis.
Life is filled with stressors and each person’s ability to cope and recover is based on many factors:

- Their genetic predisposition
- Their experiences — good and bad — from childhood on…
- Their health and age
- Their support system(s)
- The number, duration, and severity of stressors
- Epigenetic changes (which can be inherited from a father or mother)
Figure 3: Composite lifeline illustrating traumas, unsuccessful transitions and recovery points

Source: Dai Williams, Eos Life-Work Resource Center
Case managers are not expected to diagnose stress

However, all case managers who work with people in crisis should know that it is vitally important to:

- **Meet** people at their point of need

- **Watch** for each program participant’s ability to plan and carry out plans

- **Not overload** a participant with too many *simultaneous* goals and activities

- Be willing and able to step in and provide *direct assistance* when a person is overwhelmed, stuck or working slower than expected

- Understand and avoid *over-reacting* when the person’s emotions seem easily provoked and difficult to control

- Recognize that the primary need and the primary means of reducing stress overload is **HOUSING!**
Coming Up Next Month in Part 2

- Developing a Strengths-Based Housing Plan
- Identifying Tenant Screening and Housing Retention Barriers
- Matching Supportive Services to Needs
- Identifying Training Tools and Resources for Staff
  - Training
  - Staff Specializations and Diversification
  - Tools
  - Network of Learning and Support

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Dialogue and Questions

1. How can you use the information shared today?
2. What questions do you have?
3. How can you support your team or staff in continuous learning?
National GPD Operational Grantee Call

- **GPD CM Only**-Wednesday, December 4\(^{th}\) at 2pm Eastern/11am Pacific
- **All Grantee Call**-Tuesday, December 10\(^{th}\) at 2pm Eastern/11am Pacific

- **GPD Questions?**
  - 1. Contact your GPD Liaison (include your FAIN or FAINs)
  - 2. If you need additional assistance, please email us at gpdgrants@va.gov