GRANT & PER DIEM NATIONAL PROGRAM
OPERATIONAL GRANTEE CALL

December 13, 2022

RECORDING LINK: https://veteransaffairs.webex.com/recordingservice/sites/veteransaffairs/recording/playback/863b86985d46103b8fff005056818699
RECORDING PASSWORD: Homeless1!
• This meeting is being recorded.
• Past recordings are available on the GPD provider website: https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp
• The webinar will last approximately 60 minutes.
• Mics and video are disabled (but always check to make sure you’re on mute).
• Questions can be submitted using the Chat function.

Select the Chat icon on the tool bar at the bottom of the screen.

Select if you would like to send your message to Everyone or to a specific individual. If you select a specific individual, this will send the message privately so no one else in the meeting will see it.
• **Announcements**
  – January 2023 operational call canceled
  – GPD Notices of Funding Opportunity (NOFOs)
    • Clarity about capital grantees and future grants
  – CDC COVID-19 training resource
  – GPD TIP SSVF Shallow Subsidy Opportunity

• **Office of Business Oversight (OBO)** – Omar Ochoa
• **Veterans Justice Programs (VJP)**
• **Questions**
The GPD National Program Office wishes you a safe and festive holiday season!

- The January 10\textsuperscript{th} operational provider call is canceled
  - We’ll resume on February 14\textsuperscript{th}
- Happy New Year!
ANNOUNCEMENTS
October 27, 2022, GPD published 2 grant opportunities:

- **Transition in Place (TIP)** – due 4:00 p.m. ET on January 30, 2023
- **Per Diem Only (PDO)** - due 4:00 p.m. ET on February 6, 2023

Initiate discussions with your local VA staff and community partners.

- Request coordination letters early
- Be prepared to share specifics of your proposal (e.g., number of beds, housing models, services, staffing ratios, location, facility configuration, past performance, improvements)
- A coordination letter template is posted on the GPD website along with other technical assistance materials

These NOFOs are not renewals

- Open to current and new organizations
- Applicants may change/update numbers of beds, housing models, services, staffing, etc.
- Be prepared to speak to past performance, including challenges and improvements
Last month, we mentioned verbally the requirements for grantees with capital awards

For clarity:

– “Applicants who received a GPD capital grant starting in FY 2022, must successfully apply to this PDO NOFO for at least the beds for which they are receiving capital grant funding. GPD capital grantees must maintain an active PDO transitional housing grant in the same facility space that was improved by VA capital funding at least until the expiration of the minimum period during which VA could seek recovery (38 C.F.R. § 61.67). Failure to apply and be selected for a PDO grant may result in an immediate full or partial capital grant repayment.”
All grantees are required to submit a Federal Financial Report (SF-425) documenting actual costs incurred during fiscal year (FY) 2022.
- Reporting period is from October 1, 2021 – September 30, 2022.
- A separate report must be submitted for each FAIN.
- Submission of these reports is a condition of these awards and a requirement to receive Federal funding.

SF-425’s will be reviewed by VA’s Office of Business Oversight (OBO).
- Submit the SF-425 via the Electronic SF-425 Submission Portal and email the completed form with supporting documentation (general ledger) to GPD425@va.gov.

SF-425 submissions **due no later than Monday, January 30, 2023.**
- Early submissions are encouraged.
- GPD will issue a withholding of payments for any grant projects that have not submitted a properly completed SF-425 and general ledger by the due date.
CDC Training Opportunity for Homeless Service Providers

- [https://www.train.org/cdctrain/course/1104013/#partner](https://www.train.org/cdctrain/course/1104013/#partner)
- Upon completion of this course, participants will be able to:
  - Take action to form partnerships with homeless service organizations
  - Ensure that people experiencing homelessness are represented in public health data and analyses
  - Tailor public health interventions and measures for people experiencing homelessness
HIGHLIGHTS:

- Programs will collaborate to assess pairing eligible Veterans in GPD TIP housing with SSVF Shallow Subsidy to support faster and stable transitions to permanent housing.
- This collaboration requires providers with the GPD TIP program, VA, and SSVF grantees to closely communicate to ensure a smooth transition.
- When all parties are in agreement, the Veteran will smoothly transition by discharging from GPD, assuming the lease, enrolling in SSVF, and receiving the Shallow Subsidy from SSVF for ongoing support.
- Both the GPD TIP provider and SSVF grantee should collaborate closely prior to the Veteran taking over the lease. There should be no gap in services, which may result in the Veteran being co-enrolled for a brief period.
- Grantees working with TIP can initiate conversations about this opportunity with their liaisons and local SSVF providers.
OFFICE OF BUSINESS OVERSIGHT
• Federal Contractors:
  – Trilogy, BDO, RMA & Associates

• Upcoming Fiscal Reviews:
  – Partners in Careers – December 13-15, 2022
  – Veterans Empowerment Organization of Georgia Inc. – January 9 - January 13, 2023
  – Mary Hall Freedom House, Inc. – January 9 - January 13, 2023
  – WestCare California, Inc. – January 10 - January 12, 2023
  – Vietnam Veterans Of San Diego – January 10 - January 12, 2023
  – Operation Stand Down Tennessee – January 24 - January 26, 2023
  – The Salvation Army South California – January 24 - January 26, 2023
  – Jerry Ambrose Veteran's Council Of Mohave County, Inc. – January 24 - January 26, 2023

• OBO Hot Topics:
  – SF-425s due 120 days after 9/30/2022
  – Grantee FY23 Best Practices in accordance with 2 CFR 200
    o Internal Controls
    o Document retention
    o Must seek approval for expenses greater than $5k (Liaisons cannot approve expenses)
    o Budget monitoring
  – High Risk Grantees

• OBO Annual Training:
  – January/February
VETERANS JUSTICE PROGRAMS
VETERANS HEALTH ADMINISTRATION (VHA)
HOMELESS PROGRAMS OFFICE

VETERANS JUSTICE PROGRAMS

Carrie Blanchard, LCSW, Maureen Corbett, MS, Brenda Harris, LCSW, Kristen Massey, MS,
Rebecca Newton, LCSW, Dan Scott, Rebecca Smith, LCSW, Matthew Stimmel, Ph.D.
GPD Grantee Call
December 13th, 2022
OBJECTIVES

- Characteristics of Veterans in the CJ system
- VJP’s Mission and Vision
- VJP Outreach
- Impact of Stigmatization
- Partnering with VJO Specialists

Note: For years in which prison or jail inmates were not surveyed, the total prison or jail population was multiplied by the veteran distribution from the most recent survey. See Methodology.

Source: Bureau of Justice Statistics data collections on prison and jail inmates and U.S. Census Bureau population data collections. See table 1 for complete list.
• Up to 87% with history of trauma
• Twice as likely to be diagnosed with PTSD
• More likely to be diagnosed with any mental health condition than non-Veterans who are incarcerated
• 71% with Substance Use Disorder
• 58% with co-occurring MH/SUD
Suicide:
• Re-entry from state or federal prison had increased likelihood for suicide attempts
• Jail and court involvement associated with increased risk of attempt and death.

Overdose
• 11% of Veterans with CLI in 2019 diagnosed with OUD
• Criminal legal involvement associated with increased rate and risk of overdose

Homelessness
• Incarceration as an adult male is the single highest risk factor of ever being homeless (NSHAPC/Burt, 1996)
  • “Lengthy periods of incarceration in remote locations often attenuate the social and family ties that are crucial for successful reentry into the community.” (p. 9-5).
  • “…(E)ven short term incarcerations may disrupt lives and interfere with the ability to maintain employment and housing.” (p. 9-6).

  (Metraux, Roman, and Cho on prison reentry/jail stays, National Symposium on Homelessness Research, 2007)
PROTECTIVE FACTORS

• Access to health care, mental health care and/or substance abuse treatment
• Family reintegration support
• Employment and/or job training, vocational rehabilitation
• Financial support and literacy, money management
• Meaning and purpose in life
VETERANS JUSTICE PROGRAMS (VJP): MISSION & VISION

**VJP is part of VA Homeless Programs Office**

**Mission**
- To identify justice-involved Veterans and contact them through outreach, in order to facilitate access to VA services at the earliest possible point. Veterans Justice Programs accomplish this by building and maintaining partnerships between VA and key elements of the criminal justice system.

**Vision**
- Every justice-involved Veteran will have access to the care, services and other benefits to help him or her maximize their potential for success and stability in the community, including by avoiding homelessness and ending their involvement in the justice system.
Veterans Justice Outreach (VJO)
- Gain access to the jail
- Identify veterans and determine eligibility
- Conduct outreach, assessment, and case management for Veterans in local courts and jails
- Provide/coordinate training for law enforcement personnel
- Linkage to VA and community services/resources

- Number of VJO Specialists funded: **383**
- Number of local jail facilities serviced: **1,883**
- Number of Veterans receiving VJO services, FY21: **35,134**

Health Care for Reentry Veterans (HCRV)
- Gain access to the prison
- Educate Veterans’ groups about VA and VA services
- Identify Veterans and Determine Eligibility
- Reentry Planning
- Linkage to VA and Community Services

- Number of HCRV Specialists funded: **44**
- Number of state and federal prisons serviced: **1,005**
- Number of incarcerated Veterans receiving reentry services, FY21: **4,277**
Veterans Treatment Courts:
- Hybrid Drug and Mental Health Treatment Courts, serving Veteran defendants
- Volunteer Veteran Mentors
- 613 courts operating in 48 states and one territory

VA Contributions:
- VJO Specialist on treatment team; in courtroom when in session
  - Linkage to health care services at VA medical centers
  - Regular updates on Veterans’ progress in VA treatment

- VA does not establish, fund, operate, or set eligibility rules
WHY WORKING WITH JUSTICE-INVOLVED VETERANS MATTERS

• Immediate access to housing greatly reduces risk
• Veterans with OTH discharges are disproportionately represented in the criminal justice system
• Veterans from marginalized communities are disproportionately represented in the criminal justice system and are disproportionately given OTH discharges
• Veterans with justice involvement face stigmatization for multiple aspects of their identity
Most justice-involved Veterans deal with many life challenges. Most of which are made more difficult by widespread stereotypes and biases against them.
IMPACT OF STIGMATIZATION

Published literature and Specialists’ and Veterans’ accounts make clear that the stigmatization of justice-involved Veterans is a major factor in their sub-optimal engagement with and outcomes from:

- Mental health, somatic health, and substance misuse treatment.
- Treatment courts, Veteran courts, and related programs and services.
- VA and community programs and supports they are entitled to and would benefit from.
- Employment, housing, social support, social and community opportunities.
Many VJP Specialists and others report pervasive barriers to justice-involved Veterans securing Housing

In VA Programs (Doms, RRTPs), VA-contracted housing (GPD), and community landlords, management companies, mortgage lenders

Programs and Companies often knowingly avoid or exclude justice-involved Veterans, some in subtle ways others very blatantly.

Veterans who are on a Sex Offense Registry often find it literally impossible to find housing, thereby raising the risk of re-offense and other negative outcomes.
Internalized Stigma

- Internalizing any of these stereotypes and biases into one’s own self-beliefs is common and hazardous
- Internalized stigma often happens without awareness
- And can be terribly corrosive to a Veteran’s coping persistence, agency, hope, self-care, decision-making, and self respect
Veterans with justice involvement often have strong incentives to participate and complete programs.

Veterans with justice involvement often have comprehensive treatment plans.

Veterans with justice involvement often have additional support from VJP specialists, peer support, and/or court teams.

Many of these Veterans will wind up requiring GPD services eventually if not directly from custody or court, but in a less stable/supportive context.
• VJP Program- Prevention focused, linking justice involved Veterans to needed medical care, mental health, substance abuse, vocational, housing, peer services and whole health as needed.
• Grant and Per Diem Program- 41 Transitional housing beds with case management services linking Veterans to permanent housing with 3 Vet House one for females only.
• Contract Housing- 24 beds for short term temporary housing linking Veterans to permanent housing. Services are offered through local agencies at 4 different locations.
• Peer Support- Vet to Vet Model- Shared experiences fostering recovery, advocacy and engaging Veterans in services.
• HCHV Employment Coordinator and CWT Services-Assist Veterans with education and employment.
• Whole Health Coaching- Wholistic, Veteran Centric approach focused on developing a personalized health plan based on the Veteran’s values, needs and goals.
• Housing Specialist- Assisting Veterans and their families with securing safe and affordable housing.
• SSVF SUD Specialist- Assessment, referral and on-going support for Veterans with SUD.
VJP/GPD COLLABORATION

• GPD/Contract housing sites utilize the same intake screening used by HCHV/ VJP. Community agencies will provide a “preliminary approval” to VJP for collaboration with jail/prison staff so that address can be approved if needed. Final acceptance dependent on bed space at release date.

• HCHV/VJP intake screen tool is utilized by multiple VA programs allowing substance abuse team, behavioral health, vocational programs, whole health, primary care, etc., to provide treatment recommendations prior to release. Appointments for services Veteran is interested in are coordinated through VJP to correspond with release date.

• Strong collaborative relationship between GPD community agencies and VA staff. Weekly meetings, frequent phone communication. VA groups/mental health services offered within GPD locations to reduce access barriers.

• Parole and Probation Officers go directly to GPD locations for additional support.
**BEST PRACTICES: VETERANS TRANSITION CENTER**

**GPD:** 58 beds (50 male, 6 female, 2 family- single rooms, shared common areas and bathrooms)

30 Service Intensive beds-Weekly case management, tailored to housing, income, and medical benefit needs of each veteran.

20 Clinical beds- Trauma-informed and clinically focused with weekly case management or more visits if needed for veterans with substance use and/or mental health diagnosis. Therapist and weekly groups on-site.

8 Bridge beds- Weekly case management focused on housing. Veterans in this program have a HUD-VASH voucher and are actively seeking housing.

**HCHV (Healthcare for Homeless Veterans):** Two duplexes totaling 10 male beds, shared rooms, shared common areas. Must be VA healthcare eligible, weekly case management, therapist and weekly groups on site.
**Permanent Supportive Housing:** Veterans sign a lease for SRO with shared common areas. Veterans who have difficulty with housing in the community (i.e. - evictions, mental health, low income) may be housed in PSH. This is a CoC funded program and veterans may use HUD-VASH vouchers or cash pay.

**Aftercare:** Veterans who are stably housed without a HUD-VASH voucher may receive case management assistance to maintain permanent housing.

**LTORRP (Long Term Offender Reentry Recovery Program):** 29 beds for veterans coming out of a long-term prison stay who are on parole to assist with reintegrating into society and permanent housing in the community.

*Arson and sex offenses are case-by-case basis*
VJP/GPD COLLABORATION

• Early identification of Veterans in local jail so that referrals to VTC can be made quickly to allow for time on any potential waitlist

• Strong relationships and “trust” fostered between VJP and jails to enable in-custody screenings by GPD partners (via videoconference or phone)

• Clear communication up front from VJP to GPD partners regarding Veteran’s legal obligations. Examples:
  – is residence at GPD program a court/probation order?
  – any jurisdiction restrictions or “no contact orders” in place
  – any reporting responsibilities and/or sexual registrant needs)
  – clinical needs/supports including information about meds that were administered while in jail

• Good coordination of jail release → GPD program intake

• Good communication from GPD → VJP Specialist with regards to a Veteran being discharged from the program due to an arrest
• Collaborate with the VJO to arrange video/phone prescreens with the JIV while in custody
• Complete eligibility process for the JIV
• Maintain communication with the VJO regarding release date, transportation and estimated time of arrival at VTC
• Welcome the JIV to the program, introduce the JIV to the CM, assign housing based on eligibility and needs
GET CONNECTED

• Locate your nearest VJO Specialist:
  – Veterans Justice Outreach Program - VA Homeless Programs

• Find your nearest VA Healthcare Facility:
  – Find VA Locations | Veterans Affairs
GET CONNECTED

- Carrie Blanchard, LCSW – Carrie.Blanchard@va.gov
- Maureen Corbett, MS – Maureen.Corbett@va.gov
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QUESTIONS
THANK YOU!

Next Call: Tuesday, February 14th @ 2pm EST