

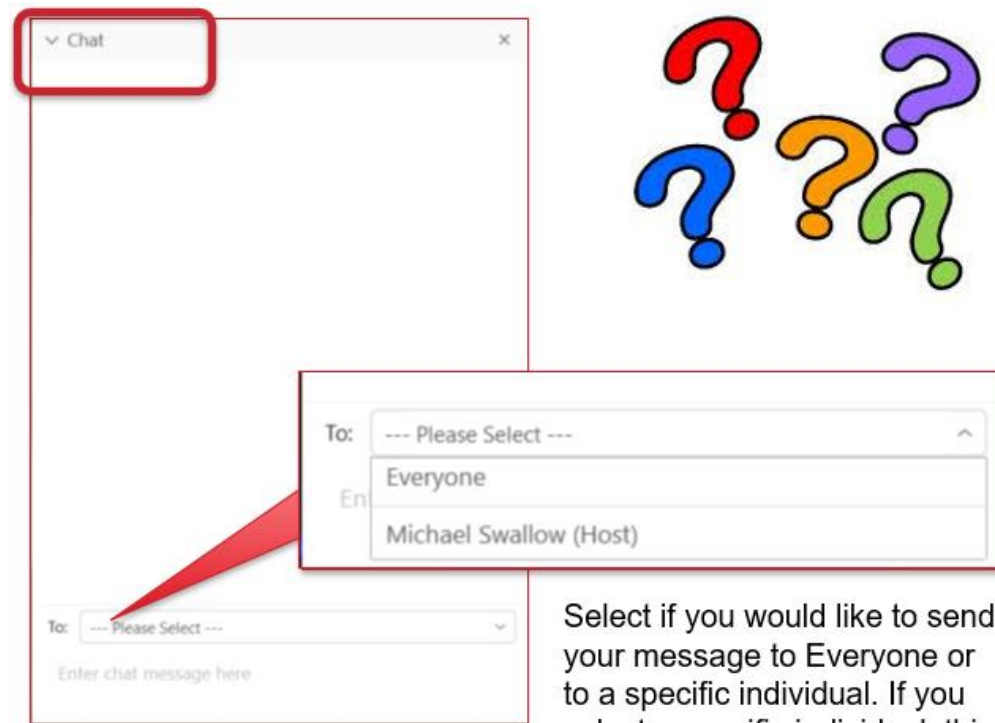
GRANT & PER DIEM NATIONAL PROGRAM OPERATIONAL GRANTEE CALL

December 10, 2024

HOUSEKEEPING

- 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.

AGENDA

- **Announcements**
 - **Motivational Interviewing Webinar**
 - **Case Management Notice of Funding Opportunity (NOFO)**
 - **Update to legislation affecting the GPD per diem rate**
 - **Increase Maximum GPD per diem rate**
- **Presentations**
 - **Financial management updates:** Nancy Hegel, Supervisory Financial Analyst, GPD NPO
 - **Performance Measures:**
 - Janine Griggs, Program Specialist, GPD NPO
 - Dr. Carma Heitzmann, National Director Homeless Veteran Community Employment Services
 - **The Role of Boundaries and Limit Setting in Self-Care:** Camila Lopez, Homeless Program Manager
New Mexico VA Health Care System

ANNOUNCEMENTS

MOTIVATIONAL INTERVIEWING WEBINAR

- **Program Description:** This webinar will serve as an introduction and overview of motivational interviewing, with special emphasis on working with homeless and underhoused Veterans.
- **Date:** February 19, 2025, at 1 p.m. ET
- **Location:** VHA TRAIN
- **Access Links:** Non-VA employees click [here](#). VA employees click [here](#).
- **Modality:** Virtual conference (webinar)
- **Questions?:** If you require assistance, please contact the VHA TRAIN Help Desk by email at vhatrain@va.gov.
- **Resource:** [Home - VHA TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#)

CASE MANAGEMENT NOFO

- Current Case Management grant awards end FY 2025 (September 30, 2025)
- Case Management Renewal NOFO expected publication sometime in **December 2024**
 - NOFOs are published on [Grants.gov](https://www.grants.gov) and the [GPD Website](#)

UPDATE TO LEGISLATION AFFECTING PER DIEM

The House passed [H.R. 8371, Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act](#), by a vote of 389-9. This legislation includes:

1. [Sec. 402. Per diem payments provided by the Secretary of Veterans Affairs for services furnished to homeless veterans](#)
 - a. **133% GPD per diem rate + limited waivers up to 200% GPD per diem rate payments fiscal years 2025-2027**

2. [Sec. 403. Authorization for Secretary of Veterans Affairs to use of certain funds for improved flexibility in assistance to homeless veterans](#)
 - a. Flexible use of funds sunsets on 9/30/2027

The bill will now go to the Senate for a vote.

INCREASE MAXIMUM GPD PER DIEM RATE

- State Home rate for domiciliary care increased to \$62.20.
- The maximum GPD rate increased as follows:

Grant Type		Maximum Rate
Per Diem Only	115% of the State Home rate	\$71.53
Service Center	115% of the State Home rate	\$8.94/hour
Transition In Place	150% of the State Home rate	\$93.30
Special Need	200% of the State Home rate	\$124.40

- Per diem rate increases are **not** automatically applied.
- Rate requests received have an effective date on the 1st of the month following a **properly submitted request**.
 - Example: rate request submitted on December 10, 2024, would have an effective date of January 1, 2025.
- Guidance on how to submit a rate modification: [How-to Submit a Rate Modification](#)

FINANCIAL MANAGEMENT UPDATES



Choose **VA**

VA



U.S. Department
of Veterans Affairs

FEDERAL FINANCIAL REPORT (SF-425)

- [Federal Financial Report \(SF-425\)](#) submissions are **due no later than Thursday, January 30, 2025.**
 - Reporting period is from October 1, 2023 – September 30, 2024.
 - A separate report must be submitted for each FAIN.
 - Submit the completed [SF-425](#) **and** the supporting documentation (general ledger) to GPD425@va.gov.
 - 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.

GRANT PER DIEM PAYMENTS

- **Per Diem Rate**
 - Per diem is up to 100% of the estimated cost of care, minus other sources of income ([38 CFR 61.33\(c\)](#))
- **Per Diem Rate Monitoring**
 - Grantees must monitor their per diem rate and are required to submit a rate modification request if their per diem rate does not accurately reflect their allowable and allocable costs incurred
- Grantees **may not accrue substantial unobligated funds** through the over-estimation of their per diem rate
 - Grantees may be indebted for unobligated funds
- Grantees can find helpful per diem rate request information on the [GPD Provider Website](#)

OFFICE OF BUSINESS OVERSIGHT

Upcoming Fiscal Reviews:

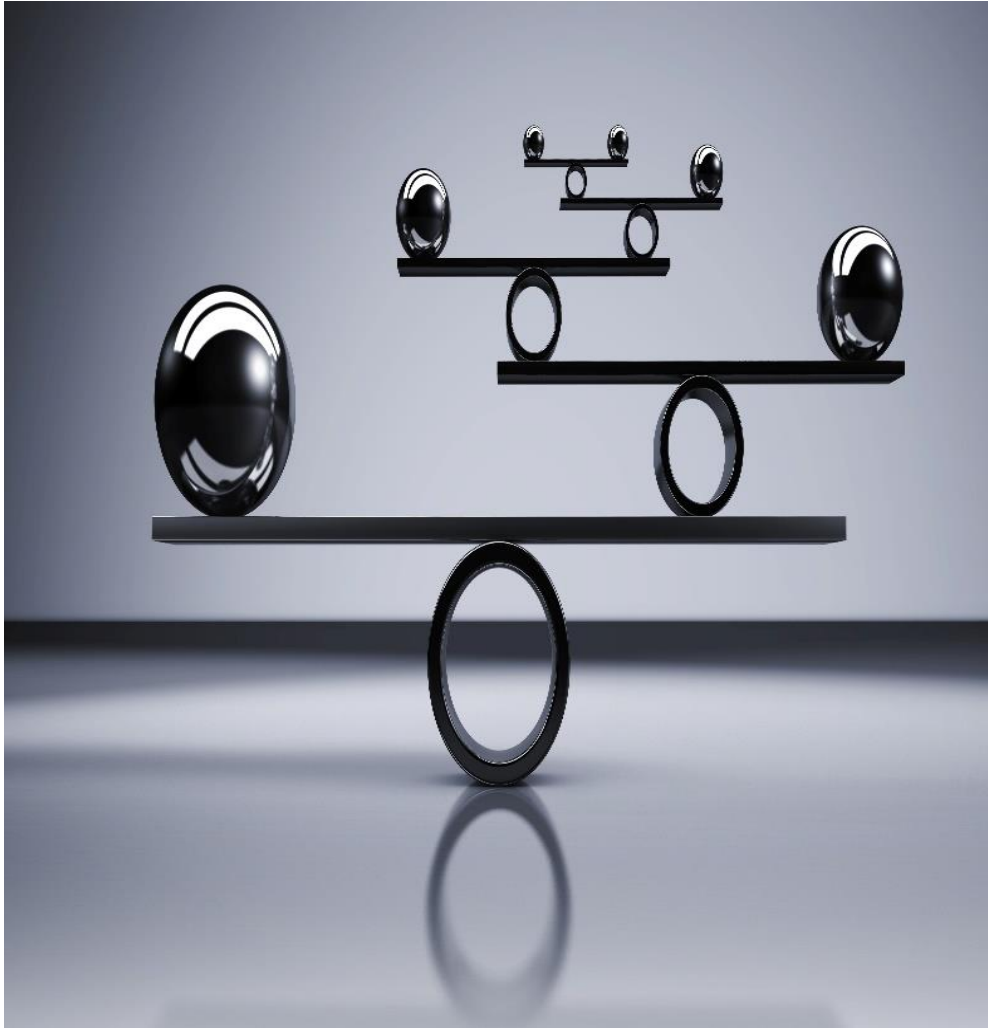
- Volunteers of America Colorado Branch – December 9-13, 2024
- New Directions, Inc. – December 9-13, 2024
- Single Room Occupancy Housing Corporation – December 9-13, 2024
- Union Gospel Mission – December 9-13, 2024
- Carrfour Supportive Housing, Inc. – January 13-17, 2025
- West Side Catholic Center – January 13-17, 2025
- Interfaith Community Services Inc – January 13-17, 2025
- Midlands Housing Alliance, Inc. – January 27-31, 2025
- Transition Projects, Inc. – January 27-31, 2025
- The Salvation Army, Portland, OR – January 27-31, 2025
- The Salvation Army, Atlanta, GA – January 27-31, 2025



PERFORMANCE MEASURES



HOW ARE PERFORMANCE MEASURES DEVELOPED AND TARGETS CHANGED?



Performance measures are developed in partnership with our National Program Offices, VA leadership, GPD, USICH, and input from the field.

Several factors are considered:

- Are the measures telling us what we need to know?
- Are the targets reasonable?
- What do the current year's actual performance tell us about what the target should be next year?
- What do the national indicators for homelessness among Veterans tell us about our effectiveness, targeting and access?
- Are there changes to legislation or regulations that require changes?

GPD PERFORMANCE MEASURES



GPD 1: PH

To increase exits to permanent housing placements

GPD 2: Negative Exits

To reduce instances of negative exits and increase successful completion of residential treatment programming.

GPD 3: Employment

To increase employment opportunities for Veterans interested in employment

FY 2025 PERFORMANCE MEASURES – GPD

- FY 2025 performance targets is the same for all housing models.
- In-person engagement by your team and VA staff (i.e., GPD liaison) positively impacts outcomes for Veterans.
- Since targets vary by service model for GPD1 and GPD3 metrics, please refer to the GPD Service Model Performance Report, linked at the bottom of the Scorecard, for target information.

Housing Model	Permanent Housing	Negative Exits	Competitive Employment
Bridge Housing	≥75%	≤20%	N/A
Clinical Treatment	≥65%	≤20%	≥55%
Hospital to Housing	≥65%	≤20%	N/A
Low Demand	≥60%	≤20%	N/A
Service Intensive	≥70%	≤20%	≥60%
Transition in Place	≥75%	≤20%	≥70%
Special Need - CM	≥60%	≤20%	≥55%
Special Need - W	≥70%	≤20%	≥55%
Special Need - FE	≥65%	≤20%	N/A

LIAISON ROLE




- Your GPD liaison is expected to review your agency's grant performance outcomes with you at a minimum, quarterly. The quarterly review is an opportunity to analyze trends, ensure accuracy of outcome reporting, and discuss barriers and ideas for success.
- You are welcome to ask your liaison for performance outcome information at any time. You do not need to wait for the quarterly review.
- It is helpful to review each discharge by name to ensure there was accurate reporting on discharge information and that grantee and liaison are aligned in their knowledge of data capture. This helps to prevent future errors in reporting.
- Your liaison can pull up the homeless scorecard and review with you each veteran by name, if they were included in the measure (or were an exclusion), and what the veteran's status was at discharge (employment, housing).

GPD1 METRICS- VETERAN'S HOUSING ARRANGEMENT AT PROGRAM EXIT

What is the Veteran's housing arrangement at program exit (location where the Veteran was sleeping on the night of program exit)?

- 1. Housing owned by Veteran, no ongoing housing subsidy
- 2. Housing owned by Veteran, with ongoing housing subsidy
- 3. Housing rented by Veteran, no ongoing housing subsidy
- 4. Housing rented by Veteran with HUD-VASH voucher
- 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
- 6. Permanent housing for formerly homeless persons (such as: CoC Project or S+C)
- 7. Staying or living with family, permanent tenure
- 8. Staying or living with family, temporary tenure
- 9. Staying or living with friends, permanent tenure
- 10. Staying or living with friends, temporary tenure
- 11. GPD transitional housing
- 12. Non-VA transitional housing for homeless persons
- 13. VA MH RRTP
- 14. CWT/TR
- 15. Non-VA residential treatment program
- 16. Non-VA residential substance abuse treatment facility or detox center
- 17. Hospital or other residential non-psychiatric medical facility
- 18. Long-term care facility or nursing home
- 19. Psychiatric hospital or other psychiatric facility
- 20. Prison or jail
- 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
- 22. Safe Haven (SH)
- 23. Hotel or motel paid for without emergency shelter voucher
- 24. Emergency Shelter (ES), including hotel or motel paid for with emergency shelter voucher
- 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station or anywhere outside)
- 26. Don't know

Residential Treatment Exit Form, Item 3

-  Permanent Housing Placement
-  Not a Permanent Housing Placement
-  Exclusion
- Other exclusions may also apply.

GPD2 METRICS- NEGATIVE EXITS

REASON FOR PROGRAM EXIT

Residential Treatment Exit Form, Item 2

2. Which is the most important reason why the Veteran ended residential treatment?

- 1. Successful completion of the program
- 2. Successfully completed some components of the program
- 3. Veteran was asked to leave because of violation of program rules or failure to comply with program requirements
- 4. Veteran required a more intensive level of care than offered at this program
- 5. Veteran was transferred to another residential program for administrative reasons
- 6. Veteran left the program by his/her own decision, without consulting staff
- 7. Veteran was incarcerated
- 8. Veteran is deceased

If item 2 = 8 (Veteran is deceased), do not complete the remainder of the form

2a. If the Veteran ended residential treatment because of a rule violation, what was the most important reason?

- 1. Threatened/actual violence to self or others
- 2. Use of alcohol or drugs
- 3. Curfew violation
- 4. Other (please specify) _____

Negative Exit

GPD3 METRICS- EMPLOYED AT EXIT

Residential Treatment Exit Form, Item 7

7. What is the Veteran's arrangement for employment at program exit?

- 0. Disabled or retired
- 1. Unemployed
- 2. Actively seeking employment
- 3. Part-time or temporary employment
- 4. Full-time employment
- 5. VA's IT or CWT (VI)
- 6. Other vocational training
- 7. Unpaid volunteer
- 8. Student
- 9. Don't know

Competitive Employment Not Competitive Employment Exclusion

DATA INTEGRITY

The following is required to ensure outcomes are accurate:

- Accurate discharge information about each Veteran provided to your GPD liaison
- Timely reporting of Veteran admissions and discharges to your GPD liaison
- Regular reviews of the data with your GPD liaison

If you are unsure, please ask your liaison. Don't shortchange your program or your Veterans!

DID YOU KNOW?

If a Veteran leaves the GPD project without consulting staff and is discharged per regulations, the GPD grantee should make attempts to locate and re-engage the Veteran. If the grantee is able to re-engage the Veteran in the GPD project within a relatively short period of time, the GPD liaison should enter a Help Desk ticket requesting to remove the exit form that was completed at the time of discharge. This creates a continuous episode of care **and does not result in a negative exit.**

Please note, this flexibility does not extend to billing.

WHY IS EMPLOYMENT IMPORTANT FOR GPD VETERANS?

UNEMPLOYMENT AND SUICIDE RISK

- Employment is a protective factor against suicide beyond benefits alone and can offer:
 - Social Support
 - Self-efficacy
 - Sense of purpose
 - Resilience
 - Income
- The probability of suicidal ideation and attempts increases significantly with the presence of financial strain indicators (i.e., **unemployment**, financial debt or crisis, past homelessness, and lower income).

INTEGRATION OF SERVICES

- Veterans who have experienced homelessness are more likely to be successful in obtaining employment when employment and housing services are integrated.
 - Housing First only works when it is housing PLUS services
 - This is reflected in the employment outcomes for both HUD-VASH and GPD which continue to exceed national targets.
- Imbedding employment staff into homeless teams is critical.
- All members of the team engage in “Work Talk” from the time of initial engagement.
- Everyone who works with Veterans is seen as part of their employment team.

RESEARCH FINDINGS

- One of the most successful and reliable predictors of addictions treatment and recovery is competitive employment (e.g., Magura & Staines, 2004; West, 2008).
- Employment has also been found to correlate with reduced lifetime rates of SUDs, lower rates of co-occurring mental health conditions, and a higher quality of life (Kreutzer et al., 2003; Platt, 1995).

HOW CAN NON-EMPLOYMENT STAFF HELP?

- Talk to Veterans regularly about employment and encourage Veterans to consider a return to work as part of case management and check-ins.
- Help Veterans consider how their lives could be different if they worked.
- Be open to concerns about returning to work.
- Explore interest areas and potential work opportunities.
- <https://soarworks.samhsa.gov/article/new-va-tool-helps-maximize-income>
- [Yes, You Can Work! \(samhsa.gov\)](https://www.samhsa.gov/yes-you-can-work)

GRANT & PER DIEM PROGRAMS: THE ROLE OF BOUNDARIES AND LIMIT SETTING IN SELF-CARE

SELF-CARE FOR ALL

- As you consider self-care and the role of boundaries & limit setting:
 - Think about how you implement self-care in your life
 - Think about how you might help Veterans implement self-care strategies

SELF-CARE

- Activities and practices that we may engage in to reduce stress and maintain health & well-being
- National Association of Social Workers (NASW) blog post 2020 refers to self-care as an “Art”
- ***Intentional*** action toward protecting, developing, and maintaining overall health and well-being

AREAS OF SELF-CARE

- **Mental**
- **Physical**
- **Emotional**
- **Medical**
- **Spiritual**
- **Social**
- **Personal**
- **Professional**

Did you know there were so many domains in which self-care could be applied?

What is your experience with self-care in any of these areas?

How would your experience be different if you were able to engage in self-care in some of these areas?

DO I NEED TO IMPLEMENT SELF-CARE STRATEGIES?

- Pain
- Fatigue
- Health effects
- Lifestyle challenges
- Depression
- Anxiety
- Irritability
- Low distress tolerance
- Other people are concerned

BENEFITS OF SELF-CARE

- Reduced stress
- Increased well-being
- Sense of accomplishment
- Improved health
- Healthy relationships
- Professional satisfaction
- Personal satisfaction

SELF-CARE STRATEGIES

- Honest acknowledgement of one's experience
- Be intentional – identify and implement reasonable strategies
- Physical activity
- Mindfulness
- Seek and engage support
- Explore your creative side – music, art, plants, etc.
- Engage / explore spirituality
- Cry – Laugh – Vent – **Feel**
- Create and support boundaries

AWARENESS OF OUR EXPERIENCE

- Helpers have a tendency become deeply involved and invested in the work and the individuals we seek to help
- We do not always recognize that we are:
 - Overwhelmed
 - Stressed
 - Frustrated
 - Tired
 - Burnt out

“HEALTHY” BOUNDARIES

- Defining healthy boundaries
- Identifying appropriate boundaries
- Ability to implement, maintain and support boundaries
- Can be different based on your experience – or tolerance levels
- Should be evaluated according to your needs
- May change based on time, experience, environment, culture, etc.

DEVELOPING APPROPRIATE BOUNDARIES

- Consider what boundaries you may want or need to set
 - What sort of things cause more distress for you?
 - Acknowledgement of your own experience
 - Sharing the responsibility & asking for help
- **Understand your program/agency policies**
 - Know what you can back up
 - Know what your leadership will support

SETTING ACHIEVABLE BOUNDARIES

- Consider what boundaries you may want or need to set
 - Avoid setting yourself up for failure
 - What can you reasonably set and maintain?
 - Verbal limit setting
 - Physical limit setting
 - Emotional/Psychological limit setting
- Limits and boundaries are not effective if they cannot be supported
 - “empty threats”; ultimatums “if you do/don’t then”;

PRACTICE SETTING LIMITS & MAINTAINING BOUNDARIES

- Decide what you can and cannot say or do comfortably
- Practice setting respectful limits
- Be aware of how you deliver limits
 - Ultimatums are not effective and will result in escalated behavior
 - Avoid alienating people
 - Limits should be delivered with future engagement in mind
- Limits and boundaries are a behavioral modification tool
- Understand your emotions will be engaged

LIMITS AND BOUNDARIES AS BEHAVIORAL MODIFICATION

- The goal of limit setting is to establish a baseline for appropriate behavior
- Limits and Boundaries must be consistent
 - You must be able to be consistent with the limits you set
 - In organizations, established limits and boundaries should be held by all employees and staff
 - Inconsistent boundaries create opportunity for dissent
- Clear limits should be designed to help individuals interact in a positive and effective way
 - Benefits extend beyond our workplaces

AVOID POWER STRUGGLES

- Consider your own experience
- Understand what raises your emotional response
- Ask yourself if the response you are feeling is appropriate to your position
- Pause – end the visit – get support
 - “Let’s take a break, I’ll see you back here in 10 minutes”
 - “I think we need to reschedule”
 - “Let’s see if _____ can join us to help figure this out”
- Arguing is not going to result in positive outcomes

LANGUAGE MATTERS

- Limits and Boundaries should be
 - Respectful
 - Clear and direct
 - Brief
- “I can help you when you stop yelling”.
- Please call back when: you are able to speak respectfully
- I am your (case manager, healthcare provider, peer specialist, etc.);
 - It is not appropriate to ask me about my (gender, marital status, appearance, etc.)

What support/assistance do you need today?

HOLIDAY STRESS – ANNIVERSARY STRESS – PERSONAL

Consider Your Experience

- Boundaries include identifying our own limits
- Acknowledge what you need to stay healthy
- Identify ways to say
 - I need a break
 - I need support

Awareness of Client Experience

- Look for changes in baseline behavior
 - Withdrawal from activity and support
 - Escalation of irritability, anger, outbursts
- Check in – Be open to their experience
- Validate and offer support
 - Avoid trying to change their mind
- Be aware of resources and supports outside of your organization
 - Offer suggestions for activities, and other organizations that provide holiday support

ORGANIZATIONAL SELF-CARE

- How do you take care of the organization?
- How does your organization provide support?
- Do you debrief after an incident or stressful situation?
 - Individual or Team debrief
- Scheduling Team Time and Team Downtime
- Policy review after incidents
- Program Improvement discussions

WRAP UP & COMMENTS

You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it.

- *Maya Angelou*

Self-care is not a waste of time. Self-care makes your use of time more sustainable.
Kornfield

- *Jack*

REFERENCES

[7 Types of Self-Care and Why You Should Practice Them \(vcu.edu\)](#)

[The Art of Self-Care for Social Workers | Social Work Blog](#)

[2021 Amendments Code of Ethics \(socialworkers.org\)](#)

[Self Care: Toward a Model of Ethical Self-Care for Social Workers - Social Work Today Magazine](#)

[The Ultimate Guide to Self-Care for Nurses \(registerednursing.org\)](#)

[Why Boundaries Are Essential Self-Care | Psychology Today](#)

WRAP UP

- Wishing you a wonderful holiday season
- We will be **canceling our January 14, 2025** webinar
- Next call will be:
 - **Tuesday, February 11, 2025 @ 2pm EST, 1pm CST, 12pm MST/AZ, 11am PST, 10am AK, 9am HI**

Have a safe and Happy New Year!

