VA LEGAL SERVICES FOR HOMELESS VETERANS AND VETERANS AT-RISK FOR HOMELESSNESS (LSV-H) GRANT PROGRAM

MONTHLY GRANTEE WEBINAR MARCH 6, 2024

Recording: https://veteransaffairs.webex.com/recordingservice/sites/veteransaffairs/recording/playback/dc66be39be19103cbca7565cbaa2075b

Password: Homeless1!





AGENDA

- Welcome
- II. DEI Presentation
- III. Fiscal
- IV. Compliance
- V. eGMS
- VI. Reminders



Veterans Justice Programs: Diversity, Equity, & Inclusion Exchange

Legal Services for Veterans Grantee Presentation

Dana J. Leggett, LCSW, Veterans Justice Outreach Specialist Brandy Stinson, LCSW, Health Care for Re-Entry Veterans Specialist **Veterans Health Administration, Carl Vinson VAMC Dublin, GA U.S. Department of Veterans Affairs**

March 6, 2024



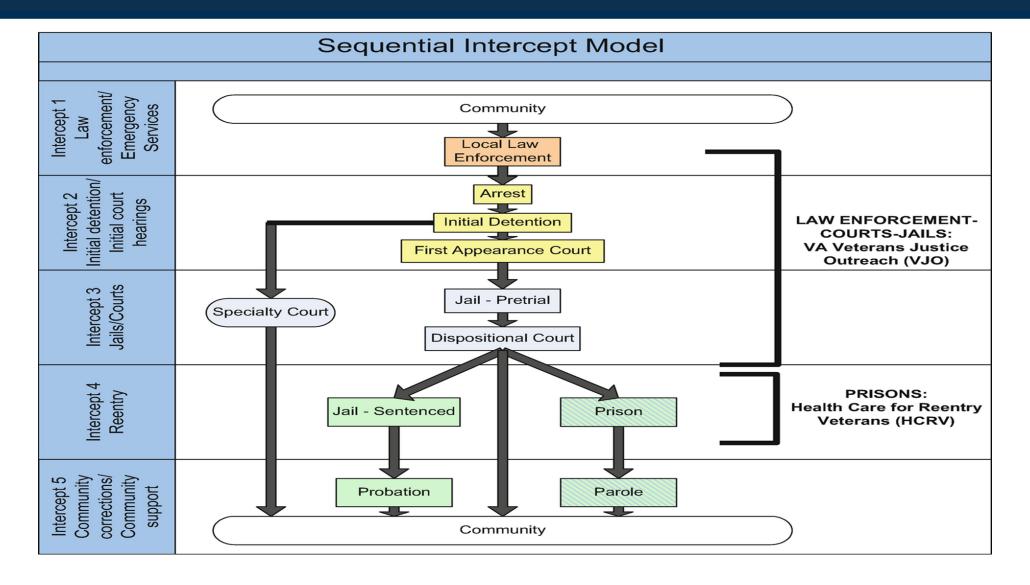
VJP PROGRAM OVERVIEW

- 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 PROGRAMS

- I. Veterans Justice Outreach VJO
 - Initiate contact with local law enforcement in effort to identify veterans that can be appropriately diverted from arrest into mental health or substance abuse treatment
- II. Healthcare for Re-Entry of Veterans HCRV
 - Coordinate reentry services for Veterans being discharged from State and Federal Prisons

VETERANS JUSTICE OUTREACH INTERCEPT MODEL



VJP COMMITMENT TO EQUITY

VJP Statement of Values and Commitment to Equity:

VJP is committed to operating as an antiracist program, ensuring Veterans receive equitable access to services regardless of race, gender identity, sexual identity, socioeconomic status or other individual characteristics. We are also committed to supporting criminal justice partners' efforts to identify and address disparities in their systems that are associated with race or other individual characteristics.



MENTAL HEALTH

Defining disparities:

Per SAMHSA, "the power imbalances that impact practices influencing access, quality, and outcomes of behavioral health care; or a significant difference in the overall rate and prevalence of an illness compared to the general population."

Mental health does not discriminate, but oftentimes the systems in place that facilitate the approach to mental health inherently do.

Health Disparities are Driven by Social and Economic Inequities

Neighborhood **Economic** Community, Safety, and Physical Education Food Health Care System Stability & Social Context Environment Racism and Discrimination Employment Housing Social integration Health coverage Literacy Food security Transportation Access to Income Language Support systems Provider & pharmacy healthy options availability Early childhood Parks Expenses Community education Access to engagement Debt **Playgrounds** linguistically and Vocational Stress Medical bills Walkability culturally appropriate training Exposure to & respectful care Support Zip code/ violence/trauma Higher education geography Quality of care Policing/justice policy Health and Well-Being:

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations





KFF

MENTAL HEALTH DISPARITIES

- Black Americans are less likely to receive a diagnosis and therefore, treatment for bipolar disorder.
- 58.2 % of Black Americans under 25 with a serious mental illness did not receive treatment
- 50.1% of Black Americans ages 26-49 did not receive treatment
- 48% of White Americans received MH services, compared to 31% of Black and Hispanic Americans, and 22% of Asian Americans.
- 1 in 20 Hispanic Americans with a mental illness receive services from a MH provider.
- 8.6% of Asian Americans seek mental health treatment compared to 17.9% of the general population (MHA.org)

CONSEQUENCES OF DISPARITIES

- Distrust of the healthcare system
- Inaccessibility of high-quality mental health care services
- Cultural stigma surrounding mental health care
- Discrimination when seeking services



FIRST NATIONS

- In 2019, over 10,000 Native people locked up in local jails, which represents an 85% increase since 2000. This does not include those held in "Indian country jails," which are located on tribal lands.
- The number of people in Indian country jails increased by 61% between 2000 and 2018.
- Total population of Native people living on tribal lands has actually decreased slightly over the same time period, leaving us to conclude that we are criminalizing Native people at ever-increasing rates.
- 2.2 % of Veterans in prison are AIAN vs. 1.5 % of Veterans overall

The U.S. criminal justice system disproportionately hurts Native people: the data, visualized | Prison Policy Initiative

Asian American/Pacific Islander (AAPI)

- AAPI youth are more than twice as likely as whites to be tried as adults for similar crimes
- "Moving forward, it will be important to disaggregate the behemoth "AAPI"
 category into its constituent groups when talking about criminal justice. AAPIs
 from Cambodia, Vietnam, Laos, or Samoa often have very different outcomes than
 those from Japan, Korea, or India, for instance. And within nationalities, different
 ethnic groups can have quite different experiences.
- (What You Didn't Know about Asian-Americans and Incarceration Big Think)

BLACK/HISPANIC AMERICANS

- <u>Drug Policy Alliance</u> from June 2015 shared that 80% of the people in federal prison for drug offenses are black or Latino; this corresponds to roughly 1 in 36 Hispanic men and 1 in 15 Black men currently incarcerated
- Black and Hispanic individuals are 50% to 100% more likely than White individuals to have their probation revoked, simply delaying but not ultimately reducing incarceration.
- Black and Hispanic participants are <u>significantly less likely</u> than White participants to complete substance use disorder treatment successfully
 - Treatment completion barriers are more common and EBTs often lack cultural relevance.
 - Treatment is often tied to probation/parole requirements, failing to complete such programs can lead to violations, revocations and higher incarceration rates



BLACK/HISPANIC AMERICANS (Cont'd)

- 22.7% of Veterans in prison identify as black vs. 12% of Veterans in the community
- 10.1% of Veterans in prison identify as Hispanic vs. .6.9% of Veterans in the community
- A survey of state criminal justice data showed that 40 states reported race (e.g., "white," "black," "other") in their arrest records, but only 15 states reported ethnicity..
- A state's failure to collect and report ethnicity data affects not only Latinos but the entire criminal justice system.
- States that only count people as "black" or "white" likely label most of their Latino prison
 population "white," artificially inflating the number of "white" people in prison and masking the
 white/black disparity in the criminal justice system

TREATMENT COURT

- There is virtually no difference in rates of illicit drug use or drug sales between Black and White (non-Hispanic) adults, yet Black people are two to four times more likely than White people to be arrested and incarcerated for drug-related crimes.
- Compared to their White counterparts, Black and Hispanic adults are
 - More often jailed pending trial for comparable charges
 - Less likely to receive a community sentence of probation or diversion to treatment for the same offense
 - Sentenced to longer terms of incarceration or probation for the same offenses
 - Even accounting for variables such as demographic characteristics, risk level, criminal history, and residential neighborhood, these inequalities often hold true.

Dr. Brian Meyer, NADCP 2022



TREATMENT COURTS Cont'd

- Compared to their White counterparts, Black and adults are
 - Less likely to be referred to drug treatment court
 - Less likely to be accepted into drug treatment court
 - Less likely to graduate/complete drug treatment court

Dr. Brian Meyer, NADCP 2022



STATISTICAL INFORMATION

- Nationally, anywhere from 21% 30% of Hispanic Americans are uninsured, compared to 7.5% of White Americans.
- MMIW movement reports Native Women face murder rates 10 times the National average and 4 out of 5 Native women have experienced violence.
- Native Americans make up less than 1 percent of the overall population but comprise 1.9
 percent of those fatally shot by police. (What criminal justice looks like in Native American
 communities | MPR News)
- <u>Drug Policy Alliance</u> from June 2015 shared that 80 percent of the people in federal prison for drug offenses are black or Latino.
- AAPI youth are more than twice as likely as whites to be tried as adults for similar crimes (What You Didn't Know about Asian-Americans and Incarceration - Big Think)
- Hispanic females earn roughly 54 cents for every dollar earned by a white, non-Hispanic male, which accounts for a loss of almost \$24,000 in a year's time
- According to a Pew research poll, Latino people are the 2nd most discriminated against ethnic group after African-Americans.

STATS CONTINUED...

The disparities don't end with jail and prison. When it comes to community supervision sentences, Black and Hispanic individuals are 50 – 100% more likely than White individuals to have their probation revoked, simply delaying but not necessarily reducing incarceration. In addition, Black and Hispanic participants are significantly less likely than White participants to complete substance use disorder treatment successfully. This may be due to treatment completion barriers being more common in this population or simply EBT often lacks the cultural relevance to encourage completion. Because treatment is often tied to probation/parole requirements, failing to complete such programs can lead to violations, revocations and or contribute to disproportionately higher incarceration rates for POC.

Dr. Douglas Marlowe, Dr. Fred Cheesman, All Rise, Winter/Spring 2021, 'An Extraordinary Opportunity'



WHAT CAN WE DO?

Understanding the unique aspects of working with different communities is vital in providing effective treatment services. People are far more likely to seek treatment when they feel genuinely understood by their providers

- Cultural competency
 - Seek to understand
 - Be self-aware
 - Client is the expert of their experience
 - Power of language
 - Be open to learning
- Lack of training can have unintended consequences: underdiagnosis, misdiagnosis, lack of communication between provider and client, delays in appropriate treatment, lower rates of compliance, and poor treatment outcomes
- Committees: Engage in ongoing conversations



HOW IS THIS IMPLEMENTED DAILY?

- Creating safe spaces for open dialogue about disparities
- Increased awareness of our own possible biases, referring out when necessary
- Understanding and continual education regarding the challenges that the populations that we serve
 face.
- Working collaboratively with community partners to eliminate systemic barriers to equal access to legal services/justice.

Questions?







FISCAL

In response to the recent incidents of fraudulent activity, PMS is changing its login process to implement improved identity assurance in conjunction with multi-factor authentication. Starting February 10, 2024, grant recipients **MUST** register and enable multi-factor authentication with **ID.me** in order to log in.

PMS System Access | HHS PSC FMP Payment Management Services

First-Time Grant Recipient Login Process Overview





COMPLIANCE

- •Mid-Year SF-425 (Q1 and Q2)
 - These were due on March 1, 2024. If you have not submitted these yet, please do so. The Office of Business Oversight Team will review them and follow-up with any questions they may have. As a reminder, the Office of Business Oversight uses the following email address LSV425@va.gov.
- Quarterly Reports for Q2
 - •These were also due on March 1, 2024. If you have not submitted these yet, please do so. The LSV Team will review them and follow-up with any questions we may have.

LSV-H FY24 NOFO

- The LSV-H FY24 NOFO Application Period Closed on Friday February 23, 2024 at 4:00pm ET.
- We expect to make award announcements sometime this Summer.

REMINDERS

- Success Stories!
- Update Grantee Referral Listing (eGMS)
- Maintain accurate Grant Contacts (eGMS)
- Utilize <u>Isvgrants@va.gov</u> email
- Monthly LSV-H Grantee Webinar
 - 1st Wednesday of each month
 - 2pm ET
 - Next scheduled call: April 3, 2024

Questions?





