# GRANT & PER DIEM NATIONAL PROGRAM OPERATIONAL GRANTEE CALL

**May 14, 2024**

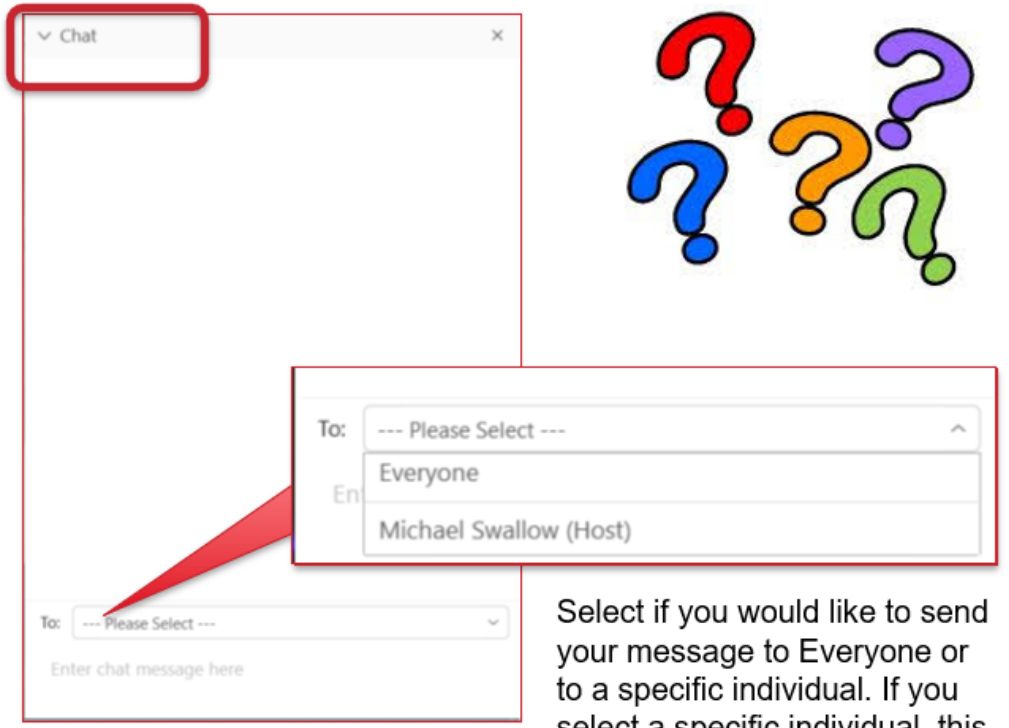
**RECORDING LINK:** https://veteransaffairs.webex.com/veteransaffairs/ldr.php?RCID=e86d0afec94832ef61c96ea56c752bc6

**RECORDING PASSWORD:** Homeless1!

# 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 & Reminders** Erin Johnson, National GPD Deputy Director
  - Revised faith-based requirements
  - Grant recipient guide updates

- **Presentations**
  - **Financial management updates:** Nancy Hegel, Supervisory Financial Analyst
  - **Supportive Services for Veteran Families (SSVF) and Grant and Per Diem (GPD) Partnership**
    - Adrienne Melendez Nash, Director SSVF
    - Melissa Meierdierks, Program Specialist
  - **Model Fidelity—Clinical Treatment (CT):** Angela Smittie, Program Specialist

# ANNOUNCEMENTS

# PARTNERSHIPS WITH FAITH-BASED AND NEIGHBORHOOD ORGANIZATIONS

**New Requirement (38 C.F.R. part 50)**

- Grantees must give written notice to Veterans about protections
- **Applies to all GPD grant types**
  - Transitional housing grants
  - Services grants (Service Center, Case Management)
- **Applies to all grantee organization types**
  - Non-profit, State/local governments, public housing authorities
  - Faith-based organizations, secular organizations
- Template language is available on the GPD provider website
- Compliance date: **July 2, 2024**
- Grantees must update operating procedures & document compliance
- Refer to the April 2024 Operation Call for more details

# GRANT RECIPIENT GUIDE, APRIL 2024

- Eligibility language
- Revised faith-based requirements
- Record retention
- Veterans with minor dependents includes provisional language for 18-23 (not a minor) who may be disable/dependent on the adult eligible Veteran
- Change of Scope (COS) checklist

[Grant and Per Diem Program: Provider Website - VA Homeless Programs]

Regulations, Guides & NOFOs

**GPD Regulations & Guides:**

Transitional Housing Grant Recipient Guide (April 2024)
Case Management Grant Recipient Guide (September 2023)
Capital Grant Recipient Guide (June 2022)
GPD Regulations (38 CFR Part 61)
Equal Treatment for Faith Based Organizations (38 CFR Part 50) (March 4, 2024)
Case Management Regulations (June 2018)
Final Rule - Veteran Definition and TIP Payment (November 2017)

# FINANCIAL MANAGEMENT UPDATES

# FINANCIAL MANAGEMENT – COST PRINCIPLES

**Grantees with multiple sources of funding must segregate costs.**

**Good Financial Management Practices:**

- Create policies and procedures to create unique identifiers to differentiate between various funding sources
- Make sure that funds and expenditures are clearly identifiable to their specific programs within the accounting system
- Ensure funds from each federal, state, local, and private funding source are identified with a clear audit trail for each source
- Maintain documentation to support all expenditures

***Do Not:***

- Commingle funds
- Use funds specifically received for one project to support another project

Contact the GPD Program Office at GPDFiscal@va.gov if you have questions

# FINANCIAL MANAGEMENT – COST PRINCIPLES

- § 200.405 Allocable costs
  - (a) A cost is allocable to a particular Federal award or other cost objective if the goods or services involved are chargeable or assignable to that Federal award or cost objective in accordance with relative benefits received. This standard is met if the cost:
    (1) Is incurred specifically for the Federal award;
    (2) Benefits both the Federal award and other work of the non-Federal entity and can be distributed in proportions that may be approximated using reasonable methods; and
    (3) Is necessary to the overall operation of the non-Federal entity and is assignable in part to the Federal award in accordance with the principles in this subpart.
    - (d) Direct cost allocation principles: If a cost benefits two or more projects or activities in proportions that can be determined without undue effort or cost, the cost must be allocated to the projects based on the proportional benefit. If a cost benefits two or more projects or activities in proportions that cannot be determined because of the interrelationship of the work involved, then, notwithstanding paragraph (c) of this section, the costs may be allocated or transferred to benefitted projects on any reasonable documented basis. Where the purchase of equipment or other capital asset is specifically authorized under a Federal award, the costs are assignable to the Federal award regardless of the use that may be made of the equipment or other capital asset involved when no longer needed for the purpose for which it was originally required. See also §§ 200.310 through 200.316 and 200.439.

# OFFICE OF BUSINESS OVERSIGHT

**Upcoming Fiscal Reviews:**

–Foundation for Affordable Housing – May 20 - May 24, 2024
–Hope Center, Inc. – May 20 - May 24, 2024
–Inner Voice, Inc. – May 20 - May 24, 2024
–Community Action of Laramie County, Inc. – June 3 - June 7, 2024
–Good Shepherd Ministries of Wilmington, Inc. – June 10 - June 14, 2024
–Victory House of Lehigh Valley – June 10 - June 14, 2024
–Catholic Social Services Diocese of Scranton, Inc. – June 10 - June 14, 2024
–Columbiacare Services, Inc. – June 10 - June 14, 2024
–Wayside Christian Mission – June 17- June 19, 2024
–Society of St. Vincent de Paul Council of Louisville – June 20 - June 21, 2024
–Center for the Homeless, Inc. – June 24 - June 28, 2024
–Ohio Valley Goodwill Industries Rehabilitation Center, Inc. – June 24 - June 28, 2024

**OBO GPD Grantee Training**

GPD Grantee Training – Understanding cost allocation and indirect cost rates under the Uniform Guidance (2 CFR 200) was presented Wednesday, April 17, 2024

–Link to training recording: Recorded Understanding Cost Allocation & Indirect Cost Rates
Password: Homeless1!

–Link to training slides: Understanding Cost Allocation & Indirect Cost Rates training slides

# SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF)
# AND
# GRANT AND PER DIEM (GPD) PARTNERSHIP

# GPD AND SSVF PARTNERSHIP

**True or False**

A Veteran who is enrolled in GPD transitional housing (Per Diem Only, Service Center, Special Need or Transition in Place) cannot be co-enrolled in SSVF because they can only be in one VA grant program at a time.

# THE ARC OF SSVF

**2011**

*Design/Start Up*

- SSVF Begins
- Annual Report
- $60 million
- 85 grants

**2012-2013**

*Advancing Practice*

- Accreditation
- Practice Standards
- Mentoring

**2014-2017**

*Community Strategy & Planning to End Veteran Homelessness*

- Surge Grants
- Community Plans
- CoC Support
- TFA Expansion
- Federal Criteria and Benchmarks

**2018-2020**

*Addressing the Affordable Housing Crisis*

- Integration into CES
- Returning Home
- Rapid Resolution
- Shallow Subsidies

**2020-2022**

*Addressing the Affordable Housing Crisis*

- COVID Response
- Stafford Act
- Emergency Housing Assistance expand
- Equity informed
- VA Partnerships
- Supplemental Housing Navigation and Incentive Funds
- Health Navigator
- Legal Services

**2022-2023**

*Solidification One Team Approach*

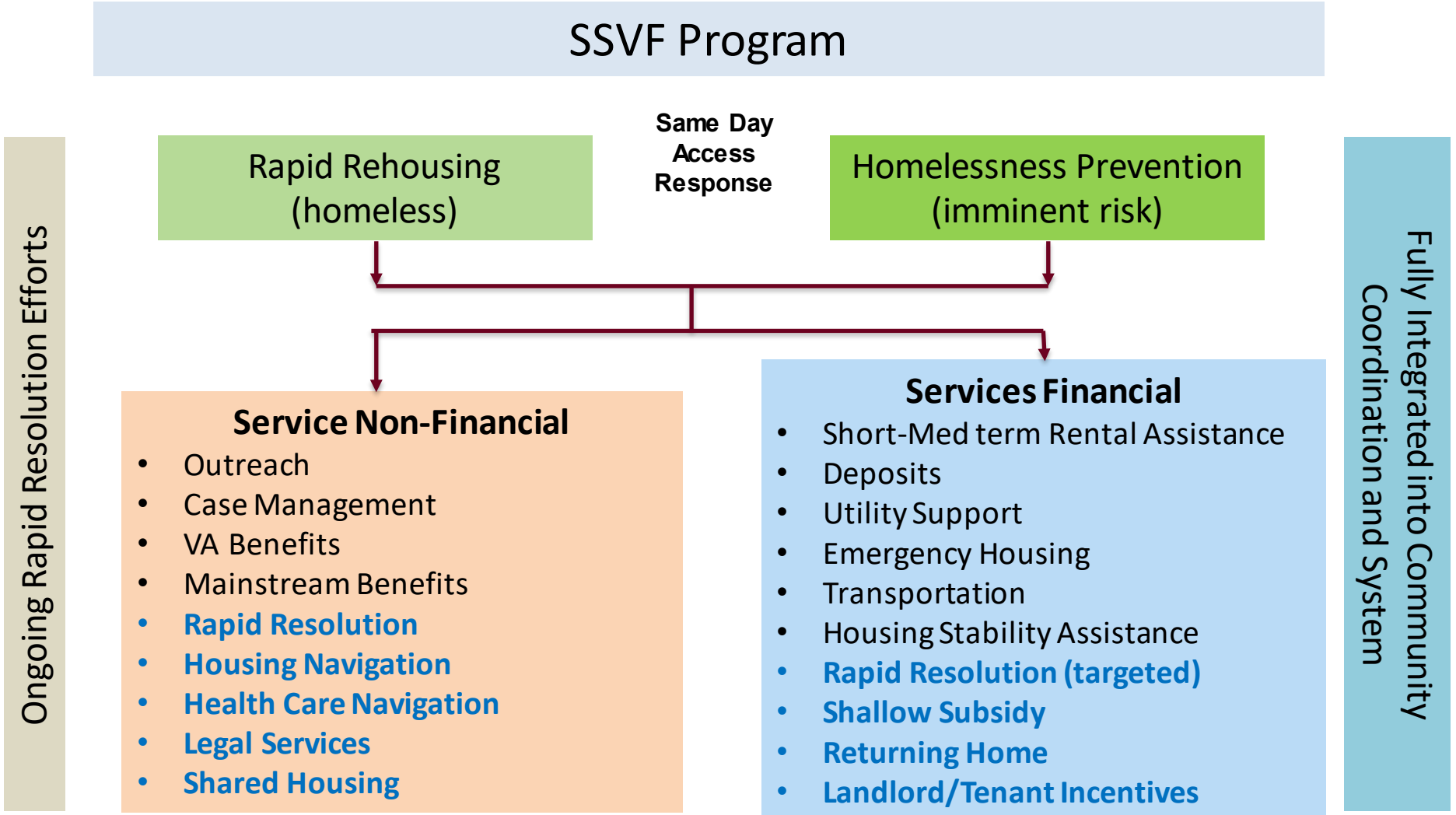
- CCM
- Enhancing VA partnerships
- Community Planning
- Landlord/Veteran Incentives
- Equity Report and Dashboard
- Income Eligibility increased to 80%

**2024**

*Sustaining One Team Approach*

- One Team and Strategic Capacity Building
- Creating Sustainability
- Refining SSVF Practices
- Enhancing VAMC and Community Partnerships

# SSVF SERVICE PORTFOLIO



# GPD & SSVF PARTNERSHIP

**Outreach and Triage:**

- Are the GPD outreach and intake teams trained in rapid resolution efforts?
- Do your GPD outreach, intake teams AND SSVF grantee(s) have a triage and referral process built? What is the turn-around time from referral to admission?
- Are there opportunities for collaborative (GPD and SSVF) outreach?
- What collaborative efforts have been developed to maximize the BH model openings to expedite SSVF enrollment and GPD admission within the 14-day period

**Veteran(s) admitted to GPD:**

- What opportunities do the co-enrolled (GPD and SSVF) Veterans have to a joint case management meeting with the GPD and SSVF assigned staff?
- Do the ISPs have SMART goals on each step the Veteran will be taking through the SSVF referral process?
- How often do GPD case managers, housing navigators, employment, and/or benefit procurement specialist meet with SSVF to discuss co-enrolled Veterans and potential referrals for discharge planning?
- What opportunity is there to invite SSVF to your GPD site to offer office hours or trainings for your Veterans and/or staff?

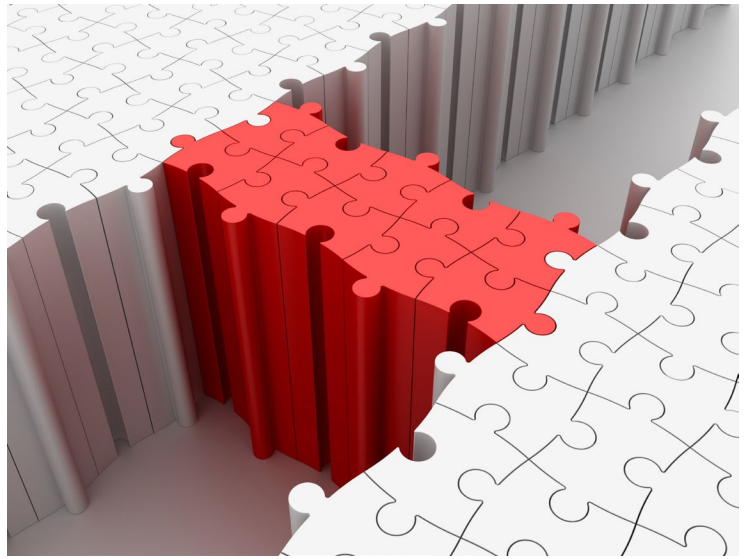
# Vision for SSVF

# GPD AND SSVF PARTNERSHIP

**Scenario 1:**

Emily, is a 10% SC Veteran who has been in your clinical treatment model for 5 months. She is working part-time at the local thrift store and has saved $500. She has located an apartment near her work, but the deposit and first month's rent is four times her savings.

What SSVF resource(s) *may* this Veteran be eligible for?

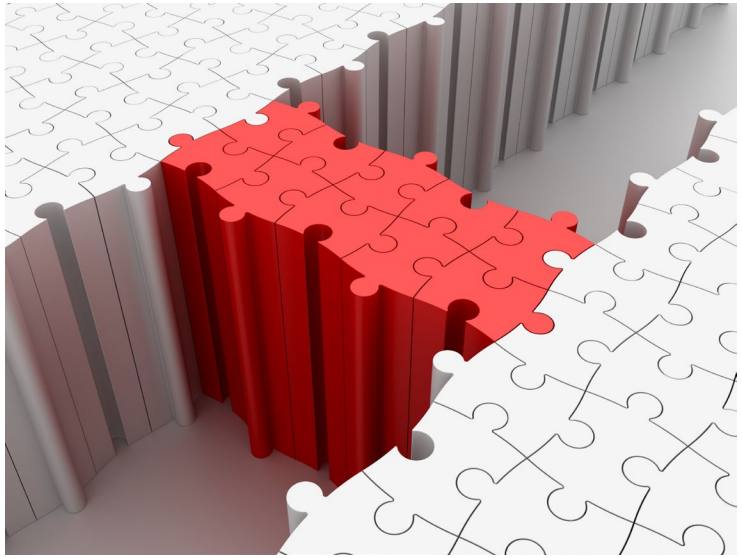


# GPD AND SSVF PARTNERSHIP

**Scenario 2** :

Luis is a NSC Veteran who is currently enrolled in your bridge housing model and has a HUD VASH voucher. He has been working closely with his GPD case manager and HUD VASH housing navigator to identify areas of the city he would like to reside but after completing multiple applications that each required a fee, he does not have enough money in savings to place a deposit for utilities or the unit. The Veteran is anticipating a unit opening in the next month….

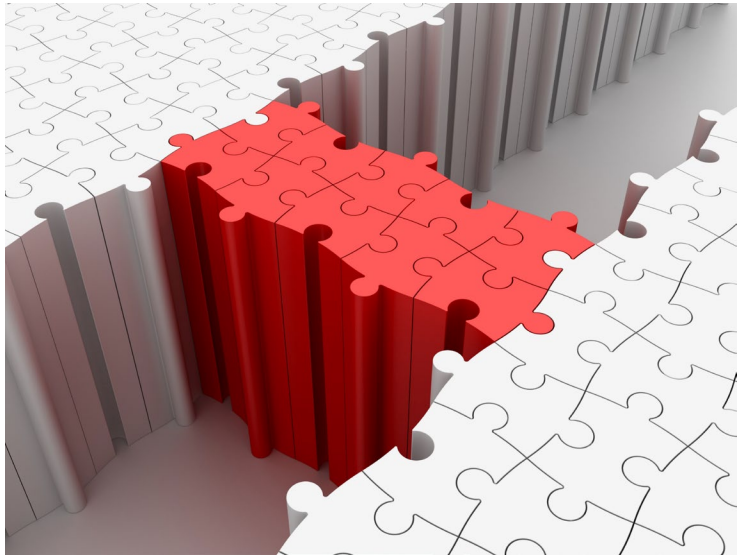
What SSVF resource(s) *may* this Veteran be eligible for?



**Scenario 3:**

Robin is currently on SSDI and has been enrolled in the special need grant for the last 6 months. She is seeking independent PH and not pursuing HUD VASH. She has expressed to you her concern about being able to afford an apartment and the overhead costs of utilities as well as other monthly expenses.

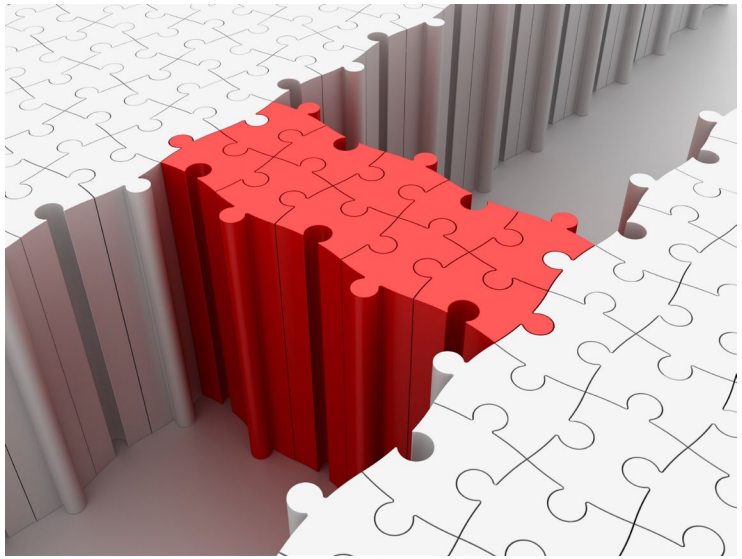
What SSVF resource(s) *may* this Veteran be eligible for?



**Scenario 4:**

Lisa is a 20% SC Veteran who is working 15 hours a week at the local fitness center and has a support animal (dog) named Oscar. She is approaching her discharge from your service intensive model in the next 15 days and is now enrolled in the GPD CM grant. She and the SITH case manager worked together to find apartments close to her work and she has selected a one-bedroom apartment that requires a pet deposit and first month's rent that totals $950. Lisa has a total of $620 in savings and does not have enough to secure the apartment.

What SSVF resource(s) *may* this Veteran be eligible for?



# GPD AND SSVF PARTNERSHIP: WRAP-UP

**Are there any suggestions to our grantees or liaisons you have when making a referral?**

- Proactive discussion and warm hand-offs: Encourage the referral source (grantee, Liaison, etc.) to reach out to the SSVF grantee prior to referring if the Veteran if there are special case needs.

- Following the Veterans to the first meeting with SSVF, confirming who is the assigned SSVF POC and the SSVF resource the Veteran is being matched with (this allows the GPD CM to update the ISP and can include them in the discharge planning sessions)
- Communication:
  - Establish protected time for communication as a team to collect status updates and the next steps a Veteran will be doing, i.e. case conferencing, staffings, huddles, ad-hoc.
  - This allows anyone working with the Veteran the ability to adjust the current ISP, progress notes, and discharge planning sessions.

# GPD AND SSVF PARTNERSHIP: WRAP-UP

**If a referral is made to SSVF, however they are unable to process due to staffing or funding obstacles, what should I do when local problem solving has been unsuccessful?**

- Barrier busting with group collaboration:
  - Assess as a community what is available
  - Is there another SSVF grantee or community resource who may be an option
  - Confirm the context of the situation
- Leverage existing supports:
  - Network Homeless Coordinator/Deputy
  - GPD Liaison, GPD Supervisor, Coordinated Entry POCs, and other stakeholders
  - Community platforms or opportunities: CES/BNL meetings, Quarterly Reviews, Ad-hoc meetings, huddles, or case conferencing

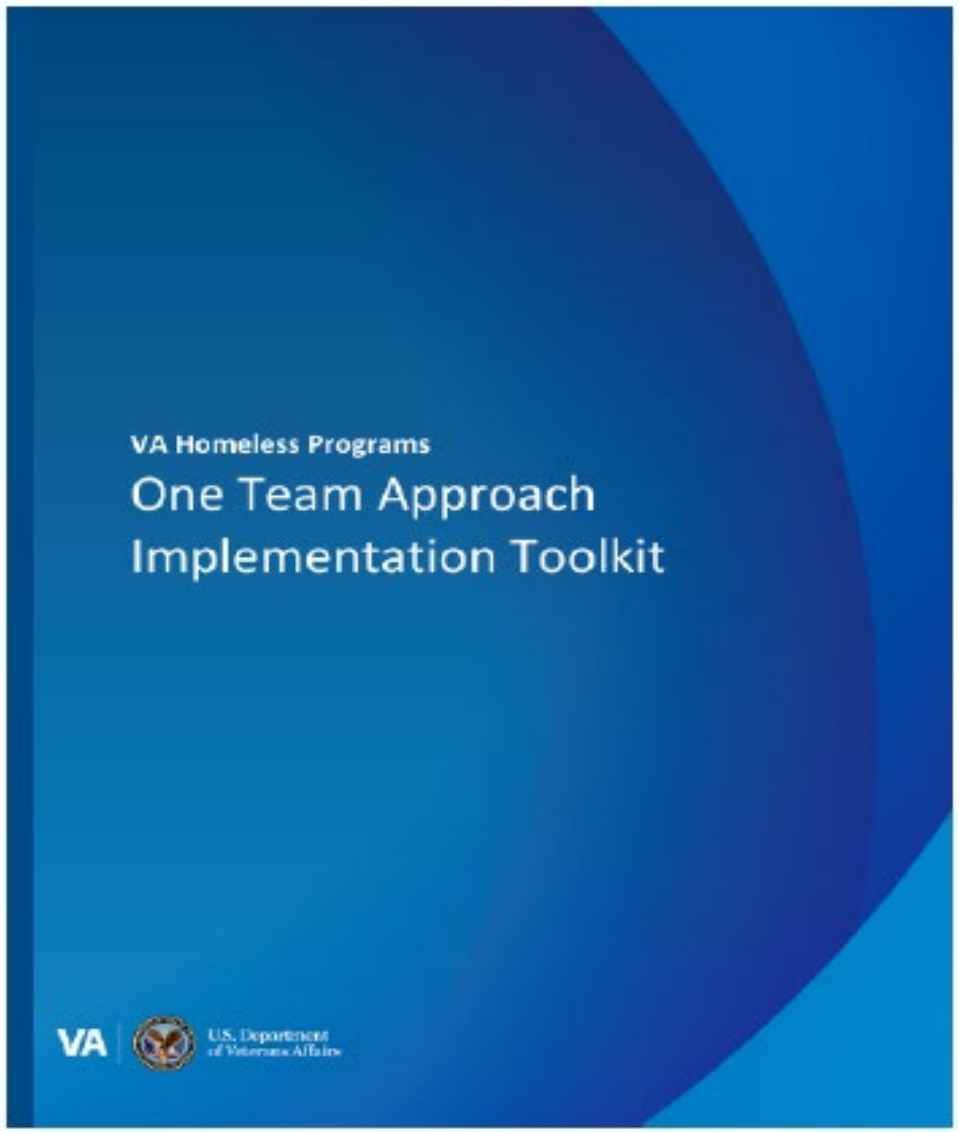
# SSVF RESOURCES

- Supportive Services for Veteran Families (va.gov)
- **How do I find the SSVF grantee in my community?**
  https://www.va.gov/homeless/ssvf/index.html (*on right side, how to find a provider*)
- **Where can I find more information on Shallow Subsidy**:
  - Promo Toolkit for Grantees: https://www.va.gov/HOMELESS/Shallow_Subsidy_Toolkit.asp)

# NEW! ONE TEAM APPROACH TOOLKIT

- The Homeless Programs Office's One Team Approach Implementation Toolkit provides a way to coordinate and unify actions and interconnection between all VA and community-based homeless programs toward the joint mission to end Veteran Homelessness.

- [One Team Approach Implementation Toolkit - VA Homeless Programs]



# MODEL FIDELITY: CLINICAL TREATMENT

# TRANSITIONAL HOUSING BED MODELS IN REVIEW

- **As we are in the early stages of new grant awards, let's examine each transitional housing bed model**
  - Ideal time to reassess fidelity to the model
  - Future planning
  - Identify ways to bolster dialogue with your grantees/liaisons

- Questions to Consider
  - What is the model's intention and its performance targets?
  - What are common pitfalls and how to get back on track?
  - How can this model bolster our goals around ending Veteran homelessness?

- The spotlight this month is on **Clinical Treatment**

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

## Clinical Treatment

- **What is Clinical Treatment?**
  - *(from the FY24 PDO NOFO)* Clinically focused treatment is provided in conjunction with services effective in helping Veterans experiencing homelessness secure permanent housing and increase income through benefits and/or employment.

- **Targeted Population**
  - This bed model is designed for Veterans experiencing homelessness with a specific diagnosis related to a substance use disorder and/or a mental health diagnosis. The Veteran actively chooses to engage in clinical services.

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

**Admission Criteria**

- Veteran must meet GPD eligibility critieria
- Veteran meet homeless status criteria with specific diagnosis related to substance use disorder and/or mental health diagnosis.
- Veteran actively chooses to engage in clinical services.

- *Note: You have 14 days to change the Veterans bed model within the same FAIN. For example, you could move a Veteran you enrolled in Clinical treatment into Service Intensive if it is discovered there is not a specific diagnosis related to SUD and/or MH*

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

## Characteristics & Standards

- Clinically focused treatment is provided **in conjunction** with services effective in helping Veterans experiencing homelessness secure permanent housing and increase income through benefits and/or employment.
- Although the programming and services have a strong clinical focus, **permanent housing** and **increased income** are a **required** outcome of the program.
- Treatment programs must incorporate strategies to increase income and housing attainment.
- **Individualized** assessment, services and treatment plan are tailored to achieve optimal results in an efficient manner and are consistent with sound clinical practice.
- Staff are to be licensed and/or credentialed to perform the substance use disorder or mental health services proposed as directed by State and local law.

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

## Characteristics & Standards

- Treatment services must be provided by the applicant or by a subrecipient or contractor.
- Veterans are offered a variety of treatment service modalities (e.g., individual and group counseling, individual therapy, family support groups, family therapy, psychoeducation).
- Goals in the Individual Service Plan should be **short-term** with the **focus** on the **move to permanent housing**, rather than the completion of treatment goals
- Clinically focused treatment is provided **in conjunction** with services effective in helping Veterans experiencing homelessness secure permanent housing and increase income through benefits and/or employment.
- **Length of Stay (LOS)** Program stays are to be **individualized** based upon the ISP for the Veteran (**not driven by the project**). In general, **LOS is expected to average 6-12 months** and **not to exceed 24 months**.

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

**Required Minimum Performance Metrics/Targets**

- Discharge to **permanent housing is 65 percent**
- **Employment** of individuals at discharge **is 55 percent**
- Negative exits* target is **less than 20 percent**

*The term “negative exit” is defined as the removal of a Veteran from the GPD program because of a violation of program rules, a failure to comply with program requirements, and/or leaving the program without consulting GPD grantee staff (a.k.a. “going AWOL,” elopement, etc.).

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

**Current performance metrics (as of 04/17/24)**

- Exits to permanent housing: **62.23%**
- Employment at exit: **49.17%**
- Negative exits: **23.27%**

**National Length of Stay (LOS)**:
- 163 days

**Clinical Treatment LOS**:
- 176 days

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

**True or False**

Veterans must reach a certain phase in clinical treatment before searching for permanent housing or gaining employment.

**True or False**

Clinical treatment program models should follow a housing first philosophy.

**True or False**

Veterans must complete the clinical treatment goals of the program before exiting to permanent housing.

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

## Potential Pitfalls & Problem Solving:

### Grantee staff not holding appropriate credentials

- Remember the *NOFO* language
- Staff are to be licensed and/or credentialed to perform the substance use disorder or mental health services proposed **as directed by State and local law**.
- Be sure to understand the requirements to ensure the program has a strong clinical focus and that grantee's are not operating outside of their scope.
- Staff must meet the minimum requirements of what is in the grant application as well as adhere to GPD regulations and state and local law.
  - For example, if grant application states a social worker with a MSW provides individual and group therapy, but in your state, only a LCSW, LICSW, LISW can provide this service, then the grantee would need to adhere to state and local law. Does the license have limitations?

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

## Potential Pitfalls & Problem Solving:

### Clinically Inappropriate Admissions

- Remember the *NOFO* language
- Properly screen Veterans for program admissions
  - Must be an eligible Veteran
  - Must meet criteria for homeless
  - Clinically appropriate for GPD admission; i.e. the Veteran has a desire and need for GPD services to successfully transition to permanent housing at time of exit.
  - Veteran would clinically benefit from supportive housing offered
  - Has substance abuse/mental health diagnosis.
- Veterans who are do not meet criteria for homelessness are not eligible
  - Not all family crisis situations meet criteria for homelessness.
  - Clinical Treatment beds are not to be used as placeholders for other VA programs

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

## Potential Pitfalls & Problem Solving:

**Program Stays driven by project plan instead of individualized Veteran need; fixed mindsets on what treatment should look like**

- Remember the *NOFO* language
- Include Veteran in ISP and estimated length of stay is based on Veteran need and considers the Veteran as a whole.
  - "This is a 120-day program"
- Include Veterans in frequent case conferencing with grantee to determine status and action steps towards employment and housing
- Avoid preconditions to housing. **Housing is a basic human right**
- Treatment options and outpatient services should be planned at entry and updated throughout stay.

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

**Potential Pitfalls & Problem Solving:**

**Decreased exits to permanent housing**

- Veterans should develop a housing plan at program entry
- Work closely with Veterans to remove barriers to permanent housing attainment
- Collaborate with VA resources to accelerate transitions to permanent housing
- Meet with Veterans often to coordinate timely moves to permanent housing
- Include Veterans in frequent case conferencing with grantee to determine status and action steps
- Employ intentional case management techniques to assist the Veteran with attaining permanent housing
- Establish flexible exit policies with a Housing First Approach; ongoing substance use and/or lack of engagement does not mean the Veterans is not “housing ready”

Helpful_Practices-Reducing_Length_of_Stay_and_Increasing_Permanent_Housing_Placements.pdf (va.gov)

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

**Potential Pitfalls & Problem Solving:**

**Increased Negative Exits**

- Promote a Housing-First approach, resulting in a decrease in negative exits for rule violations (except for discharge for safety concerns).
- Review and understand performance measure data
- Have flexible availability and frequent Veteran contact including individual sessions and case conferencing to discuss status and keep Veteran engaged.
- Plan for Veterans who may leave the program prematurely

Helpful_Practices-Decreasing_Negative_Exits.pdf (va.gov)

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

## Potential Pitfalls & Problem Solving:

**Decreased Veterans exiting with employment**

- Assess for income at program entry and develop a plan for employment or benefit attainment.
- Allow for Veterans to work while in the program.
- Offer flexible programming times i.e. evening classes, sessions, meetings, case management etc.
- Develop relationships with employers
- Include employment specialists in weekly case conferencing meetings

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

**Potential Pitfalls & Problem Solving:**

**Long Lengths of Stay**

- Yes, 38 CFR 61.1 "Supportive housing" states *"Facilitate the movement of homeless veterans to permanent housing as soon as possible but no later than 24 months, subject to § 61.80…"*
- Remember the *NOFO* language (In general, **LOS is expected to average 6-12 months**)
  - 24 Months does not align with VA's homelessness goals
  - Length of stay should be based on Veteran need, not driven by project
- Include Veterans in Clinical Treatment in frequent case conferencing with grantee to determine status and action steps
  - Discharging to permanent housing and leaving a clinical setting can be intimidating. Addressing this fear throughout the program is crucial.
  - Meet with Veterans in Clinical treatment often to coordinate timely moves to permanent housing with supportive services (sud case manager, outpatient tx, groups, meetings, volunteerism, employment)

Helpful_Practices-Reducing_Length_of_Stay_and_Increasing_Permanent_Housing_Placements.pdf (va.gov)

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

## Potential Pitfalls & Problem Solving:

### Low Bed Utilization

- Remove access barriers to program entry
- Avoid frequent discharges for program violations
- Remove barriers to program reentry
- Focus on intake accessibility and flexibility
  - Same day access
  - Meet Veterans where they are
  - If a no-show, reschedule right away
- Leverage outreach and in reach opportunities for direct referrals
- Collaborate with local coordinated entry system
  - Does your CoC have clear guidance on how to refer, bed availability, and admission criteria?

Helpful_Practices-Decreasing_Time_Between_Referral_and_Admission.pdf (va.gov)

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

- **Questions to Consider**
  - What is the model's intention? Is our program operating under housing first philosophy?
  - Which of the common pitfalls apply? What can be changed to get back on track?
  - What shift will it require from within to bolster our goals around ending Veteran homelessness?
  - What changes can we implement now?
- **Liaisons and team**: Review Length of Stay, Occupancy, Discharges, and Scorecard performance data monthly.
- **Liaisons & grantees**: Discuss grantee agency policies around housing, employment, programming and discharges to ensure low barrier and housing first approaches are included, and implement changes as needed.
  - Are there any processes in place that prevent housing and employment searches at program entry?
  - Is discharge for rule violations a rare occurrence?
  - Are there skilled attempts to engage ambivalent Veterans, including motivational interviewing?
  - Is the liaison pulled into conversations early on when there are concerns about a Veteran?
  - If a Veteran is discharged (e.g., for rule violations), are there any policies preventing the Veteran from being readmitted?

# TRANSITIONAL HOUSING BED MODELS: CLINICAL TREATMENT

**Opportunity to work towards ending Veteran homelessness**

- Clinical Treatment projects are uniquely poised offer sound clinical services in conjunction with permanent housing and increased income
  - Adopt a growth mindset and move from the idea of a traditional treatment program.

**Future Planning**

- What are your local community's current resources for SUD case management, outpatient treatment, meetings etc.?
- What supportive services are available in the community for Veterans discharging from clinical treatment?
- What is the grantees aftercare plan for Veterans? Do they offer meetings, outpatient treatment, psychosocial education classes?

**Resource**

- Motivational Interviewing Training: Wednesday May 15, 2024, 1:00pm-2:00pm EST FY 24 National VA Homeless Program Staff Educational Series: Motivational Interviewing


**Next Call:**
**Tuesday, June 11, 2024, at 2:00 pm Eastern, 1:00 pm Central, 12:00 pm Mountain, 11:00 am Pacific**