

Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program

QUESTIONS AND ANSWERS FROM LIVE SESSION HELD ON MARCH 14, 2024

Applications

Q: I can't apply through Grants.gov—how can I apply?

A: Per the [Notice of Funding Opportunity](#) (NOFO), applicants must submit applications electronically following instructions found at MentalHealth.VA.gov/ssgfox-grants. See the Announcements section for details.

Q: Can multiple people work on the same application?

A: Applicants don't have the ability to add additional contacts. The PDF view function is available to share the application with others who may need to assist in completing it. Once complete, the primary contact for the application will have to input responses to complete the application in UDPaaS.

Q: What organizations are eligible to apply?

A: Per the [NOFO](#), eligible entities generally include:

- Incorporated, nonprofit private institutions or foundations with a governing board
- A corporation wholly owned or controlled by a nonprofit organization with a governing board
- American Indian and Alaska Native tribes
- Community-based organizations that can effectively network with local civic organizations, regional health systems, and other settings where eligible individuals and their families are likely to have contact
- State or local governments

Q: Can you provide guidance on the application budget?

A: Applicants must download the SSG Fox SPGP Budget Template New Applicant or SSG Fox SPGP Budget Template Renewal from the [UDPaaS](#) system. Don't attempt to unlock or modify the workbook. Only yellow cells can accept data. Other cells are locked but are linked and will prepopulate as needed.

Q: Can you address the limitation on the word count and page count for the application? We want to be certain we don't exceed either of these and have our application disqualified.

A: All applications must be submitted electronically via [UDPaaS - VHA](#), VA's Grants Management System (GMS). The page and word counts are incorporated into the online applications. Responses over 1,500 words will be flagged by the GMS and submission will be prohibited.

Q: Are funds available for Priority 2 applicants?

A: Grant funding is divided into 2 priorities. Under Priority 1, VA will provide opportunities for funding to those entities with existing SSG Fox SPGP awards. Under Priority 2, new organizations can apply for grants worth up to \$750,000. Following the selection of Priority 1 grantee applicants, any remaining funds will be awarded according to Priority 2.

Services and Programming

Q: Who is eligible for SSG Fox SPGP services?

A: Per §201(q)(4) of the Hannon Act, an eligible individual is a person at risk of suicide who is one of the following: (1) A Veteran as defined in 38 U.S.C. 101, (2) an individual described in 38 U.S.C. 17201(b), or (3) an individual described in 38 U.S.C. 1712A(a)(1)(C)(i) through (iv).

For the purposes of SSG Fox SPGP eligibility, at risk of suicide is identified by:

1. The presence of at least one psychosocial risk factor:

Exposure to or existence of any of the following risk factors: (1) Health risk factors, including mental health challenges, substance use disorder, serious or chronic health conditions or pain, and traumatic brain injury; (2) environmental risk factors, including prolonged stress, stressful life events, unemployment, homelessness, recent loss, and legal or financial challenges; and (3) historical risk factors, including previous suicide attempts, family history of suicide, and history of abuse, neglect or trauma, including military sexual trauma.
2. When one of these psychosocial risk factors is identified, a nonclinical version of the Columbia-Suicide Severity Rating Scale (C-SSRS) screener needs to be completed. Individuals are determined eligible if they screen at least low risk.

Q: What types of programming are permitted under the grant?

A: Grant-authorized suicide prevention services:

- **Outreach** to identify eligible individuals, with an emphasis on those who are at highest risk for suicide or who aren't receiving health care or other services furnished by VA
- **Baseline mental health screening for risk** (*required for all grantees on participants ages 18+*)
- **Education** on suicide risk and prevention to families and communities
- Clinical services for **emergency treatment**
- **Case management** services
- **Peer support** services
- **Assistance in obtaining VA benefits**
- **Assistance regarding other benefits** provided by the federal government, a state or local government, or an eligible entity
- **Assistance with obtaining services relating to emergent needs**, such as health care services, daily living services, personal financial planning and counseling, transportation services, temporary income support services, fiduciary and representative payee services, childcare, and certain legal services
- **Nontraditional and innovative approaches** and treatment practices *as determined appropriate by VA*, in consultation with appropriate entities
- **Other suicide prevention financial assistance** (e.g., payments to a third party not to exceed \$750 per participant in any 1-year period for expenses related to gaining or keeping employment, or lethal means safety and secure storage)
- **Other suicide prevention services** *as set forth in the NOFO or approved by VA* (demonstrating evidence-informed interventions for improving mental health status and well-being and reducing the suicide risk of eligible individuals and their families)

Q: What’s the scope of allowable education services?

A: Grantees providing or coordinating the provision of education must provide or coordinate the provision of suicide prevention education programs to educate communities, Veterans, and families on how to identify those at risk of suicide, how and when to make referrals for care, and the types of suicide prevention resources available within the area. Education can include gatekeeper training, lethal means safety training, or specific education programs that assist with identification, assessment, or prevention of suicide.

Q: Are the 5 screening assessments listed in the NOFO all required or suggestions for choice of which one to use?

A: Per the [Interim Final Rule](#) (IFR) and the [NOFO](#), the 5 baseline mental health screening assessment tools are all required by all grantees at the time of intake and program completion. The NOFO lists the required tools as:

- Socio-Economic Status (SES)
- Patient Health Questionnaire (PHQ-9)
- Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS)
- Generalized Self-Efficacy Scale
- Interpersonal Support Evaluation List (ISEL-12)

Q: What VA program evaluation methods, tools, and metrics are used for measuring program effectiveness?

A: The baseline mental health screening tools described above ensure that the participant’s mental health needs can be properly determined and that suicide prevention services can be further tailored to meet the individual’s needs. An aspect of program evaluation involves analysis of participants’ pre- and post-services measures on these screenings.

Q: Can you clarify “clinical services” in the grant?

A: Per [38 CFR §78.80\(a\)](#) and the IFR, clinical health care services (with exception for grantees approved for clinical services for emergency treatment per §78.60(e)) are not approved services/costs. Case management, assessment, and referral; educational workshops on mental health or substance use topics; and peer support are eligible. Counseling that is nonclinical, such as peer counseling, employment/housing counseling, or financial counseling would be allowable. Nonemergent outpatient psychotherapy, psychiatry, or any other medical or clinical care aren’t eligible to be funded. If proposing clinical services for emergency treatment, carefully review the IFR and note the narrow definition of emergency.

Q: Is there an expected number of Veterans/eligible individuals to be served and/or a minimum caseload per staff person?

A: Each grantee’s program concept is comprised of a unique menu of approved services, and these are implemented in varied ways to meet the community’s assessed needs and are focused upon VA’s priority populations, such as rural areas, tribal lands, U.S. territories, or other high-need communities. The proposed number of eligible individuals to serve varies in relation to the anticipated cost of delivering services, types of services offered (some nontraditional, innovative), and the size and geographic location of the service area. One-to-one comparison between grantees is presently limited due to program concepts being tailored to each community. VA is evaluating the data to inform if, and what, future benchmarks are appropriate while retaining the program’s ability to support innovative, culturally competent, and nontraditional approaches to reach at-risk Veterans who may otherwise not engage in care.

Q: Can the grant fund administrative work or only direct services?

A: Administrative staff time may be included in grant-funded line items as necessary to execute the services program, such as:

- Policy and procedure development
- Hiring, training, and supervising staff
- Fiscal oversight, etc.

Administrative costs should be placed in the administrative section. If an organization has an approved indirect cost rate, documentation of that approval must be on file with the SSG Fox SPGP. All other grantees are required to have a detailed breakout of these administrative costs along with any supporting documents for those expenses for auditing and oversight.

Q: Is it allowable to leverage staff positions from existing programs (i.e., 0.5 FTE split with another program)?

A: Yes. All staff, part or full time, will need documentation of time allocated to the grant. Staff across various funding streams should be clearly documented via organizational chart, position description, and time keeping.

Q: How should grantees/applicants coordinate with VA?

A: Grantees are required by law to coordinate with local VA medical centers (VAMCs) to offer/facilitate clinical mental health referrals. Grantees will establish or strengthen local contacts and processes necessary for clinical referrals in areas such as VAMC eligibility/enrollment, mental health clinic, emergency department, etc. Grantees will notify the local VA suicide prevention coordinator (SPC) of any Veteran or service member with suicidal behavior within the past 90 days. The SPC is not, however, the main/sole mental health referral pathway. New applicants will describe their area linkages in Section E, to include relationships with VA. [Hannon §201\(f\)](#) specifies that applicants identify and describe how they do or will coordinate with local VAMC SPCs.

Q: Can VA refer the individual back to the grantee organization for treatment and clinical services, understanding that we can't use grant funding for those services?

A: Per [38 CFR § 78.50\(b\)](#), if an eligible individual is at risk of suicide or other mental or behavioral health condition pursuant to the baseline mental health screening conducted under paragraph (a) of this section, the grantee must refer such individual to VA for care. If the eligible individual refuses the grantee's referral to VA, any ongoing clinical services provided to the eligible individual by the grantee are at the expense of the grantee.

Grant Operations

Q: Will this grant require an approval process that delays immediate provision of financial help?

A: Grantee drawdown requests are submitted and processed online via the request functions of the web-based Payment Management System (PMS) platform. Once a drawdown request is submitted, disbursement is completed by electronic funds transfer to the grantee's bank account the following business day. Grantees have three days to expend the funds that are drawn down from the PMS. VA anticipates no delay in processing financial assistance. For any specific service to participants, grantees will develop policies and procedures to ensure that eligible services are delivered in a timely manner.

Q: What are the administrative/reporting expectations if the grant is awarded?

A: The reporting requirements in [38 CFR 78.145](#) have been designed to provide VA with the information required to assess the outcomes associated with grantees' programs. Grantees should strive to meet the goals and expectations laid out in their grant agreement, resolution, and budget, including but not limited to: services provided, geographic regions served, projected eligible individuals to be served, and staffing plans. It's the responsibility of the grantee to contact VA with any requests for grant agreement amendments, program changes, and/or budget changes. Grantees should report program information (e.g., program change requests, performance reports) via the GMS and participant-level data via the web-based, de-identified Data Collection Tool. Grantees are responsible for maintaining careful records (fiscal tracking, case files, etc.), which are reviewed on audit.

Q: When will we know if Congress extends the grant program beyond FY2025?

A: As currently legislated, the program authority ends September 19, 2025. Congress will advise if the program is to be extended.

Organization Specific

Q: Does VA require Microsoft for case management? We use Google suite so we would have to buy a license.

A: No, grantees determine their own case management documentation system and software.

Q: Is there a benefit or requirement to be a Veteran-owned small business?

A: There's no requirement for an eligible entity to be a Veteran-owned small business. Inclusion of Veterans in an organization's staffing plan can be a benefit.

Q: Will new nonprofits that are 100% focused on Veteran suicide prevention be favored over larger or more established organizations where suicide prevention is a small part of the mission?

A: There are numerous considerations in application scoring and recommendation. More details are provided in the NOFO technical assistance [webinar](#).

Q: Regarding services we don't offer, do we have to contract with partners?

A: Grantees should offer services directly via their staff or via subcontractors or vendors. For the purposes of this program, per CFR 78, only state or local governments or a Native American tribe are able to use grant funds to enter into an agreement with a subcontractor under which the grantee may provide funds to the subcontractor for the provision of services. Other grantees may utilize vendors like legal service providers to provide a specific service. Grantees can also offer services indirectly via referrals.