Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP)

Program Guide

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I. Introduction

A. Purpose of the Program Guide

The purpose of this Program Guide is to provide an overview of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP). This Program Guide is intended for oversight, auditing, monitoring, and program review purposes, and is to be used by SSG Fox SPGP applicants and grantees, Department of Veterans Affairs (VA) staff members, and other interested third parties involved in the SSG Fox SPGP. The first version of this Program Guide was issued to SSG Fox SPGP grantees on October 5, 2022. The Program Guide provides the following information:

I. Introduction
II. Program overview
III. Participant eligibility
IV. Suicide prevention services
V. Program operations
VI. Fiscal administration
VII. Training and evaluation
VIII. Reporting requirements
IX. Additional helpful links

The guidelines provided in this Program Guide are intended to be consistent with SSG Fox SPGP regulations (38 CFR Part 78), the uniform administrative requirements, cost principles, and audit requirements for Federal awards (2 CFR Part 200) and other applicable laws, Executive Orders and VA regulations. In the event of a conflict between this Program Guide and VA regulations, applicable laws, or Executive Orders, such regulations, laws, or Executive Orders shall control. Guidelines should not be construed to supersede, rescind, or otherwise amend such laws, Executive Orders, and regulations. Grantees are responsible for ensuring compliance with the requirements of the SSG Fox SPGP regulations, the suicide prevention services grant agreement, and other applicable laws and regulations.

B. SSG Fox SPGP description and background

Section 201 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, Public Law 116-171, authorized VA to develop the SSG Fox SPGP. Suicide prevention services grants are awarded to eligible entities to provide or coordinate the provision of suicide prevention services to eligible individuals and their families.

The statutory authority for the SSG Fox SPGP is found at 38 U.S.C. §1720F. The implementing regulations are found at 38 CFR Part 78.

C. Definitions

Please refer to 38 CFR Part 78 for definitions of terms used in the SSG Fox SPGP. A summary of key definitions used within this program guide is provided below.

Applicant: An eligible entity that submits an application for a suicide prevention services grant announced in a notice of funding opportunity.

Direct financial assistance: Direct federal financial assistance means federal financial assistance received by an entity selected by the government or a pass-through entity as defined in 38 CFR 50.1(d) to provide or carry out a service (e.g., by contract, grant, or cooperative agreement).

Eligible child care provider: A provider of child care services for compensation, including a provider of care for a school-age child during non-school hours, that (1) is licensed, regulated, registered, or otherwise legally operating, under state and local law; and (2) satisfies the state and local requirements, applicable to the child care services the provider provides.

Eligible entity: An entity that meets the definition of an eligible entity in section 201(q) of Public Law 116-171. VA refers to section 201(q) of Public Law 116-171 rather than include the exact definition from subsection (q)(3) of section 201, as this would allow VA to immediately implement any changes made by Congress to that definition without requiring amendment to these regulations. Currently, under section 201(q)(3) of the Act, an eligible entity must be one of the following:

(1) An incorporated private institution or foundation (i) no part of the net earnings of which incurs to the benefit of any member, founder, contributor, or individual, and (ii) that has a governing board that would be responsible for the operation of the suicide prevention services provided under this part;
(2) a corporation wholly owned and controlled by an organization meeting the requirements of clauses (i) and (ii) above;
(3) an Indian tribe, which includes Alaska Native villages
(4) a community-based organization 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; or
(5) a state or local government.

Eligible individual: Per §201(q)(4) of 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. 1720I(b), or (3) an individual described in 38 U.S.C. 1712A(a)(1)(C)(i) through (iv). See Section III. Participant Eligibility for details on how SSG Fox SPGP grantees determine participant eligibility.

Family: a parent, spouse, child, sibling, step-family member, extended family member, or any other individual who lives with the eligible individual.

Grantee: An eligible entity that has been awarded a grant under 38 CFR Part 78.

Indian tribe: An Indian tribe as defined in 25 U.S.C. 4103.25 U.S.C. 4103. Section 4103(13)(A) of title 25, U.S.C., defines Indian tribe in general to mean a tribe that is a Federally or a State recognized tribe. Section 4103(13)(B) of title 25, U.S.C., further defines Federally recognized tribe to mean any Indian tribe, band, nation, or other organized group or community of Indians, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 *et seq.*43 U.S.C. 1601 *et seq.*), that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 *et seq.*).25 U.S.C. 450 *et seq.*). Section 4103(13)(C) of title 25, U.S.C., also defines State recognized tribe to mean any tribe, band, nation, pueblo, village, or community—(1) that has been recognized as an Indian tribe by any State; and (2) for which an Indian Housing Authority has, before the effective date under section 705, entered into a contract with the Secretary of Housing and Urban Development pursuant to the United States Housing Act of 1937 (42 U.S.C. 1437 *et seq.*)42 U.S.C. 1437 *et seq.*) for housing for Indian families and has received funding pursuant to such contract within the 5-year period ending upon such effective date. This definition also includes certain conditions set forth in 25 U.S.C. 4103(13)(C)(ii).25 U.S.C. 4103(13)(C)(ii). This definition of Indian tribe is consistent with section 201(q)(7) of the Act.

Indirect federal financial assistance: Indirect federal financial assistance means federal financial assistance in which a service provider receives program funds through a voucher, certificate, agreement or other form of disbursement, as a result of the genuine, independent choice of a participant.

Notice of funding opportunity (NOFO): A NOFO, in accordance with 38 CFR Part 78, announces the availability of funds for suicide prevention grants.

Participant: An eligible individual or their family member who is receiving suicide prevention services for which they are eligible from a grantee.

Rural communities: Communities considered rural according to the Rural-Urban Commuting Area (RUCA) system as determined by the United States Department of Agriculture For more information on RUCA, please refer to USDA ERS - Rural-Urban Commuting Area Codes

State: Any of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a state exclusive of local governments.

Suicide prevention services:

(1) Outreach services to identify those at risk of suicide as specified under 38 CFR §78.45. Grantees providing or coordinating the provision of outreach must use their best efforts to ensure that eligible individuals, including those who are at highest risk of suicide or who are not receiving health care or other services furnished by VA, and their families are identified, engaged, and provided suicide prevention services.

(2) Baseline mental health screening to all participants (18 years +) served at the time those services begin, per 38 CFR §78.50. This mental health screening must be administered using a VA-provided screening tools that allows non-clinicians to screen for suicide risk and mental and behavioral health conditions.
(3) Education on suicide risk and prevention to families and communities per 38 CFR §78.55.
(4) Clinical services for emergency treatment as specified under 38 CFR § 78.60 .
(5) Case management services per 38 CFR §78.65.
(6) Peer support services as specified by 38 CFR § 78.70 .
(7) Assistance in obtaining VA benefits as specified under 38 CFR § 78.75 .
(8) Assistance in obtaining and coordinating other public benefits and assistance with emergent needs per 38 CFR §78.80.
(9) Nontraditional and innovative approaches and treatment practices as specified under 38 CFR §78.85 and as approved by VA.
(10) Other services as specified under 38 CFR §78.90 and approved by VA.

Suicide prevention services grant: A grant awarded under the SSG Fox SPGP.

Suicide prevention services grant agreement: The agreement executed between VA and a grantee as specified by 38 CFR 78.

Suspension: An action by VA that temporarily withdraws VA funding under a suicide prevention services grant, pending corrective action by the grantee or pending a decision to terminate the suicide prevention services grant by VA. Suspension of a suicide prevention services grant is a separate action from suspension under VA regulations implementing Executive Orders 12549 and 12689, "Debarment and Suspension."

VA: Department of Veterans Affairs

VBA: Veterans Benefits Administration

Veteran: A Veteran as defined under 38 U.S.C. 101(2).

Veterans Crisis Line: The toll-free hotline for Veterans in crisis and anyone concerned on their behalf established under 38 U.S.C. 1720F(h). This is consistent with section 201(q)(12) of the Act. Link to the Veterans Crisis Line: https://www.veteranscrisisline.net/ .

VHA: Veterans Health Administration

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II. Program overview

A. Goal of the SSG Fox Suicide Prevention Grant Program

The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) enables VA to provide resources toward community-based suicide prevention efforts to meet the needs of Veterans and their families through outreach, suicide prevention services, and connection to VA and community resources. In alignment with VA's National Strategy for Preventing Veteran Suicide (2018-2028) and the White House Strategy for Reducing Military and Veteran Suicide (2021), this grant program assists in further implementing a public health approach that blends community-based partnerships and prevention plans with evidence-based clinical strategies. The grant program is part of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, signed into law on October 17, 2020. Congress has authorized $174 million to carry out the SSG Fox SPGP, a three-year community-based grant program that provides resources to community organizations serving certain Veterans and their families across the country.

SSG Fox SPGP honors Veteran Parker Gordon Fox, who joined the Army in 2014 and was a sniper instructor at the U.S. Army Infantry School at Ft. Benning, GA. Known for a life of generosity and kindness to others in need, SSG Fox died by suicide on July 21, 2020, at the age of 25.

B. Eligible individuals

An eligible individual is a person who meets criteria that determine that person is at risk of suicide and further meets the definition of eligible individual in section 201 of Public Law 116-171. VA refers to section 201(q) of Public Law 116-171 rather than include the exact definition from subsection (q)(4), as this would allow VA to immediately implement any changes made by Congress to that definition without requiring amendment to these regulations.

Subsection (q)(4) of section 201 currently states that the individual at risk of suicide must be one of the following:

(1) A Veteran as defined in 38 U.S.C. 101(2)
(2) an individual described in 38 U.S.C. 1720I(b)
(3) an individual described in 38 U.S.C. 1712A(a)(1)(C)(i) through (iv).

C. Suicide prevention services

Through the SSG Fox SPGP, VA aims to address the needs of eligible individuals and their families necessary for reducing suicide risk and improving mental health status and well-being. This broadly defines the intended effects of the program, is consistent with the intent of the law, and ensures that those services authorized under this grant program are those that meet the purpose of reducing suicide risk. Towards this end, all SSG Fox SPGP grantees provide at minimum the required baseline mental health

screening service and have the option of providing additional SSG Fox SPGP services outlined below as approved by VA in their grant agreements.

(1) Outreach to identify those at risk of suicide.
(2) Baseline mental health screening (for participants over 18 years of age).
(3) Education on suicide risk and prevention to families and communities.
(4) Provision of clinical services for emergency treatment.
(5) Case management services.
(6) Peer support services.
(7) VA benefits assistance for eligible individuals and their families.
(8) Assistance with obtaining and coordinating other public benefits and assistance with emergent needs.
(9) Nontraditional and innovative approaches and treatment practices, as determined appropriate by VA.
(10) Other services necessary for improving mental health status and well-being and reducing the suicide risk of eligible individuals and their families as determined appropriate by VA.

D. Coordination with VA medical centers

As required by law, grantees work in coordinated partnership with their local Veterans Affairs medical center (VAMC), particularly around referral and linkage to VAMCs for clinical mental health assessment and services. The organizational structure for each VAMC can vary. It is up to the grantee to reach out to the VAMC prior to service delivery to establish points of contact and verify roles and processes in areas such as Eligibility/Enrollment, Mental Health scheduling, Mental Health walk-in clinic, Emergency Department or Urgent Care Clinic, local Suicide Prevention Coordinator (SPC), Post 9/11 Military 2VA Case Management Program, etc.

Grantees are strongly encouraged to organize planning meetings with local points of contact for each VAMC in their service area to collaboratively standardize processes for referrals from grantees to VAMCs, as well as to help educate staff about facilitating access to available services.

VA local resources such as clinic locations and SPC contact information may be found by zip code search at https://www.Veteranscrisisline.net/find-resources/local-resources/.

Grantees will notify their local VAMC SPC whenever an eligible individual reports suicidal behavior that has occurred within the past 90 days, and suicide deaths of any timeframe. The purpose of this notification is that SPCs offer enhanced support to the highest risk eligible individuals as well as postvention support to those bereaved by suicide.

Should an eligible individual decline VHA referral and perceive this information sharing with VHA as a barrier to engagement in grantee services and therefore risk mitigation for their safety, the grantee is responsible to develop and follow their own policies and procedures for specifying exactly when an exception to this notification would be warranted.

Grantees are advised that:

1. SPCs are not the primary contact for general mental health referrals.
2. SPCs are not available 24/7. Most work 8:00am-4:30pm
3. A voicemail to an SPC does NOT replace appropriate crisis intervention which is the responsibility of the grantee to initiate/facilitate.

E. Renewal funding opportunity process

VA will announce funding renewal opportunities in a NOFO when funding is available. Existing grantees may apply for grant funds renewal in accordance with any requirements set forth in the NOFO. To apply for renewal of a suicide prevention services grant, the grantee's program must remain substantially the same (otherwise, the grantee should submit a new application instead of a renewal application). VA will use the criteria and selection process described in 38 CFR §78.35 and 38 CFR §78.40 to evaluate and award suicide prevention services grant renewal awards. Additional information concerning the renewal funding opportunity process will be provided in the NOFO.

F. Technical assistance

Technical assistance will be available to eligible entities and grantees to assist them in meeting the requirements of 38 CFR Part 78. The technical assistance provided is designed to help eligible entities apply for suicide prevention services grants under the SSG Fox SPGP and administer, develop, and operate suicide prevention services programs.

Pre-award technical assistance will be provided to prospective applicants in the form of a webinar providing an overview of the NOFO and other information available on the SSG Fox SPGP website. There is also a general email listed in the NOFO and on the website for interested applicants. The goals of these efforts are to raise public awareness of the SSG Fox SPGP, provide interested parties with information about the SSG Fox SPGP, and assist prospective applicants in developing and submitting thorough applications that meet the requirements, goals, and objectives of the SSG Fox SPGP.

Information on how to obtain technical assistance can be found on the SSG Fox SPGP's website: https://www.mentalhealth.va.gov/ssgfox-grants/.

Grantees are offered access to technical assistance, through both in-person and virtual events. National and regional in-person training is supplemented by a series of national webinars. Grantees are expected to use these opportunities to support the training of their staff and work with newly hired staff to ensure that an appropriate program of training and orientation is provided to help them become proficient in their work. If grantees have specific training needs or questions, they should contact their grant manager.

III. Participant eligibility

A. Introduction

Grantees are responsible for verifying and documenting the eligibility of all participants prior to providing SSG Fox SPGP assistance. Grantees with insufficient case file documentation may be found out of compliance with SSG Fox SPGP regulations during VA monitoring visits. It is important for grantees to develop local policies and procedures to ensure appropriate documentation is obtained and included in SSG Fox SPGP participants' files.

B. Eligible individual verification requirements

Screening for eligibility must occur as a part of the intake process and prior to service delivery. Grantees should develop written policies and procedures specific to their own program to clearly outline how they conduct screening of potentially eligible individuals, how program eligibility is determined and by whom. It is important that grantees can quickly screen, assess, and assist eligible individuals, as they may be in crisis. Delays that occur between the first outreach encounter and service delivery can result in missed opportunities to mitigate the crisis. Each eligible individual's file must include documentation verifying that the eligible individual meets SSG Fox SPGP eligibility requirements. VA encourages grantees to use this Program Guide to help them ensure appropriate and sufficient information is collected, documented, and maintained in case files to document program compliance.

There are three aspects to eligibility: 1) being a Veteran, or having qualifying military service, 2) screening to verify some risk factors for suicide, and 3) screening positive for the degree of suicide risk determined by approved VA screening tool.

1. Veteran or qualifying military service

Note: For SSG Fox SPGP Veteran or qualifying military service purposes, an individual will be considered eligible if they satisfy section 1(a), 1(b), or 1(c)described below.

a. Option 1: A Veteran as defined in 38 U.S.C. 101(2),

Section 101(2) of title 38, U.S.C. Section 101(2) of title 38, U.S.C. defines a Veteran as a person who served in the active military, naval, air, or space service, and who was discharged or released therefrom under conditions other than dishonorable.

> Note: Section 101 ordinarily excludes a person who received a dishonorable discharge from establishing status as a Veteran for VA purposes. Dishonorable discharges are ordinarily imposed as the sentence of a general court-martial. Two other unfavorable characters of discharge are possible: other than honorable (OTH) and bad conduct discharge (BCD). BCDs can result from a general court-martial or a special court-martial. Neither OTHs nor BCDs are

dispositive for purposes of establishing status as a Veteran for VA purposes. Also note that 38 U.S.C. § 5303A minimum active-duty service requirements apply to Veterans under 38 U.S.C. §101. Grantees can rely on VA determinations as to the status of an individual as a Veteran under 38 U.S.C. § 101(2).

b. Option 2: An individual described in 38 U.S.C. 1720I(b)

Section 1720I(b) describes former members of the Armed Forces, including the reserve components, who:

i. while serving in the active military, naval, air, or space service, were discharged or released therefrom under a condition that is not honorable but not:
   a. a dishonorable discharge;
   b. or a discharge by court-martial.
ii. are not enrolled in VA health care; and
iii. either (A) served in the Armed Forces for a period of more than 100 cumulative days and were deployed in a theater of combat operations, in support of a contingency operation, or in an area at a time during which hostilities were occurring in that area during such service, including by controlling an unmanned aerial vehicle from a location other than such theater or area; or (B) while serving in the Armed Forces, were the victim of a physical assault of a sexual nature, a battery of a sexual nature, or sexual harassment (as defined in 38 U.S.C. 1720D(f)).

c. Option 3: An individual described in 38 U.S.C. 1712A(a)(1)(C)(i) through (iv)

Clauses (i) through (iv) of section 1712A(a)(1)(C) include:

(i) Any individual who is a Veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who served on active duty in a theater of combat operations or an area at a time during which hostilities occurred in that area;

(ii) Any individual who is a Veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who provided direct emergency medical or mental health care, or mortuary services to the causalities of combat operations or hostilities, but who at the time was located outside the theater of combat operations or area of hostilities;

(iii) Any individual who is a Veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who engaged in combat with an enemy of the United States or against an opposing military force in a theater of combat operations or an area at a time during which hostilities occurred in that area by remotely controlling an unmanned aerial vehicle, notwithstanding whether the physical location of such Veteran or member during such combat was within such theater of combat operations or area; and

(iv) Any individual who is a Veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who served either (A) on active service in response to a national emergency or major disaster declared by the President, or (B) in the National Guard of a State under orders of the chief executive of that State in response to a disaster or civil disorder in such State.

To determine eligibility, grantees may request any one of the following documents:

(1) Veterans Health Identification Card
(2) VA Veterans Choice Card
(3) 38 U.S. Code § 5706 - Veterans Identification Card
(4) Veterans Benefits Administration (VBA) Statement of Service (SOS)
(5) VBA award letter of service-connected disability payment or non-service-connected pension
(6) NA Form 13038
(7) DD Form 214 Certificate of Release Discharge from Active Duty
(8) Current Military, Retiree, or Dependent ID Card
(9) Status Query and Response Exchange System (SQUARES) Printout (available in July 2023)

VA will be leveraging the Status Query and Response Exchange System (SQUARES), which will allow any SSG Fox SPGP grantee to instantaneously determine eligible individual status. The system will function by sending the personal identifiers for an individual client record as an electronic query to the VA Department of Defense Identity Repository (VADIR). VADIR then uses its standard match logic to determine whether the particular individual has a matching record of military service. SQUARES offers detailed discharge status for the majority of inquiries, allowing instant determination of program eligibility and status of VHA enrollment. More information will be provided to grantees when SQUARES is available for use with SSG Fox SPGP. To review the features and watch a tutorial on how to use the current version of SQUARES, please go to: www.va.gov/homeless/SQUARES.

2. Screening to verify risk for suicide

This must be done by two processes:

a. Eligible individuals must be at risk for suicide defined as exposure to, or the existence of, any of the following factors, to any degree that increase the risk of suicidal ideations and/or behaviors:
   (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.

b. Screening positive for the degree of suicide risk determined by approved VA screening tool:

   (1) Once a grantee has determined the participant has identified suicide risk factors, VA requires grantees to screen the individual's degree of risk through the administration of the version of the Columbia Suicide Severity Rating Scale Screener (C-SSRS) provided by VA. An individual must screen at minimum as low risk to be eligible for the program.

In line with publicly available C-SSRS triage guidance for non-mental health or non-hospital settings, grantees will develop their own policies and procedures for responding to various levels of risk determined by the C-SSRS with these considerations:

a. LOW RISK C-SSRS SCREEN:

i. Facilitate VHA Registration and Mental Health Assessment
   1) Scheduled appointment or walk-in options.
   2) Ensure local Emergency Room (ER) and Veterans Crisis Line info provided.
   3) If VHA care is declined, the grantee must facilitate referral to an appropriate alternative.

b. MODERATE RISK C-SSRS SCREEN:

i. Facilitate VHA Registration and Mental Health Assessment
   1) Encourage same day walk-in option and provide close follow up to ensure soon appointment.
   2) Ensure local ER and Veterans Crisis Line info are provided.
   3) If VHA care is declined, the grantee must facilitate referral to an appropriate alternative.
   4) Consult with a mental health provider/supervisor.

c. HIGH RISK C-SSRS SCREEN

i. Facilitate immediate evaluation.
   1) Local VHA or non-VHA ER.
   2) Same day VHA MH walk-in clinic may be appropriate.
   3) Call ahead/provide direct report; also ensure follow up.
   4) May involve transportation.
   5) Some grantees are approved to provide clinical emergency services for treatment so further suicide assessment and intervention may be appropriate at grantee site.
   6) Call VCL or 911 if an individual is unable to maintain safety.
   7) Consider involving trusted support/family member in getting to clinic/ER and/or lethal means safety.
   8) If VHA care is refused the grantee must facilitate referral to an appropriate alternative.
   9) Consult with a mental health provider/supervisor.

C. Family member eligibility

Family members are only eligible for SSG Fox SPGP services if/when the eligible individuals are enrolled in the program. Family members complete their own intake form, psychosocial risk form, C-SSRS and baseline mental health screenings (for participants over 18 years of age), however, family members do not need their own positive psychosocial risk factor form and C-SSRS in order to participate. The eligible individual's positive psychosocial risk factor form and C-SSRS qualify the family member to receive services that are in support of and related to the eligible individual's risk mitigation. Family members cannot begin services without an eligible individual being enrolled in SSG Fox SPGP.

Family members (1) unless they are also Veterans themselves (2) or in the rare instance of having CHAMPVA (3) or a highly specific caregiver eligibility, are not eligible for VA mental health care. If a family member is at risk of suicide or other mental or behavioral health condition pursuant to the C-SSRS or baseline mental health screening, the grantee must refer such participant to appropriate health care

services in the area unless the grantee is capable of furnishing such care. Any ongoing, non-emergent clinical services provided to the participant by the grantee is at the expense of the grantee.

D. Referral of ineligible individuals

If grantees encounter individuals who do not meet the eligibility requirements of the SSG Fox SPGP, they should make efforts to refer such individuals to another program that will provide them with the assistance and services they require. Grantees are required to inform the individual as to the reasons they were found ineligible, recommend alternative services to meet the individual's needs and notify any applicable referral source an individual elects to contact. Grantees should inform the individual of the agency's grievance policy should the determination be disputed. Staff should be familiar with area resources so that appropriate referrals can be made.

IV. Suicide prevention services

All SSG Fox SPGP grantees provide at minimum the required baseline mental health screening service and then additional SSG Fox SPGP services as approved by VA in their grant agreements. Please see section VI. Fiscal Administration, C. Eligible Expenses in this program guide for details on eligible expenses for each of these services.

A. Outreach to identify those at risk of suicide

Performing outreach is a critical component of grantees' programs. Outreach services must be customized to the target populations being served by the grantee. Outreach plans also depend upon the area or community in which suicide prevention services will be provided (e.g., tribal, rural) and the available resources in those areas or communities. Grantee outreach should be comprehensive and targeted to all communities.

Effective outreach should ensure that suicide prevention services are provided to those most at risk or not connected to VA care. As part of providing outreach, grantees should:

(1) Develop relationships with local social services and public benefit agencies, and faith-based and community-based organizations serving at-risk individuals.
(2) Host local informational events.
(3) Participate in local suicide prevention coalition events, community health fairs or similar events.
(4) Develop relationships with local VA facilities, including Vet Centers and Veterans Benefit Administration (VBA) offices.

B. Baseline mental health screening

Grantees are required to provide baseline mental health screening to all participants over the age of 18 at intake and program exit. This screening is comprised of the five brief, simple, publicly available, and well-validated tools listed below. This baseline mental health screening ensures that the participant's service plan includes appropriate suicide prevention services specific to the participant's assessed needs. Hence, the baseline mental health screening must be completed before the service plan is created and services begin.

(1) Socio-Economic Status (SES): This is used to determine whether there is a change in financial stress, annual income, level of education and employment status over the enrollment period in program.
(2) Patient Health Questionnaire (PHQ-9): This is used to determine whether there is a change mood related symptoms over the enrollment period in program. Note: The PHQ-9 must be done with a staff member, as the PHQ-9 score may reveal the need for an urgent mental health referral.
(3) Warwick Edinburgh Mental Wellbeing Scale (WEMWS): This is used to determine whether there is overall well-being of participant over the enrollment period in program.

(4) Generalized Self-Efficacy Scale: This is used to determine whether there is a change in self-efficacy over the enrollment period in the program.
(5) Interpersonal Support Evaluation List (ISEL-12): This is used to determine whether there is a change in social support over the enrollment period in program.

C. Education on suicide risk and prevention to families and communities

Education as a suicide prevention service may be provided or coordinated to educate communities and families on how to identify eligible individuals at risk of suicide, how and when to make referrals for care and the types of suicide prevention resources available within their area. Education strengthens community knowledge of the signs of suicide risk, how to reduce access to lethal means and connect those at risk of suicide to care. Education can include gatekeeper training, lethal means safety training, or specific education programs that assist with identification, assessment, or prevention of suicide.

D. Clinical services for emergency treatment

Clinical services for emergency treatment may be provided or coordinated to be provided as a SSG Fox SPGP service for those grantees who have this as an approved service.

Clinical services for emergency treatment may result from a variety of needs and may include medical services, professional services, ambulance services, ancillary care and medication. Given the narrow definition of emergency in the law and 38 CFR 78.60, clinical services for emergency treatment may involve, for example, one outpatient crisis mental health assessment or counseling session to evaluate risk and link to higher level of care or ongoing mental health care. For example, clinical services for emergency treatment would not involve five outpatient psychotherapy sessions.

If an eligible individual is furnished clinical services for emergency treatment and the grantee determines that the eligible individual requires ongoing services, the grantee must refer the eligible individual to VA for additional care. If the eligible individual refuses the grantee's referral to VA, any ongoing clinical services provided to the eligible individual by the grantee is at the expense of the grantee. If a participant other than an eligible individual is furnished clinical services for emergency treatment and the grantee determines that the participant requires ongoing services, the grantee must refer the participant to appropriate health care services in the area for additional care.

Per 38 CFR §78.80(a), clinical healthcare services (with exception for grantees approved for clinical services for emergency treatment per §78.60) are not approved services/costs. Clinical services for emergency treatment may be provided with SSG Fox SPGP funds, but only for those grantees who have this as an approved service. Except as provided for under §78.60, funds provided under this grant program may not be used to provide clinical services (e.g., clinical health care, psychotherapy) to participants, and any non-emergent clinical services provided by the grantee are at its expense and not VA's. Further,

grantees may not charge, bill, or otherwise hold liable eligible individuals for the receipt of such care or services.

E. Case management services

Grantees providing or coordinating the provision of case management services must provide or coordinate the provision of such services that include, at a minimum:

(1) Performing a careful assessment of participant suicide prevention service needs and developing and monitoring case plans in coordination with that assessment, including necessary follow-up activities to ensure that the participant's needs are adequately addressed.
(2) Establishing linkages with appropriate agencies and service providers in the area to help participants obtain needed suicide prevention services.
(3) Providing referrals to participants and related activities (such as scheduling appointments for participants) to help participants obtain needed suicide prevention services, such as medical, social, and educational assistance or other suicide prevention services to address participants' identified needs and goals;
(4) Deciding how resources and services are allocated to participants on the basis of need.
(5) Educating participants on program aspects, including, but not limited to, suicide prevention services availability and participant rights; and,
(6) Other activities, as approved by VA, to serve the comprehensive needs of participants for the purpose of reducing suicide risk.

F. Peer support services

There is a critical distinction between the services and requirements for peer support specialists as described in 38 CFR §78.70 and peer support groups or approaches that may be incorporated into Other Services without these requirements. Peer support services described in this section and in 38 CFR §78.70 are referring to peer support specialist services.

Peer support services must be provided by Veterans trained in peer support with similar lived experiences related to suicide or mental health, and these services help participants understand what resources and supports are available in their area for suicide prevention. Peer support specialists serve as role models and function as interdisciplinary team members.

Each grantee providing or coordinating the provision of peer support services must ensure that Veterans providing such services meet the requirements of 38 U.S.C. 7402(b)(13) and meet qualification standards for appointment; or have completed peer support training, are pursuing credentials to meet the minimum qualification standards for appointment and are under the supervision of an individual who meets the necessary requirements of 38 U.S.C. 7402(b)(13).

Qualification standards include that the individual is:

(1) a Veteran who has recovered or is recovering from a mental health condition, and

(2) certified by (i) a not-for-profit entity engaged in peer support specialist training as having met such criteria as the Secretary shall establish for a peer support specialist position, or (ii) a state as having satisfied relevant state requirements for a peer support specialist position.

VA has further set forth qualifications for its peer support specialists in VA Handbook 5005, Staffing (last updated September 30, 2021; See VA Handbook/Directive 5005 at VA Publications). Grant funds may be used to provide education and training for employees of the grantee or the community partner who provide peer support services based on the terms set forth in the grant agreement.

G. Assistance in obtaining VA benefits

An aim of the SSG Fox SPGP is to reach those not presently engaged in VA services. As part of intake, the grantee should determine whether the eligible individual is already receiving services from VA, what new or additional services the participant may need, want and be eligible for, and refer the participant to the appropriate VA office for assistance. Potential VA benefits and services may include, but are not limited to:

(1) Vocational and rehabilitation counseling;
(2) Employment and training service;
(3) Educational assistance;
(4) Housing and homeless assistance; and
(5) Health care services, including mental health.

If an eligible individual has not yet enrolled in the VA health care system, the grantee should, with the Veteran's consent, provide assistance in the registration/enrollment process. See Section II. Program Operations, D. Coordination with VA Medical Centers in this Guide for more details on grantee collaboration with VAMCs. Information on VA healthcare, benefits and locations can be found on this VA website: https://www.va.gov/.

The Veterans Benefits Administration is distinct from Veterans Health Administration, though both are within VA. If necessary, the grantee should also help Veterans locate an accredited claims agent or attorney and other services to assist them in obtaining VA benefits. Although grantees will assist participants in obtaining available benefits from VA, grantees are not permitted to represent Veterans in benefit claims before VA unless the individual providing representation is an accredited claims agent or attorney. Details on how to find an accredited representative or Veterans Service Officer to assist with claims are found at: https://www.va.gov/disability/get-help-filing-claim/.This page includes searchable databases of accredited VSOs such as https://www.va.gov/ogc/apps/accreditation/index.asp and https://www.ebenefits.va.gov/ebenefits/vso-search.

Grantees should develop relationships with local VA facilities, State Veterans Affairs Offices and Veterans Service Organizations (VSOs). Grantees who maintain lines of communication with VA facilities will be able to stay up-to-date about new benefits and services for which participants may be eligible and make or receive referrals as appropriate.

A list of State Veterans Affairs Offices can be found on the following VA website: http://www.va.gov/statedva.htm.

If an eligible individual is at risk of suicide or other mental or behavioral health condition pursuant to the eligibility C-SSRS or baseline mental health screening, the grantee must refer such individual to VA for care. If the eligible individual declines the grantee's referral to VA, the grantee may refer elsewhere or provide directly. However, any ongoing, non-emergent clinical services provided to the eligible individual by the grantee is at the expense of the grantee, per section 201(m)(3) of Hannon Act.

When referrals are made by grantees to VA, to the extent practicable, those referrals are required to be a "warm hand-off" to ensure that the eligible individual receives necessary care. This "warm hand-off" may include providing any necessary transportation to the nearest VA facility, assisting the eligible individual with scheduling an appointment with VA, and any other similar activities that may be necessary to ensure the eligible individual receives necessary care in a timely manner. This is consistent with feedback received from commenters during consultation. This "warm hand-off" is also consistent with other suicide prevention services that grantees may provide, such as assistance in obtaining any VA benefits and assistance with emergent needs.

H. Assistance in obtaining and coordinating other public benefits and assistance with emergent needs

SSG Fox SPGP cultivates external supports and connections intended to outlast the time a participant is actively engaged in SSG Fox SPGP. Grantees should therefore strive to strengthen each participant's ties to external resources to the extent that they will be maintained long after SSG Fox SPGP is available to the participant. However, it is important to remember that all referrals are voluntary.

Grantees may assist participants in accessing both public benefits and mainstream community resources. The terms "public benefits" and "community resources" are defined broadly to include health care (medical, mental health, and substance abuse services) and daily living services), personal financial planning services, transportation services, temporary income support services, fiduciary and representative payee services , legal services, and child care services.

Grantees may elect to provide directly (via personnel, vendor, or in certain instances, third party payment on behalf of the participant) to participants the public benefits identified in paragraphs (c) through (h) of 38 CFR § 78.80: personal financial planning services, transportation, temporary income support services, fiduciary and representative payee services, legal services, and child care services. Other services in §78.80, health care and daily living services, may be provided by indirect referral only.

1. Health care and daily living services - §78.80(a) and (b)

For eligible individuals with a history of reluctance to seek care from VA settings, grantee staff leverage the trust established through their relationships with participants to support reestablishing connections.

Some individuals may be ineligible to enroll in VA health care, or they may decline VA health care. Accordingly, grantees must also identify non-VA health care resources and encourage and facilitate referrals. Grantees must also be able to assist participants in applying for Medicaid and/or subsidized insurance through local health care exchanges created by the Affordable Care Act (ACA) or otherwise.

See Section II.D. Coordination with VA medical centers and Section IV.G. Assistance in obtaining VA benefits this guide for more details on grantee collaboration with VAMC registration offices and VA mental health referrals. Also review Sections III.C. Family member eligibility and III.D. Referral of ineligible individuals in this guide for details on grantee responsibilities for making mental health care referrals for those who are ineligible for VA care. Healthcare and daily living services may not be provided directly with SSG Fox SPGP funds; grantees would coordinate referrals only.

2. Personal financial planning and credit counseling services - §78.80(c)

Where appropriate and desired, SSG Fox SPGP participants should be supported to connect with services that improve their day-to-day finances and help achieve long-term budgeting and financial goals. These services may include individualized counseling or workshops that teach critical skills such as budgeting, setting up bank accounts, managing money in the long term, accessing a free credit report, and repairing credit. In particular, the National Foundation for Credit Counseling (www.nfcc.org) is an accredited, non-profit resource that can directly negotiate interest rates, package loans, and obtain the most favorable debt settlement terms. Grantees should seek services for participants who need and want to resolve poor credit or otherwise improve their financial situation to reduce suicide risk. Community action agencies, adult education community centers, and non-profit workforce development organizations often provide financial education services and that may be helpful.

3. Transportation services - §78.80(d)

SSG Fox SPGP participants should be supported to connect with transportation on an as-needed basis, if it will reduce suicide risk factors and improve mental status and well-being when the participant lacks access to a car or public transportation. For example, participants may require assistance with transportation to a job interview or a medical appointment. Where available, grantees should help participants take advantage of subsidized transportation and free bus passes in their area. These are typically offered for low-income people who have disabilities or are elderly. Participants should also be connected to local shuttle services to VA medical centers which may leave from Veterans Service Organizations or similar sites. To supplement local transportation assistance, grantees have the option to provide transportation directly to participants . When transportation is provided, grantees must devise a written policy requiring that all drivers have a valid driver's license, cell phone access inside the vehicle, and training on agency transportation procedures. Such policies also must call for insurance for all vehicles used to transport participants.

In addition to the resource access approach outlined above, transportation may also be directly paid to a third party on behalf of the participant. Payment must be made by the grantee directly to a third party

(but benefits can be provided by the grantee directly to the participant in the case of tokens, vouchers, etc., that the grantee has obtained from the third party).

Grantees may provide transportation services through reimbursement for transportation furnished through ride-sharing services, taxi services, or other similar sources if two conditions are met:

(1) The participant must lack any other means of transportation, including transportation or reimbursement for transportation from VA under 38 CFR part 70, and

(2) The grantee must document the participant's lack of other means. Such documentation would be maintained as part of the participant's case file.

4. Temporary income support services - §78.80(e)

Where appropriate, SSG Fox SPGP participants should be supported to connect with temporary income support services, which may consist of providing assistance in obtaining other Federal, State, Tribal, and local assistance, in the form of, but not limited to, mental health benefits, food assistance, housing assistance, employment counseling, medical assistance, Veterans' benefits, and income support assistance.

Mental Health Benefits:

Grantees are required to refer eligible individuals to VHA for mental health benefits, but for those eligible individuals who decline VHA care or for family member participants, grantees may make referrals to Federal or local public health insurance programs, mental health services and resources.

Food assistance:

The SSG Fox SPGP includes provision of food assistance because of the correlation between food insecurity and mental health concerns including suicide risk. Grantees are encouraged to ask participants about food security and make referrals and linkage to resources such as food stamps or similar programs and local food banks.

Grantees may make payments on behalf of a participant for food assistance. Such food source payments should be made only to a third party, not directly to the participant. For more information on direct third-party payments, see Section VI.C.12. in this Guide.

Housing assistance:

The SSG Fox SPGP includes linkage to housing assistance because of the correlation between homelessness and suicide risk. Grantees are encouraged to make referrals to resources such as the Department of Housing and Urban Development, VA's Supportive Service for Veteran Families program, emergency shelters, other Federal or local housing programs, etc. Grantees may make payments on behalf of a participant for housing. Payments should be made only to a third party, not directly to the participant. For more information on direct third-party payments, see Section VI.C.12. in this Guide.

Employment counseling:

Income support services may include services that foster workforce participation, job readiness, and job opportunities with the aim of maximizing income and thereby increasing financial stability and overall well-being. This effort could be carried out by an in-house employment specialist. Alternatively, participants can be referred to such services through community resources, such as Goodwill Industries and Workforce Investment Act-funded local job centers, or Federal sponsored workforce development programs such as VA's Veteran Readiness and Employment and Department of Labor Veterans Employment and Training Services .

These programs may offer assistance with resume writing, job searches, job interviewing, and job skill development. Grantees should also explore the availability of local job fairs, particularly those dedicated to Veterans, and local employers advertising new job development specifically for Veterans.

Medical Assistance:

Grantees are encouraged to make referrals to Federal or local programs that support access to medical care, such as health insurance, preventive and medical care, and related resources.

Veterans' Benefits:

Grantees are encouraged to make referrals to Federal or local programs that support linkage to the full range of Veterans benefits and related resources for which an individual may be eligible.

Income support assistance:

Grantees are encouraged to make referrals to income support assistance resources such as public assistance, welfare benefits, unemployment assistance, and other Federal or local programs that support income.

5. Fiduciary and Representative Payee services - §78.80(f)

SSG Fox SPGP participants should be supported with the option of enlisting a VA fiduciary or representative payee arrangement on an as-needed basis. These arrangements may help participants who cannot manage their own financial affairs due to injury, disability, or age. Instead, a participant may choose to designate a VA fiduciary or representative payee to manage their Veteran Benefits Administration benefits, Social Security Disability Insurance, Supplementary Security Income, or other income on their behalf. The designated party then uses the individual's income to consistently pay for current and foreseeable needs. Grantees should help participants who may need and want to explore the availability of this option.

6. Legal services - §78.80(g)

Where appropriate, grantees may refer eligible individuals for legal services to assist the eligible individual with issues that may contribute to the risk of suicide, including issues that affect the eligible individual's employability and financial security (such as debt, credit problems) and issues that interfere with the

eligible individual's ability to cover basic needs such as food, transportation, medical care, housing, etc. With the exception of legal assistance with resolving outstanding warrants, fines, expungements, and drivers' license revocations symptomatic of reentry obstacles in employment or housing, authorized legal services do not include legal assistance with criminal matters nor matters in which the eligible individual is taking or has taken any adversarial legal action against the United States (that is, the Federal government). Authorized legal services also do not include legal assistance with matters in which the United States (that is, the Federal government) is prosecuting an eligible individual.

SSG Fox SPGP-funded legal assistance can be provided directly by the grantee. Below is a description of the two service models most utilized:

i. In-House Counsel: Grantees may choose to hire licensed counsel as part of their SSG Fox SPGP staff to provide legal services to their program participants. This model constitutes direct service provision and costs acquired fall under the "Provision and Coordination of Suicide Prevention Services – Personnel" category of the budget.

ii. Contract: Many Grantees elect to subcontract services out to a legal services provider (Private Attorney, Legal Aid Provider, etc.). This model constitutes direct service provision, operates on a flat fee or fee for service agreement, and is based on an anticipated volume of legal services that will be used by the grantee's participants. Costs acquired under this model fall under "Provision and Coordination of Suicide Prevention Services – Non-Personnel" category of the budget. Grantees are encouraged to include specific reporting requirements (services provided, length of service, etc.) in the contract as well as include subcontractor-led issue legal issue spotting training for case managers.

   Grantees may make referrals on an as-needed basis to community legal aid organizations, Legal Aid Clinics, and other entities (or attorneys) providing pro bono assistance. Informal coordinated referral agreements may also be made with these service providers as well as with local law schools and chapters of the American Bar Association.

7. Child care services - §78.80(h)

SSG Fox SPGP participants should be supported to access child care when needed to support efforts to reduce suicide risk factors (e.g., employment, health care, education, etc.). Child care may be especially useful to participants engaged in intensive treatment, a busy schedule, job interviews or in the initial weeks of new employment when participants have yet to accumulate sufficient savings to pay for child care. To meet this need, grantees should research the availability of subsidized or free child care for low-income households in their area. Ideally, grantees will find emergency child care services that could bridge participants through a period of risk until more long-term, affordable arrangements can be secured.

In addition to the resource access approach outlined here, child care may also be paid directly to a third party on a participant's behalf when no other free or reduced-cost options can be found for a

participant in the community. A grantee may make payments on behalf of a participant to an "eligible child care provider" providing child care services. For more information on direct third-party payments, see Section VI.C.12. in this Guide. The following table outlines restrictions applicable to child care assistance payments:

Restrictions on Child Care Assistance	
Payment	**Payment must be made by the grantee directly to an "eligible child care provider." An "eligible child care provider" is a provider of child care services for compensation, including a provider of care for a school-age child during non-school hours, that: (1) is licensed, regulated, registered, or otherwise legally operating under State and local law, and (2) satisfies the State and local requirements applicable to the child care services the provider provides.**
Cost-Sharing with Other Programs	**Payments for child care cannot be provided on behalf of participants for the same period of time and for the same cost types that are being provided through another Federal (including VA), State, or local subsidy program.**
Assistance Limit	**Payment may not exceed $5,000 per family of an eligible individual per Federal fiscal year.**
Age of Child	**Only available for children under the age of 13 (unless the child is disabled, in which case under the age of 18).**

I. Nontraditional and innovative approaches

Grantees providing or coordinating the provision of nontraditional and innovative approaches and treatment practices may provide or coordinate the provision of nontraditional and innovative approaches and treatment, including but not limited to complementary or alternative interventions with some evidence for effectiveness of improving mental health or mitigating a risk factor for suicidal thoughts and behavior, as set forth in the NOFO or as approved by VA that are consistent with SSG Fox SPGP. Applicants may propose nontraditional and innovative approaches and treatment practices in their suicide prevention services grant application, and grantees may propose these additional approaches and treatment practices by submitting a written request to modify the suicide prevention services grant. VA is authorized to include such commitments as it considers necessary to carry out this section. VA has the authority to approve or disapprove nontraditional and innovative approaches and treatment practices to be provided or coordinated to be provided using funds authorized under SSG Fox SPGP. These approaches and treatment practices can evolve, and by maintaining the right to approve or disapprove these treatment practices or approaches, VA can ensure that participants receive approaches and treatment practices that are safe and effective. VA is not providing a broad list of approved innovative approaches and treatment practices to allow for emerging services with some evidence in suicide risk reduction the opportunity for review and selection. It is also important for VA to note that any approaches and treatment practices approved will need to be consistent with applicable Federal law. For example, the use of grant funds to provide or coordinate the provision of marijuana to eligible individuals and their families will be prohibited, as marijuana is currently illegal under Federal law.

J. Other suicide prevention services

A grantee may propose other suicide prevention services in the initial SSG Fox SPGP grant application or by submitting a written request to modify the current suicide prevention services grant (in accordance with 38 CFR §78.90). Other suicide prevention services are necessary for improving the mental health status and well-being and reducing the suicide risk of eligible individuals and their families as VA deems appropriate. Examples may include adaptive sports; equine assisted therapy; in-place or outdoor recreational therapy; substance use reduction programming; individual, group or family counseling and relationship coaching. Note: Counseling as listed here would be non-clinical, as per §78.80(a).

General suicide prevention assistance - §78.90(a)

General Suicide Prevention Assistance refers to the provision of goods or payment of expenses not included in other SSG Fox SPGP categories, but which are directly related to supporting a participant's stability as described in 38 CFR 78.90(a). Items may assist the eligible individual in obtaining and/or maintaining employment, such as uniforms, tools, certificates, and licenses. Expenses may also be associated with lethal means safety and secure storage, such as gun locks and locked medication storage.

Any general suicide prevention assistance purchases made must be tied directly to a SSG Fox SPGP participant. Note that any eligible item must be purchased as needed. If an agency decides to purchase items in bulk for general suicide prevention assistance, other agency funds must be used and reimbursed from SSG Fox SPGP funds as participant needs arise. For example, an agency cannot buy bulk gun locks with SSG Fox SPGP funds to be provided to participants as needed. An agency would have to purchase items with other agency funds, and reimburse themselves as SSG Fox SPGP participant needs arise, or buy each item as needed. Any bulk purchases that will extend past the current grant year are unallowable. For more information on direct third-party payments, see Section VI.C.12. in this Guide.

Restrictions on general suicide prevention assistance	
Payment	**Payment must be made by the grantee directly to a third party the following types of expenses:** • **Expenses associated with gaining or retaining employment, such as uniforms, tools, certificates, and licenses.** • **Expenses associated with lethal means safety and secure storage, such as gun locks and locked medication storage.**
Assistance Limit	**Payment may not exceed $750 per eligible participant during any-one-year period, from the date of first payment.**

V. Program operations

A. Participant program agreements

Prior to providing SSG Fox SPGP assistance to a participant, grantees enter into a written agreement between their agency and each participant. This agreement describes the grantee's SSG Fox SPGP services and any conditions or restrictions on the receipt of suicide prevention services by the participant. Agreements should not require sobriety, income limits, participation in suicide prevention services or other unnecessary requirements as a condition of assistance to the extent practicable. Program agreements and conditions should be fully disclosed to potential participants and acknowledged in writing by both parties.

B. Participant fees

Grantees may not charge a fee to participants for providing suicide prevention services that are funded using funds from a suicide prevention services grant. Note: this prohibition does not prevent grantees from requiring participants to cost share, with a grantee, any expenses for which temporary income support assistance is provided.

C. Participant safety and critical incident reports

A critical goal of the SSG Fox SPGP is to ensure the safety of all participants and grantee and community partner staff. Grantees are required to develop a comprehensive plan to maintain the safety of participants and staff and the confidentiality of the program's participants and their records. In developing such plan, VA recommends that grantees:

(1) Establish goals and objectives that reduce and eliminate accidents, injuries, and illnesses related to administering suicide prevention services to participants.
(2) Develop plans and procedures for evaluating the safety program's effectiveness, both at the grantee service location office and in the field.
(3) Develop priorities for remedying the identified factors which cause accidents, injuries and illnesses.
(4) Ensure that participant records are secured with all such information password protected.
(5) Ensure that all staff, students, and volunteers receive initial and annual training on how to respond to critical incidents; and
(6) Develop a clear written procedure for following-up on any incidents that may occur to ensure that the program evaluates how they responded and to ensure any party involved was connected to any services needed.

If a grantee becomes aware of a death, crime, or health or safety issue related to the participant, the grantee must report the issue to the appropriate authorities. Grantees are expected to comply with all applicable laws. If a participant's actions pose a health or safety risk to that participant or another person, the grantee must notify the police or another appropriate authority. The SSG Fox SPGP team requires that

grantees only submit critical incident reports for the most serious of critical incidents, such as suicides, homicides, allegations of criminal activity by agency and subcontractor staff, and all incidents that receive potentially negative media attention. Grantees should notify the SSG Fox SPGP team about any reportable critical incident as soon as possible, but within a timeframe not to exceed 48 hours after the grantee has been made aware of the situation.

The SSG Fox SPGP critical incident process is used for the purpose of reporting serious incidents to VA leadership. The grantee critical Incident report form and embedded guide will be provided to all grantees and also available upon request to assigned Grant Manager. If a grantee is uncertain as to whether the critical incident requires SSG Fox SPGP team notification, they should contact the SSG Fox SPGP Grant Manager.

D. Notification to participants and satisfaction survey

Before providing SSG Fox SPGP assistance to a participant, grantees must notify the participant that the suicide prevention services and assistance offered will be paid for, in whole or in part, by VA, through a federal grant award. Grantees must review the range of suicide prevention services available to the participant through the grantee's program and any conditions or restriction of receipt of suicide prevention services by the participant. To ensure that participants receiving suicide prevention services under the SSG Fox SPGP are receiving quality services, the grantee must give a VA-designated satisfaction survey to each participant within 30 days of the participant's pending exit from the grantee's program. Note: The satisfaction survey will be available when the data collection tool goes live.

E. Conflict of interest

For many agencies, board members oversee a variety of aspects of business. Many of these board members have ties to the community or other businesses outside of the SSG Fox SPGP agency. For that reason, it is required that organizations operating SSG Fox SPGP grants get signed conflict of interest statements from their board members on an annual basis. (If an agency gathers conflict of interest statements on a timetable exceeding one year, there must be a written internal policy for how often these forms are collected.) The purpose of the conflict-of-interest forms are to identify any personal or professional affiliations for which the board member may be involved which could have the potential to influence or compromise a decision made by the agency. The agency can identify these potential conflicts and recuse the board member from specific board decisions as needed.

F. Confidentiality

Grantees are required to maintain confidentiality of records kept on participants. Grantees and subcontractors must comply with all applicable federal and local laws to assure the confidentiality and security of participant's physical and electronic records. Furthermore, grantees must ensure the security of records such that computer systems are equipped with technologies to prevent unauthorized use (such as encryption, strong passwords, and biometrics). Grantees must keep participant information private and

are required to obtain signed releases of information for any third-party that the grantee speaks to on the client's behalf when discussing personal information such as name and other details.

Grantees that provide family violence prevention or intimate partner violence services must establish and implement additional procedures to protect participants by ensuring the confidentiality of:

(1) Records pertaining to any individual provided services, and
(2) The address or location where the services are provided.

The SSG Fox SPGP team conducts reviews of grantee programs that include an assessment of policies and procedures for protecting client information. Many SSG Fox SPGP grantees utilize a combination of physical and electronic document management procedures, as well as conduct mobile office outreach and services. It is important that grantees assess their privacy and security policies at least once per year to ensure the highest level of protection of client information.

Under no circumstances should participants' personally identifiable information (such as names, social security numbers, dates of birth, SSN) be sent to anyone else over unencrypted email. This includes sending information internally or to the SSG Fox SPGP Team.

G. Case file documentation

Grantees are responsible for maintaining case files for each participant. Some of this information must also be reflected in the VA data collection tool (marked with an asterisk in the list below). For these items, if the documentation is retained in the data collection tool, that will suffice, as it will be available there even after the case is closed. It is essential that grantees accurately maintain participant ID records in order to retrieve case file documentation from the data collection tool, as no identifying information (e.g. names, birthdates) goes into the data collection tool.

During the scheduled audit case files will be inspected for the following forms:

(1) Eligibility documentation (Veteran/military verification, intake form*, psychosocial risk factor form*, C-SSRS*)
(2) Mental health screenings*
(3) Release(s) of information
(4) Program agreement
(5) Grievance procedure with participant signature
(6) Service plan
(7) Case notes
(8) Participant satisfaction survey*
(9) Exit checklist

(denotes available via the data collection tool)*

The above forms are required for SSG Fox SPGP grantees to use to fulfill requirements. For those not provided by VA, grantees may create a form of their own design to fit the purpose.

Note: Critical incident reports, filed grievances and termination notices would be included in the case file as applicable.

H. Releasing participants from program

A grantee may establish reasonable requirements related to participant dismissals or terminations due to serious program rule infractions on the part of the participant or family. However, those requirements must be clearly communicated (in advance, in writing) to all participant households and a copy of the requirements must also be provided to VA. In the event a participant violates a grantee's program requirements, a grantee may stop providing assistance to the participant. Grantees may also resume assistance to a participant whose assistance was previously suspended. In terminating assistance to a participant, the grantee must first provide a formal process that recognizes the rights of individuals receiving assistance to due process in the termination decision.

This process, at a minimum, must consist of:

(1) Written notice to the participant containing a clear statement of the reasons for termination,
(2) A review of the decision, in which the participant is given the opportunity to present written or oral objections before a grantee's staff member other than the staff member (or a subordinate of that staff member) who made or approved the termination decision, and
(3) Prompt written notice of the final decision to the participant including completion of a program exit checklist.

I. Grievance process

Grantees are required to establish an internal policy for processing and reviewing participant grievances and complaints. This policy should be presented to the participant upon enrollment for services. Grantees are also required to establish a policy that allows for participant appeals to a rejection for services. The appeals policy requires the agency to provide the participant with the reason for rejection and the right to appeal it to agency supervisory staff. The policy must also include a review process and a timeframe established for such review. The appeals policy should be presented to the participant at the initial intake appointment.

The SSG Fox SPGP recognizes the positive and professional manner in which SSG Fox SPGP grantees are responding to participant complaints or grievances. In rare instances, it might not be possible to resolve disagreements or grievances within your program or local community. In these rare cases, Veterans can submit complaints or grievances to the SSG Fox SPGP team at vassgfoxgrants.gov. Grievances received by the SSG Fox SPGP team will be processed internally and require grantees to respond to a request for information. Please note that SSG Fox SPGP Grant Managers do not provide direct assistance to Veterans as part of the grievance process.

J. Community partners and vendor management

Only grantees that are a state or local government or an Indian tribe are able to use grant funds to enter into a subcontractor agreement with a community partner under which the grantee may provide funds to the community partner for the provision of suicide prevention services to eligible individuals and their families. All other grantees may establish vendor relationships with community partners.

Grantees are responsible for ensuring that subcontractors are held to the same standards as the SSG Fox SPGP grantee regarding compliance with 38 CFR 78, 2 CFR 200, and other applicable laws and regulations. Grantees are responsible for the monitoring and oversight of subcontractors and must provide documentation of this monitoring and oversight during the grantee annual monitoring review. Grantees must assess subcontractor performance a minimum of quarterly and conduct an official on-site monitoring review of each subcontractor at least annually. Additionally, each subcontractor, regardless of the type of services provided, must maintain their own policies and procedures detailing the services that they will perform for the contract. The subcontractor must provide their SSG Fox SPGP policies and procedures for the grantee that will be reviewed during the VA monitoring review. VA requires grantees to ensure that suicide prevention services grants are administered in accordance with the requirements of 38 CFR Part 78, the suicide prevention services grant agreement, and other applicable Federal, State, and local laws and regulations, including Federal civil rights laws. Grantees must ensure that any community partners carry out activities in compliance with this part.

Grantees may enter into contracts for goods or services with one or more third-party vendors for a variety of services as determined by their program and outlined in their grant agreement. Each subcontracted relationship must have an Agreement or Memorandum of Understanding (MOU) in place prior to any services being provided by the third party. Each Agreement/MOU must include descriptions of the type of activities that the subcontractor will perform, statement about amending the agreement, identify the period of performance, and must be signed by both parties. Additionally, the grantee must outline either in the Agreement/MOU, or in a separate policy and procedure, a description of how the subcontractor will be managed by the grantee and a description of the monitoring practices (i.e. how often, in what format).

K. Program change requests

Significant and non-significant change to a grantee's program requires submission of a program change request. Such requests can be made via a standard form in the GMS with support documentation as indicated. The SSG Fox SPGP team will set specific open periods throughout the year in which program change requests will be accepted and reviewed.

Significant program changes include:

(1) Change in geographic area served.
(2) Addition of a service not included in the current grant agreement.
(3) Removal of a service included in the current grant agreement.

(4) Addition or termination of a subcontractor.
(5) A budget modification, which will result in changes amounting to greater than 10 percent of the award.

Non-significant program changes include:

(1) Adding new budget line items
(2) Adding new personnel positions, which do not have a budget line.

Certain time-sensitive requests may be possible to expedite approval; please discuss with Grant Manager. Otherwise, the SSG Fox SPGP team will make program change approvals within 30 days of the end of the open period.

L. Entity name change process

Should a grantee organization undergo a name change during the grant cycle, the following steps will be followed:

(1) Notify Grant Manager.
(2) Provide documentation of the name change made with the IRS.
(3) The SSG Fox SPGP Business Operations Manager will guide action needed to update VA's Financial Management System.
(4) Then IFCAP and PMS can be updated.
(5) The name will be changed in UDPaaS and on the MOA only in the next grant cycle, should the grantee be awarded a renewal.

VI. Fiscal administration

A. Overview of HHS PMS disbursement platform

Suicide prevention services grant funds are disbursed via the Department of Health and Human Services' (HHS) Payment Management System (PMS). PMS is an internet-based system supported by staff from the HHS Division of Payment Management (DPM). Current HHS Payment Management System account users will use their existing username and password to access the SSG Fox SPGP grant account.

1. PMS registration

Registration in the PMS is required for new grantees to draw down suicide prevention services grant funds. To become registered users in the system, Grantees should visit the PSC website to request access Payment Management System (psc.gov). As part of the online access process, grantees need to upload SF-1199A. The SF-1199A provides the grantee's banking information to have funds electronically transmitted to grantee's banking institution. Users of the PMS are required to annually self-certify that they are authorized to use PMS and that they will use it in accordance with federal rules and regulations. The process for completing the annual self-certification is provided by the PMS PSC Payment Management System (psc.gov)

a. Finalizing PMS registration

To complete the PMS registration, the SF-1199A must be uploaded to the PMS system after user access is granted. Once received by the PMS, grantee registration takes approximately one to three weeks to finalize. Once registered, the grantee will be sent a temporary password for PMS access via certified mail and can access the system to submit draw down requests, track past draw down transactions, and view the grantee's remaining available funds. Grantees can have up to six (6) user accounts. The SSG Fox SPGP grant funds are categorized in the HHS Payment Management System as Type B accounts. Email is the primary source of communication with PMS and assigned Liaisons. Grantees must ensure PMS users keep email addresses current to receive timely information.

2. Change of PMS information

If a grantee changes its financial institution or banking account number, a new SF-1199A must be uploaded to the PMS website and the PMS liaison will make the updates to the organization's HHS PMS account. Grantees must also inform their SSG Fox SPGP Grants Manager of this change. To add new users or modify contact information for an existing PMS user, the grantee must access the same user access link noted above to update an existing user or add/delete users.

B. Grant draw down process

1. Overview of disbursement

Grantees may draw down suicide prevention services grant funds prospectively via the internet-based PMS. Draw down requests are submitted and processed online via the request functions of the PMS platform. Once a draw down 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 HHS system. If funds are not expended within three days, a grantee must contact the VA to plan for paying interest on those funds.

If VA determines that grantee spending is projected to be spent within the budget period, VA may elect to recoup projected unused funds and reprogram such funds to provide suicide prevention services in areas with higher need.

2. Payment requests

Grantees must access PMS via the DPM website (https://pms.psc.gov/) to draw down SSG FOX SPGP funds. The PSC offers a New User Guide (https://pms.psc.gov/training/pms-user-guide.html) with step-by-step instructions on how to log in to the PMS online platform and how to make a request for payment. Additionally, PMS hosts Grant Recipient webinar training sessions for PMS users monthly. These two-hour sessions offer an overview of PMS, how to complete a payment request, how to perform account inquiries, how to run report requests, and how to correctly complete the Federal Financial Report (FFR). Registration requests for these trainings must be sent to PSC at least two days in advance of the event Grant Recipient Training | HHS PSC FMP Payment Management System.

To make changes to payments or drawdown requests that have been processed, grantees must contact the VA PSC Liaison Accountant to request any reversals to previously approved payments. Any corrections made to the SSG Fox SPGP account will appear on the summary page report.

C. Eligible expenses

Payment of SSG Fox SPGP grant funds up to the amount specified in the SSG Fox SPGP grant agreement will be made only for appropriately documented eligible expenses that are allowable, allocable, and reasonable costs of operating a program under the suicide prevention services grant. Eligible expenses must be in accordance with Title 2 CFR part 200. Additionally, expenses must be eligible per the grantee's approved SSG Fox SPGP budget and within budget limitations. Ineligible expenses are those costs charged by a grantee that VA determines to be unallowable based on applicable Federal cost principles, the SSG Fox SPGP regulations or the suicide prevention services grant agreement. The following Sections 1 and 2 outline expenses that are eligible under the suicide prevention services requirements of the SSG Fox SPGP.

1. Administrative costs

Administrative costs should be placed in the administrative section of an SSG Fox SPGP budget. 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. Title 2 CFR 200.302 requires the financial management system of each non-Federal entity provide "records that identify adequately the source and application of funds for federally funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest and be supported by source documentation."

2. Compensation personnel services

Compensation for personnel services includes all remuneration, paid currently or accrued, for services of employees rendered during the period of performance under the Federal award, including but not necessarily limited to wages and salaries. Compensation for personnel services may also include fringe benefits. Costs of compensation are allowable to the extent that they satisfy the specific requirements of this part, and that the total compensation for individual employees:

(1) Is reasonable for the services rendered and conforms to the established written policy of the Non-Federal entity consistently applied to both Federal and non-Federal activities.

(2) Follows an appointment made in accordance with a non-Federal entity's laws and/or rules or written policies and meets the requirements of Federal statute, where applicable.

a. Reasonableness: Compensation for employees engaged in work on Federal awards will be considered reasonable to the extent that it is consistent with that paid for similar work in other activities of the non-Federal entity. In cases where the kinds of employees required for Federal awards are not found in the other activities of the non-Federal entity, compensation will be considered reasonable to the extent that it is comparable to that paid for similar work in the labor market in which the non-Federal entity competes for the kind of employees involved.

b. Professional activities outside the non-Federal entity: Unless an arrangement is specifically authorized by a Federal awarding agency, a non-Federal entity must follow its written non-Federal-entity-wide policies and practices concerning the permissible extent of professional services that can be provided outside the non-Federal entity for non-organizational compensation. Where such non-Federal-entity-wide written policies do not exist or do not adequately define the permissible extent of consulting or other non-organizational activities undertaken for extra outside pay, the Federal government may require that the effort of professional staff working on Federal awards be allocated between:

(1) Non-Federal entity activities, and

(2) Non-organizational professional activities. If the Federal awarding agency considers the extent of non-organizational professional effort excessive or inconsistent with the conflicts-of-interest terms and conditions of the Federal

award, appropriate arrangements governing compensation will be negotiated on a case-by-case basis.

c. Special considerations: Special considerations in determining allowability of compensation will be given to any change in a non-Federal entity's compensation policy resulting in a substantial increase in its employees' level of compensation (particularly when the change is concurrent with an increase in the ratio of Federal awards to other activities) or any change in the treatment of allowability of specific types of compensation due to changes in Federal policy.

d. Incentive compensation: Incentive compensation to employees based on cost reduction, or efficient performance, suggestion awards, safety awards, etc., is allowable to the extent that the overall compensation is determined to be reasonable and such costs are paid or accrued pursuant to an agreement entered into in good faith between the non-Federal entity and the employees before the services were rendered, or pursuant to an established plan followed by the non-Federal entity so consistently as to imply, in effect, an agreement to make such payment.

e. Nonprofit organizations: For compensation to members of nonprofit organizations, trustees, directors, associates, officers, or the immediate families thereof, determination must be made that such compensation is reasonable for the actual personnel services rendered rather than a distribution of earnings in excess of costs. This may include directors' and executive committee members' fees, incentive awards, allowances for off-site pay, incentive pay, location allowances, hardship pay, and cost-of-living differentials.

f. Timecards-Employee Hours: Must conform to non-Federal entity's written policies, be reasonable and meet the Standards for Documentation of Personnel Expenses:

(1) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated.

(2) Be incorporated into the official records of the non-Federal entity.

(3) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity, not exceeding 100% of compensated activities.

(4) Encompass both federally assisted, and all other activities compensated by the non-Federal entity on an integrated basis but may include the use of subsidiary records as defined in the non-Federal entity's written policy.

(5) Comply with the established accounting policies and practices of the non-Federal entity.

(6) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.

Budget estimates alone do not qualify as support for charges to Federal awards but may be used for interim accounting purposes. All payroll documentation must be approved by a responsible official of the organization. While overtime is allowable, grantees should ensure there is a policy and procedure in place that is consistent with their organizational policy related to the administration and management of overtime. The SSG Fox SPGP team does not need to make case-by-case approvals for requested overtime. Grantees will ensure that all aspects of 2 CFR 200.430-431 are addressed.

g. Overtime, extra-pay shift, and multi-shift premiums: In accordance with 2 CFR 200.430-431, premiums for overtime, extra-pay shifts, and multi-shift work are allowable only with the prior approval of the awarding agency except:

(1) When necessary to cope with emergencies, such as those resulting from accidents, natural disasters, breakdowns of equipment, or occasional operational bottlenecks of a sporadic nature.

(2) When employees are performing indirect functions, such as administration, maintenance, or accounting.

(3) In the performance of tests, laboratory procedures, or other similar operations which are continuous in nature and cannot reasonably be interrupted or otherwise completed.

(4) When lower overall cost to the Federal Government will result.

3. SSG Fox SPGP travel costs related to staff training

Travel is allowable as a direct program cost only when such travel will provide a direct benefit to the SSG Fox SPGP and grant award. Travel costs have a high audit profile and are routinely examined by auditors and other government stakeholders to determine the reason and scope of the travel. Grantees must be prudent with all funds and must be aware of the perception related to travel costs, grantees should be thoughtful when determining the number of employees to send to each training or conference. Conferences should be directly related to the goal of ending Veteran suicide. One example would be sending several staff to national conferences focusing on ending suicide. Grantees should cost share training cost with other programs/funding streams within their agency or local VA resources like the VA S.A.V.E. training for suicide prevention before expending funds on external training. The use of teleconferences should be considered for any meeting before travel funds are used. The grantee/traveler are required to document in their files how the travel directly benefits/relates to the SSG Fox SPGP grant and project. All travel and training expenses must adhere to Federal travel regulations. Staff travel per-diem expense reimbursement is allowable if it meets the reimbursement standards.

Please note, grantees must attend VA-mandated training sessions. Training will be conducted by VA and its technical assistance providers. Information on training, including eligible training expenses, will be emailed to grantees. It is also expected that grantees will provide training for staff who will provide suicide prevention services to eligible individuals and their families.

4. Outreach

Eligible expenses associated with providing outreach services may include costs such as outreach staff time, promotional materials limited to business cards, flyers, and pamphlets. Items must DIRECTLY contribute to the effectiveness of engaging eligible individuals in services that reduce suicide.

SSG Fox SPGP may pay for SSG Fox SPGP marketing materials to enhance conventional staff-driven outreach if all of the following terms are met before incurring such costs:

(1) Traditional staff-driven methods of outreach were tried but target numbers are still unmet.
(2) An assessment was performed to ensure chosen marketing method will be effective.
(3) A comparison was made between effectiveness of staff outreach versus marketing.
(4) Care was taken to market only the SSG Fox SPGP program itself and not the sponsoring agency.
(5) Marketing was designed to ensure effectiveness in connecting Veterans to SSG Fox SPGP.
(6) Participation in outreach consortium/coordination driven by community wide process. SSG Fox SPGP providers must be billed for the same type of services to the community so that it meets the definition of being equitable and reasonable.

a. Advertising and Public Relations

i. The term “advertising costs” refers to the costs of advertising media and corollary administrative costs. Advertising media include magazines, newspapers, radio and television, direct mail, exhibits, electronic or computer transmittals, and the like. The only allowable advertising costs are those that are solely for:
    (1) The recruitment of personnel required by the non-Federal entity for performance of a Federal award.
    (2) The procurement of goods and services for the performance of a Federal award.
    (3) The disposal of scrap or surplus materials acquired in the performance of a Federal award except when non-Federal entities are reimbursed for disposal costs at a predetermined amount.
    (4) Program outreach and other specific purposes necessary to meet the requirements of the Federal award.

ii. The term “public relations” includes community relations and means those activities dedicated to maintaining the image of the non-Federal entity or maintaining or promoting understanding and favorable relations with the community or public at large or any segment of the public. The only allowable public relations costs are:
    (1) Costs specifically required by the Federal award.
    (2) Costs of communicating with the public and press pertaining to specific activities.
    (3) Accomplishments which result from performance of the Federal award (these costs are considered necessary as part of the outreach effort for the Federal award).
    (4) Costs of conducting general liaison with news media and government public relations officers, to the extent that such activities are limited to communication and liaison

necessary to keep the public informed on matters of public concern, such as notices of funding opportunities and financial matters, etc.

iii. Unallowable advertising and public relations costs include the following:

(1) All advertising and public relations costs other than as specified in the paragraphs on reasonableness and unallowable costs under Compensation below.

(2) Costs of meetings, conventions, convocations, or other events related to other activities of the entity including:

a. Costs of displays, demonstrations, and exhibits.

b. Costs of meeting rooms, hospitality suites, and other special facilities used in conjunction with shows and other special events.

c. Salaries and wages of employees engaged in setting up and displaying exhibits, making demonstrations and providing briefings.

(3) Costs of promotional items and memorabilia, including models, gifts, and souvenirs.

(4) Costs of advertising and public relations designed solely to promote the non-federal entity.

5. Baseline mental health screening

Eligible expenses include those associated with providing baseline Mental Health screening such as designated staff salaries and other program (non-administrative) staff time. These expenses may include the costs associated with training and supervising staff. The time associated with staff entering participant records into data collection tool can also be budgeted in this section.

6. Education

Eligible expenses include those associated with providing or coordinating 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 educations programs that assist with identification, assessment, or prevention of suicide.

7. Clinical services for emergency treatment

Eligible expenses include those associated with providing or coordinating clinical services for emergency treatment of a participant. If an eligible individual is furnished clinical services for emergency treatment and the grantee determines that the eligible individual requires ongoing services, the grantee must refer the eligible individual to VA for additional care. If the eligible individual refuses the grantee's referral to VA, any ongoing clinical services provided to the eligible individual by the grantee is at the expense of the grantee. The grantee may not charge, bill, or otherwise hold liable eligible individuals for the receipt of such care or services.

If a participant other than an eligible individual is furnished clinical services for emergency treatment and the grantee determines that the participant requires ongoing services, the grantee must refer the participant to appropriate health care services in the area for additional care. Funds provided under this grant program may not be used to provide ongoing clinical services to such participants, and any ongoing clinical services provided to the participant by the grantee is at the expense of the grantee. The grantee may not charge, bill, or otherwise hold liable such participants for the receipt of such care or services.

For purposes of this section, emergency treatment means medical services, professional services, ambulance services, ancillary care and medication (including a short course of medication related to and necessary for the treatment of the emergency condition that is provided directly to or prescribed for the patient for use after the emergency condition is stabilized and the patient is discharged) was rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health. This standard is met by an emergency medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

The direct provision of clinical services for emergency treatment by grantees under this section is not prohibited by § 78.80(a).

8. Case management

Eligible expenses include those associated with providing case management services such as case manager salaries and other program (non-administrative) staff time. These expenses may include the costs associated with training and supervising case management staff. The time associated with case managers entering participant records into the Data Collection tool can also be budgeted in this section.

9. Peer support services

Eligible expenses include those associated with providing services such as peer specialist salaries and other program (non-administrative) peer specialist time. These expenses may include the costs associated with training and supervising peer specialists. The time associated with a peer specialist entering participant records into Data Collection tool can also be budgeted in this section.

Grantees are permitted to provide peer support services through veterans who have completed peer support training, are pursuing credentials to meet the minimum qualification standards for appointment and are under the supervision of an individual who meets the minimum qualification standards. VA would allow this as a way to build capacity in the community for peer support services, particularly as there are individuals who may be supervised and working toward meeting the requirements of , but who have not yet met those conditions. Grant funds may be used to provide education and training for employees of

the grantee or the community partner who provide peer support services based on the terms set forth in the grant agreement.

10. Assistance in obtaining VA benefits

Grantees providing this service are required to assist participants in obtaining VA benefits such as vocational and rehabilitation counseling, employment and training service, educational assistance, and health care services. This suicide prevention service is a component of each participant's ongoing needs assessment and, as it is primarily a referral service, does not involve specific expenses beyond non-administrative staff time for the case manager.

11. Assistance in obtaining and coordinating other public benefits and assistance with emergent needs

Grantees providing this service are required to assist participants to obtain and coordinate the provision of public benefits that are being provided by Federal, State, local, or tribal agencies, or any eligible entity in the area or community served by the grantee. Services included in this section are referrals for health care services, referrals for daily living services, personal financial planning services, transportation services, income support services, fiduciary and representative payee services, legal services, child care services, and housing counseling. At a minimum, these services will involve the time of the case manager who provides and coordinates referrals. Professional services are also an eligible expense (e.g., legal services). In some cases, grantees may be able to directly provide necessary suicide prevention services; however, it may sometimes be more cost-effective for grantees to provide a referral for participants to obtain a service in the community. Costs involved with administering these services, such as administrative staff time and supplies, are included in the program's administrative costs.

Allowable and unallowable legal services costs

Grantees must ensure that legal services provided fall under the allowable cost category. Below is a list of allowable and unallowable costs. However, due to the complexity of legal issues and the differing capacity of each grantee and community, grantees should always contact their Grants Manager with any questions/issues that should arise regarding allowable and unallowable costs.

i. Allowable costs
   1) Suicide prevention services that promote stability
      a) Intake
      b) Consultation
      c) Representation
         (1) Includes representation of participants before VA with respect to a claim for VA benefits, but only if individual is recognized for that purpose under 38 U.S.C. Chapter 59.

For a list of accredited attorneys for VA benefit purposes, please see: https://www.va.gov/ogc/apps/accreditation/index.asp

2) Legal Services Costs
    a) Court filing fees. (e.g., fees associated with filing a written response to the landlord's compliant)
    b) Ad hoc fees associated with the provision of suicide prevention services, including legal representation (e.g., fees associated with resolving debt or credit problems, outstanding warrants, fines, expungements, and driver's license reinstatement)
3) Staff Training/Education

ii. Unallowable costs
1) Costs related to
    a) Family law issues related to Divorce or Child Custody
    b) Estate planning (wills, trusts, etc.)
2) Legal Assistance
    a) Assistance with criminal matters
    b) Matters in which the eligible individual is taking or has taken any adversarial legal action against the United States.

* Please note that although unallowable costs cannot be provided with SSG Fox SPGP funds, these services may be provided via referral.

12. Guidance on direct third-party payments made on a participant's behalf

In certain circumstances defined below, grantees may choose to provide direct payment to a third party on a participant's behalf. Funds should be distributed from the grantee to a third party vendor, not directly to the participant. SSG Fox SPGP financial and non-financial assistance should be delivered in a progressive assistance approach, e.g., grantees should focus on the most critical threats to the participant's stability in providing the "minimum necessary" level of assistance, keeping in mind that SSG Fox SPGP funds for direct third party payment are potentially limited by the grantee's available funds. Providing funds to one participant will limit the total number of participants grantees will be able to serve. All participants should be referred to mainstream financial assistance sources for which they may need and qualify. By leveraging and utilizing public sources of emergency and ongoing financial assistance, grantees can minimize the direct third party payments made with SSG Fox SPGP funds. Wherever possible, grantees should attempt to connect participants to community resources to obtain comparable assistance. Grantees should develop internal guidelines for use of direct third party payments and ensure that participants receiving these as part of an individualized services plan are informed of such guidelines.

For suicide prevention, the only eligible forms of direct payment to a third party on a participant's behalf are:

(1) Transportation – see Section IV.H.3 of this Guide

(2) Child care – see Section IV.H.7 of this Guide
(3) Food assistance - see Section IV.H.4 of this Guide
(4) Housing assistance - see Section IV.H.4 of this Guide
(5) General Suicide Prevention Assistance – see Section IV.J. of this Guide

Direct third party payments should augment the grantee's program by supporting the stability of participants and should not consume a disproportionate amount of grant funds. Grantees should exercise due diligence to ensure that each payment is made to a legitimate third-party vendor. This can be done through gathering W-9s for vendors, checking tax assessor databases to verify the true owner of a property, gathering property management agreements, or others. Grantees must also assure that suitable internal checks are in place to prevent payments to vendors where a conflict of interest exits; for instance, referrals should not be steered to vendors who have familial relationships to employees or board members of the grantee.

Grantees should maintain records that justify the provision of direct third party payments. Such records should include the details and documentation of the payment as well as the participant's suicide prevention services plan. The plan provided must justify the provision of the direct third party payment assistance in terms of the urgency of the assistance at the time of payment.

D. Ineligible activities

SSG Fox SPGP grantees are encouraged to read 2 CFR part 200 and 38 CFR 78.105. Suicide prevention services grant funds may not be used to pay for any of the following items (Note: this list of ineligible activities is not exhaustive):

(1) Construction or rehabilitation of buildings.
(2) Credit card bills or other consumer debt.
(3) Car payments for participants.
(4) Car or vehicle purchases by the agency for SSG Fox SPGP activity.
(5) Mortgage costs or costs needed by homeowners to assist with any fees, taxes, or other costs of refinancing.
(6) Medical or dental care and medicines (with the exception of grantees approved to provide clinical services for emergency treatment).
(7) Home care and home health aides typically used to provide care in support of daily living activities (Note: This includes care that is focused on treatment for an injury or illness, rehabilitation, or other assistance generally required to assist those with handicaps or other physical limitations.).
(8) Food and beverages provided at staff meetings or trainings.
(9) Entertainment activities.
(10) Direct cash assistance to program participants.
(11) Legal services prohibited pursuant to 38 CFR 78.80(g).
(12) Purchase of gift cards for program participants.
(13) Court-ordered judgments or fines.
(14) Court-ordered fees that are related to a court order/adjudication.

(15) Petty cash for program staff.
(16) Gift cards of any kind.
(17) Any activities considered illegal under Federal law.

E. Ensuring adequate fiscal and operational controls

The HHS Payment Management System systematically manages the disbursement of SSG Fox SPGP funds. The HHS Payment Management System provides the SSG Fox SPGP team with electronic financial reports to ensure effective management of program activities, as well as timely and accurate financial reporting.

SSG Fox SPGP Grantees expending $750,000 or more in federal awards during their fiscal year has met the audit requirements of 2 CFR 200 for that fiscal year in accordance with the provisions of Subpart F—Audit Requirements and must have a single audit or program-specific audit (previously A-133) conducted for that year. The single audit is then submitted to the Federal Audit Clearinghouse with 9 months of the end of the fiscal year. Grantees that are not over the $750,000 threshold requiring a single audit cannot use SSG Fox SPGP fund for an audit and are not required to complete a single audit.

VA's Office of Business Oversight (OBO) will ensure grant accountability by performing fiscal audits for selected SSG Fox SPGP grantees. These audits will include an evaluation of costs to confirm compliance with 2 CFR 200, the SSG Fox SPGP regulations (38 CFR Part 78) and NOFO. The Payment Data Inquiry within the HHS Payment Management System lists all account transactions for the organization and can be customized by date and specific grant account. The report can be printed and provided to auditors.

F. Funding sweeps

VA regularly reviews grantee expenditures to ensure that funds are being used in a manner consistent with programs goals and regulations. It is expected that grantee spending will be consistent across quarters as significant variance, particularly lower than expected spending, may indicate either a lower demand for services or difficulty in managing funds. Per the SSG Fox SPGP grant agreement, if, during the grant year, the VA determines that grantee spending is not meeting the level expected, VA may elect to recoup projected unused funds and reprogram such funds to provide suicide prevention services in areas with higher need. Reductions will be calculated based on the total amount of payment requests submitted in PMS by 5:00 p.m. **Eastern Time** on the last business day of the quarter. Should VA elect to recoup unspent funds, reductions in available grant funds would take place the second business day following the end of the quarter. Grantees may offer, or VA may request, that unspent funding be returned for use in other areas.

G. Documentation Required

Grantees must use adequate financial management systems that follow generally accepted accounting principles (GAAP) and provide adequate fiscal control and accounting records, including cost accounting records supported by documentation. Grantees' financial management systems must comply with the

requirements of 38 CFR 49.21. Grantees must also maintain all back up documentation and invoices to support the costs paid with SSG Fox SPGP funds. This documentation will be reviewed during annual monitoring visits.

All direct third party payments on a participant's behalf, which may only be authorized for certain transportation, child care, food assistance, housing assistance, and general suicide prevention assistance, per 38 CFR Part 78 and this Guide, will be reported on grantee budgets together on a Temporary Income Support Assistance line item. However, grantees are responsible for maintaining records to accurately report how these funds were spent by each category in the Final Expenditure Report (FER). For more information on direct third-party payments, see Section VI.C.12. in this Guide.

Grantees must maintain financial policies and procedures specific to the practices within their agency. Policies should include, but not be limited to, written procedures for: recording financial transactions, approving financial transactions, ensuring separation of staff duties around financial transactions, record retention, secure storage of files, and maintaining a chart of accounts.

H. Financial close outs

All SSG Fox SPGP grant funds must be expended by the end of the contract year. Any remaining funds will be returned to the Department of the Treasury. SSG Fox SPGP grantees will have 45 days from the end of the agreement term to finalize programmatic and financial close outs. Subcontractors are held to the same standards as the SSG Fox SPGP grantee regarding compliance with the 38 CFR 78, 2 CFR 200 Grantees are responsible for the monitoring and oversight of subcontractors, as well as maintaining appropriate financial and program performance documentation.

Grantees must submit all required final reports no later than 45 days after the end of the grant term.

Under 38 CFR 78.145, grantees are required to comply with VA reporting procedures. For SSG Fox SPGP, grantees are required to complete the Federal Financial Report (FFR) or (SF-425). Grantees must complete this report within the Payment Management System. The Federal Financial Report (FFR or SF-425) is a single form that consolidates the Financial Status Report and the Federal Cash Transaction Report, and the PMS has a FFR subsystem that allows users to complete the report electronically. SSG Fox SPGP grantees may access the FFR Financial Status Report by logging in to the PMS online platform with their SSG Fox SPGP PMS account number. The SSG Fox SPGP grant funds are categorized in the HHS Payment Management System as Type B accounts. SSG Fox SPGP grantees are not required to submit quarterly cash transaction reports and, therefore, VA requires SSG Fox SPGP grantees to file the Federal Financial Status Report (FSR) on an annual basis, within 45 days of the close of the grant. Grantees must ensure the FFR FSR is submitted in PMS on time. If PMS does not receive your report by the due date (within 45 days of grant end date), funds may not be released for any SSG Fox SPGP grants related to the grantee's account until the report is completed. For SSG Fox SPGP, the reporting period end date shall be the end date of the project or grant period. Grantees who receive an extension from the SSG Fox SPGP team shall use 45 days from the date the extension ended.

Additional annual reports, such as the Closeout Certification and Financial Expenditure Report, shall be submitted no later than 45 days after the project or grant period end date. The VA's SSG Fox SPGP team will provide instructions to SSG Fox SPGP grantees regarding annual reports.

VII. **Training and evaluation**

A. SSG Fox SPGP staff training

Grantees must attend VA-mandated training sessions. Training sessions will be conducted by VA and its technical assistance providers. Information on training, including eligible training expenses, will be emailed to grantees. It is also expected that grantees will provide training for case managers and staff who will provide suicide prevention services to eligible individuals at risk and their families.

All SSG Fox SPGP grantee staff are strongly encouraged to train annually in VA S.A.V.E, a Suicide Prevention training from VA. Staff should first attempt to request in-person training from their locally certified VA S.A.V.E. trainer, for example the VAMC Suicide Prevention Coordinator. A list of local Suicide Prevention Coordinators may be found at: https://www.Veteranscrisisline.net/get-help/local-resources. If in-person training is unavailable, all staff should view the VA S.A.V.E training webinar on Suicide Prevention at this link: https://psycharmor.org/courses/s-a-v-e/.

TRAIN Learning Network is a national learning network from the Public Health Foundation that may be accessed at www.train.org. VA has included many suicide prevention training sessions that are used for internal VA staff and clinicians on this public portal as an opportunity to train community providers.

B. SSG Fox SPGP grantee evaluation

The efficacy of the SSG Fox SPGP and the services provided by grantees are monitored by the SSG Fox SPGP Evaluation team which is a collaboration between VA and contractors. Evaluation of grantee service delivery includes, but it not limited to:

(1) Monitoring suicide prevention services provided by grantees to determine their effectiveness in improving mental health status and well-being and in reducing suicide risk and suicide deaths of participants.
(2) Determining program and grantee effectiveness using validated tools, such as suicide and mental health screenings.
(3) Examining utilization and impact of SSG Fox SPGP on vulnerable Veteran groups along the lines of available data (e.g., race or ethnicity, gender, gender identity, age, geographic location).

The primary source of this aspect of evaluation will rely on information submitted by grantees to the data collection tool.

VIII. Reporting Requirements

A. Goals

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. VA anticipates grantees' programs will assist in reducing the number of Veteran families who are at risk of suicide. 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, staffing plans, and others. It is the responsibility of the grantee to contact the VA with any requests for grant agreement amendments, program changes, and/or budget changes.

B. Reporting process

1. Grant management system

VHA Grant Programs Portal: https://hmlsgrants-va.mod.udpaas.com/ (UDPaaS)

The SSG Fox SPGP team utilizes UDPaaS as the online grants management solution, (GMS), that allows for a streamlined and standardized process for managing all SSG Fox SPGP grant data, from application receipt, review, award, grant oversight, and grant completion. In an effort to automate paper-driven tasks, to improve methods for tracking grantee compliance with guidelines and regulatory expectations, and to allow grantees more time applying their expertise to service provision, all grantees are required to utilize the GMS solution for submitting grant requirements. Furthermore, grantees can track the history of submissions to the SSG Fox SPGP. The majority of SSG Fox SPGP grantee reporting requirements and grant administration procedures, such as maintenance of points of contacts, are conducted within GMS. It is essential that grantees maintain current and accurate grant contacts within the GMS for communication and reporting purposes.

2. Data collection tool

Grantees will use the Behavioral Health Lab (BHL) Touch and Onboarding application to capture information required for reporting on outreach activities, for verifying eligibility which includes the psycho-social risk factors screening and the C-SSRS, capturing the demographics and other data required as part of the intake process, administering the five mental health screenings, reporting regular service attendance at the participant level and reporting any updates of a participant's status or disposition in the program. The grantees will also use the Onboarding application to retrieve a unique identifier for each applicant or participant that is engaged in the program. No social security numbers, participant names, birth dates or other personally identifiable information (PII) with the exception of an email and phone number will be asked for by the data collection tool. These two pieces of information will be stored completely separately from any sensitive mental health data. Grantees must identify at least one user (the same user) for the BHL Touch and Onboarding application. This user (i.e., primary user) will also have

access to the dashboards that will provide visualizations and ongoing progress for that grantee in the program. A backup person (secondary user) is also recommended in the event that the primary user is unable to complete these data collection and reporting activities, as well as monitoring responsibilities. Both the primary user and secondary user will be required to participate in all training related to the BHL Touch, Onboarding application and dashboards.

3. Program exits

Grantees can utilize the SSG Fox SPGP exit checklist to ensure the appropriate exit steps have been carried out once it is determined a participant is going to be exited. For participants who may be discharged for reasons other than program completion (e.g., incarceration, relocation, etc.), the grantee should develop internal policies and procedures for exiting participants. In–particular, the program should utilize a checklist and have clear expectations that staff will make numerous attempts, via various methods, to contact a participant who has stopped responding to program requests to meet with the grantee. See "Releasing participants from program" under program operations for more information.

4. Participant satisfaction surveys

Pursuant to 38 CFR §78.95, grantees must provide each SSG Fox SPGP participant with a satisfaction survey that can be submitted by the participant via the Data Collection Tool, within 30 days prior to such participant's pending exit date from the grantee's program. Survey distribution is required and essential to assess participant perceptions of services received, to help determine potential actions to increase participant satisfaction and to reduce operational burden, where possible. It is important that grantees review the results with their teams and make any necessary adjustments to their program based on the feedback. Grantees will electronically distribute the SSG Fox SPGP satisfaction survey to participants using the customized web link. Grantees are required to provide evidence of survey registration. It is recommended that a copy of the registration online confirmation page be maintained in the case files as evidence of participant completion of the survey.

In situations where a participant exits the program unexpectedly, grantees should attempt a follow-up contact with the participant to provide them with the survey. Ideally, participants will complete this anonymous survey using smart phones, tablets, or computers. Please note that if the participant does not have an email address, the SSG Fox SPGP team strongly encourages grantees to work with the participant to establish an email account.

C. Process of program remediation

The Office of Business Oversight (OBO) conducts monitoring visits and audits on behalf of the SSG Fox SPGP team. Additionally, grantees may be selected to receive an internal fiscal audit. Based on these oversight mechanisms, coupled with the assessment of grantee reporting requirements, monitoring procedures may result in a recommendation that grantees develop a management improvement plan or, in cases where there are findings or concerns, the grantee may be required to submit a corrective action plan. It is the responsibility of the grantee to contact VA for any matters related to allegations of

impropriety and to immediately address any and all allegations through the use of the appropriate VA mechanism.

1. Corrective actions

In accordance with 38 CFR §78.125, if a grantee's actual SSG Fox SPGP grant expenditures vary from the amount disbursed for a given quarter or actual SSG FOX SPGP activities vary from the grantee's program description provided in the grant agreement, VA may require that the grantee initiate, develop and submit to VA for approval a corrective action plan (CAP). Such variances in activities are measured according to targets established in the grant agreement, requirements for the use of temporary income support assistance, and mandated SSG Fox SPGP data reporting requirements. The CAP must identify the expenditure or activity source that caused the deviation, describe the reason(s) for the variance, provide specific proposed corrective action(s), and provide a timetable for accomplishment of the corrective action. After receipt of the CAP, VA will send written notification to the grantee indicating that the CAP is approved or disapproved. If disapproved, VA will make helpful suggestions to improve the proposed CAP and request resubmission or take other actions in accordance with 38 CFR Part 78. CAP responses are submitted within the GMS system.

2. Allegations of impropriety

Any allegations of impropriety by the grantee, VA employees, or participants must be addressed immediately and documented through use of the appropriate VA mechanism (i.e., SSG Fox SPGP team or Office of Inspector General (OIG)).

(1) Information about actual or possible violations of criminal laws related to VA programs, operations, facilities, or involving VA employees, where the violation of criminal law occurs on VA premises, will be reported.
(2) Criminal matters involving felonies must be immediately referred to VA.

3. Withholding and suspension of funds

In accordance with 38 CFR §78.160, when a grantee fails to comply with the terms, conditions, or standards of the suicide prevention services grant, VA may, with 7 days' notice to the grantee, withhold further payment, suspend the SSG Fox SPGP grant, or prohibit the grantee from incurring additional obligations of suicide prevention services grant funds, pending corrective action by the grantee or a decision to terminate. VA will allow all necessary and proper costs that the grantee could not reasonably avoid during a period of suspension if such costs meet the provisions of the applicable federal cost principles.

4. Funding recovery and appeals process

VA will recover any SSG Fox SPGP grant funds that are not used in accordance with 38 CFR Part 78. The recovery of funds process, as described in 38 CFR §78.160, is as follows:

(1) VA issues a notice of intent to recover suicide prevention services grant funds to the grantee. The notice outlines the aspects of the grantee's program that are not in compliance with 38 CFR Part 78 and indicates that VA will recover SSG Fox SPGP grant funds if the grantee cannot provide documentation to VA demonstrating why suicide prevention services grant funds should not be recovered.
(2) The grantee has 30 days upon receipt of the notice to submit documentation to VA demonstrating why suicide prevention services grant funds should not be recovered.
(3) The SSG Fox SPGP team reviews the response from the grantee for adequacy and may, if necessary, request additional information.
(4) If the response is adequate, VA will not take action to recover funds.

If the response is not adequate or it is determined that suicide prevention services grant funds were not used in accordance with 38 CFR Part 78, VA may on 7 days' notice to the grantee, withhold further payment, suspend the SSG Fox SPGP grant, or prohibit the grantee from incurring additional obligations of SSG Fox SPGP grant funds, pending corrective action by the grantee or a decision to terminate.

5. Suicide prevention services grant termination

A suicide prevention services grant may be terminated in accordance with 38 CFR 78.160 if any of the following three conditions applies:

(1) By VA, if a grantee materially fails to comply with the terms and conditions of an SSG Fox SPGP grant award and of 38 CFR Part 78.
(2) By VA with the consent of the grantee, in which case VA and the grantee agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated.
(3) By a grantee upon sending to VA written notification of grant termination, including the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. (Note: If VA determines that the remaining portion of the SSG Fox SPGP grant will not accomplish the purposes for which the grant was made, VA may terminate the grant in its entirety if any of the other conditions for termination are met.)

6. De-obligation of funds

VA may de-obligate all or a portion of the amounts approved for use by a grantee if:

(1) The activity for which funding was approved is not provided in accordance with the approved application and the requirements of 38 CFR Part 78;
(2) Such amounts have not been expended within a 1-year period from the date of the signing of the suicide prevention services grant agreement; or
(3) Other circumstances set forth in the SSG Fox SPGP grant agreement authorize or require de-obligation.

At its discretion, in accordance 38 CFR §78.110, VA may re-advertise in a NOFO the availability of funds that have been de-obligated or award de-obligated funds to applicants who previously submitted applications in response to the most recently published NOFO.

IX. Additional helpful links

(1) VA Main Page (Benefits, Health Care, Locations, etc.): https://www.va.gov/

(2) Helpful VA phone numbers: https://www.va.gov/resources/helpful-va-phone-numbers/

(3) Online application for VHA health care: https://www.va.gov/health-care/apply/application/introduction

(4) Request military service records: https://www.va.gov/records/get-military-service-records/

(5) How to apply for a discharge upgrade: https://www.va.gov/discharge-upgrade-instructions/

(6) VA Community Care: https://www.va.gov/communitycare

(7) Veterans Crisis Line chat and general info found at: https://www.veteranscrisisline.net/

(8) VA local resources such as clinic locations and SPC contact information may be found by zip code search at: https://www.Veteranscrisisline.net/find-resources/local-resources/

(9) SSG Fox SPGP's website: https://www.mentalhealth.va.gov/ssgfox-grants/.

(10) VA Suicide Prevention main site: https://www.mentalhealth.va.gov/suicide_prevention/index.asp

(11) VA Mental Health main site: https://www.mentalhealth.va.gov

(12) VA-DoD Liaison and Post-9/11 Military to VA (M2VA) Case Management: https://www.va.gov/post911veterans/

(13) SQUARES Tutorial: www.va.gov/homeless/SQUARES.

(14) Veterans Service Officer to assist with claims are found at: https://www.va.gov/disability/get-help-filing-claim/.

(15) Searchable databases of accredited VSOs: https://www.va.gov/ogc/apps/accreditation/index.asp and https://www.ebenefits.va.gov/ebenefits/vso-search.

(16) PSC website to request access: Payment Management System (psc.gov)

(17) PMS PSC Annual Certification: Payment Management System (psc.gov)

(18) DPM website to draw down SSG FOX SPGP grant funds: https://pms.psc.gov/

(19) PMS New User Guide: https://pms.psc.gov/training/pms-user-guide.html

(20) Federal Financial Report (FFR) training request website: Grant Recipient FFR Training | HHS PSC FMP Payment Management System.

(21) State Veterans Affairs Offices website: http://www.va.gov/statedva.htm.

(22) Active Service Verification; Servicemembers Civil Relief Act (SCRA) Website: SCRA (osd.mil)

(23) Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019: https://www.congress.gov/116/plaws/publ171/PLAW-116publ171.pdf S

(24) Rural-Urban Commuting Area (RUCA): USDA ERS - Rural-Urban Commuting Area Codes

(25) National Archives website to Find Veteran DD214: http://www.archives.gov/Veterans/military-service-records/.

(26) VA S.A.V.E training webinar on Suicide Prevention at this link: https://psycharmor.org/courses/s-a-v-e/.

(27) VA S.A.V.E. one-page summary: https://www.mentalhealth.va.gov/suicide_prevention/docs/VA_SAVE_Training.pdf

(28) National Foundation for Credit Counseling: www.nfcc.org

(29) Military One Source https://www.militaryonesource.mil/

(30) VA Safe Messaging Best Practices: https://www.mentalhealth.va.gov/suicide_prevention/docs/safe_messaging_best_practices.pdf

(31) VA Suicide Prevention Social Media Safety Toolkit: https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-074-Suicide-Prevention-Social-Media-Toolkit-1-8_508.pdf

(31) VA Community Provider Toolkit: https://www.mentalhealth.va.gov/communityproviders/index.asp

(32) Columbia Scale for Communities - Military/Vet (12-min video). Step-by-step training video for non-clinicians administrating a C-SSRS to Military/Veteran communities: https://learn.psycharmor.org/courses/columbia-scale-for-communities

(33) VA Emergency Suicide Care:
https://www.va.gov/communitycare/programs/veterans/emergency_care.asp
https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_20-48.pdf#