

State of Nevada Department of Health and Human Services
Director's Office
Fund for a Resilient Nevada

In response to:

Notice of Funding Opportunity (NOFO)

Final Submission Date and Time:

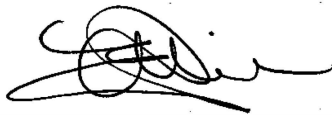
July 26, 2024 at 3p.m. PDT

Our application is respectfully submitted as follows:

Company Name:	State of Nevada; DHHS; DPBH; Southern Nevada Adult Mental Health Services (SNAMHS)
Primary Business Address:	6161 West Charleston Las Vegas, NV 89146
Mailing Address: (If different)	NA
Phone:	702-486-6238
Executive Director/CEO:	Ellen Richardson-Adams, Agency Manager Outpatient Administration
Primary Contact for Proposal:	Ellen Richardson-Adams
Primary Contact Email Address:	eadams@health.nv.gov

As a duly authorized representative, I hereby certify that I have read, understand, and agree to all terms and conditions contained within this request for applications and that information included in our organization's application hereby submitted is accurate and complete.

Signed:



Date: 7/19/24

Print Name: Ellen Richardson-Adams

Title: Agency Manager

This form is required to be completed in its entirety. **All fields are mandatory.** If not appropriate or applicable, place N/A. Any failure to respond to any question, may result in disqualification. Do not add or delete from this Application Form. **Font type is to be Arial 11 pt.** Word limitations are considered maximum word counts and Applicants may choose to write fewer words.

A. ORGANIZATION TYPE. Define the primary applicant's organization type as registered with the State of Nevada Secretary of State Office. *Note: Different funding sources have limits on type of organizations that may receive funding.* If unsure, refer to your business license. **You must check one.**

- ☒ Public Agency ☐ 501(c)(3) Nonprofit ☐ Private ☐ Higher Education ☐ Tribal
☐ Other [Click or tap here to enter text.](#)

B. GEOGRAPHIC AREA OF SERVICE

PROVIDE PRIMARY LOCATION OF AREAS WHERE SERVICES WILL INCLUDE. FOR EXAMPLE, WASHOE COUNTY, STATEWIDE OR BY ZIP CODE. SELECT ONLY ONE AND DESCRIBE IN BOX ADJACENT.

<input checked="" type="checkbox"/> CITY, OR ZIP CODE	North Las Vegas, NV
<input type="checkbox"/> COUNTY	
<input type="checkbox"/> REGION	
<input type="checkbox"/> STATEWIDE	

C. APPLICANT ORGANIZATION

ALL SECTIONS OF THE APPLICANT ORGANIZATION ARE MANDATORY AND N/A IS NOT ACCEPTABLE. IF APPLICANTS DO NOT PROVIDE A FEDERAL TAX IDENTIFICATION NUMBER AND A UEI NUMBER, YOU WILL BE DISQUALIFIED.

ORGANIZATION NAME	Southern Nevada Adult Mental Health Services	
MAILING ADDRESS	6161 West Charleston	
PHYSICAL ADDRESS	same	
CITY	Las Vegas	NV
ZIP (9-DIGIT ZIP REQUIRED)	89146- 1126	
FEDERAL TAX ID #	88-6000022	
UEI NUMBER	C126SATLEZE9	

D. PROGRAM POINT OF CONTACT

PROGRAM CONTACT IS INDIVIDUAL WHO WILL BE RESPONSIBLE FOR ACTIVITIES OF THE GRANT.		
NAME	Ellen Richardson-Adams	
TITLE	Agency Manager	
PHONE	702-338-4973	
E-MAIL	eadams@health.nv.gov	
SAME MAILING ADDRESS AS SECTION C? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, USE BELOW ADDRESS INFORMATION		
ADDRESS	6161 West Charleston	
CITY	Las Vegas	NV
ZIP (9-DIGIT ZIP REQUIRED)	89146-1126	

E. FISCAL OFFICER

FISCAL CONTACT IS INDIVIDUAL RESPONSIBLE FOR THE BUDGET AND REIMBURSEMENT REQUESTS.		
NAME	Luis Espinoza	
TITLE	ASO III	
PHONE	702-486-8961	
EMAIL	lespinoza@health.nv.gov	
SAME MAILING ADDRESS AS SECTION B? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, USE BELOW ADDRESS INFORMATION		
ADDRESS		
CITY		NV
ZIP (9-DIGIT ZIP REQUIRED)		

F. KEY PERSONNEL (ADD ROWS IF REQUIRED)

KEY PERSONNEL ARE DIRECTLY RESPONSIBLE FOR PROJECT DELIVERABLES. Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide proposed services. The Project Manager is required.

NAME	TITLE	LICENSED?
Ellen Richardson-Adams	Project Manager (Mandatory Field) If licensed, License Type: License Number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

G. THIRD PARTY (E.G. MEDICAID) PAYER IDENTIFICATION

A RESPONSE OF YES MEANS YOU ARE CURRENTLY ENROLLED AS A PROVIDER AND NOT THAT YOU ARE IN THE PROCESS.

Are you currently a registered provider with the Division of Health Care Finance and Policy (DHCFP) – Nevada Medicaid?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently registered as a provider with Health Plan of Nevada?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently registered as a provider with United Health Care?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently registered as a provider with Blue Cross/Blue Shield Anthem?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently registered as a provider with Silver Summit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please identify any other third-party payors billed (e.g., insurance companies) your organization is registered with as a provider type for billing purposes. Medicare	

Current provider types (PT) for third-party payors: PT 11 Hospital, Inpatient PT 12 Hospital, Outpatient PT 13 Psychiatric Hospital PT 14 Behavioral Health Outpatient PT 17 Specialty Clinic (e.g. CCBHC, FQHC) PT 20 Physician PT 26 Psychologist PT 32 Community Paramedicine PT 47 Indian Health Programs and Tribal Clinics PT 54 Targeted Case Management PT 60 School Based PT 63 Residential Treatment Center (RTC) PT 82 Behavioral Health Rehabilitative Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other, Please Define: PT34	

H. CERTIFICATION OF PROVIDER

ANSWERS ARE SPECIFIC TO THE ORGANIZATION CERTIFICATION AT THE TIME OF THE SUBMITTAL AND NOT ANY TEAM MEMBER CERTIFICATIONS.	
Are you JCAHO (Joint Commission) Certified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you SAPTA Certified under Nevada Revised Statute (NRS) 458, and Nevada Administrative Code (NAC) 458 <u>and</u> do you have a minimum of two (2) years providing substance use disorder treatment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
OR, are you able to provide memorandums of understanding (MOU)'s with community partners who will provide treatment and are able to provide proof of SAPTA certification in good standing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please identify any additional certifications your organization (not individuals) hold:	

I. CURRENT FUNDING (FEDERAL, STATE, AND PRIVATE FUNDING). NOTE: FAILURE TO PROVIDE ALL FUNDING MAY RESULT IN DISQUALIFICATION. PRIVATE DONATIONS MAY BE IDENTIFIED IN ONE-LINE.

FEDERAL, STATE AND PRIVATE FUNDING. PRIVATE FUNDING MAY BE IDENTIFIED AS TOTAL. ANY FEDERAL OR STATE FUNDS MUST BE DETAILED OUT. ADD ROWS AS REQUIRED. THIS INCLUDES ALL FEDERAL OR STATE GRANTS. STATE GRANTS ARE NOT PRIVATE FUNDING.			
Funding	Type	Project Period End Date	Current or Previous Amount Awarded (\$)

<i>Example: State Opioid Response Grant</i>	<i>Grant</i>	<i>September 2024</i>	<i>\$100,000</i>	
State General Funds	State	June 2024	\$113,312,201	
HUD	Grant	September 2024	\$57,215	
Title XX- DHHS DO	Grant	June 2024	\$603,236	
MOST	Grant	June 2024	\$1,180,972	
ARPA	NOA	December 2026	\$38,769,704	
Medicaid	Federal	June 2024	\$ 4,900,0000	
Medicare	Federal	June 2024	\$991,389	
				Com

J. CAPACITY AND SUSTAINABILITY

Define what you have done to increase sustainability efforts within the last three years (i.e. Medicaid billable, increased other forms of funding, e.g.) to reduce your reliance on federal or state grant funding. Do not exceed 200 words.

The North Las Vegas Fire Department (NLVFD) is responsible for and responds to all fire and medical calls within city limits. Over the past eight years, NLVFD's mission expanded to provide Advanced Life Support transports for residents and visitors, as private transport agencies have struggled to meet increasing demand. NLVFD successfully built its medical transport program to be highly efficient and responsive to needs of the community while minimizing costs.

In 2015, NLVFD recovered \$122,169. By 2023, this amount increased to \$18,658,049. This success is the result of an excellent business plan built on reliable data, proper care, and meticulous documentation. Experienced staff overseeing medical services includes a deputy fire chief and EMS chief with over 60 years of combined experience. The program contains four EMS captains, registered nurse, equipment specialist, and business analyst.

NLVFD utilizes third-party EMS billing service to help maximize reimbursement through Medicaid, Medicare, and private insurance. Program leadership fully intends to apply the successes observed in the medical transport program to the Crisis Response Team, with the goal eventually becoming a Part 14 provider. Due to NLVFD's strong recovery billing process, resources are available to fund the program manager's salary and benefits beginning next fiscal year.

K. TARGET POPULATION (SELECT ONLY ONE).

- ☐ Veterans
- ☐ Persons who are pregnant
- ☐ Parents of dependent children
- ☐ Youth
- ☐ Persons who are lesbian, gay bisexual, transgender and questioning; and
- ☒ Persons and families involved in the criminal justice system, juvenile justice system and child welfare system.

L. PRIORITY AREA (Note – Applicants may not check more than one priority area). Applicants may submit more than one application. Checking more than one priority area may result in disqualification. The priority service areas must match your population of focus in K.

- ☐ **TARGET 1:** BUILD CAPACITY
- ☐ **TARGET 2:** PREVENT THE MISUSE OF OPIOIDS
- ☐ **TARGET 3:** REDUCE HARM RELATED TO OPIOID USE
- ☒ **TARGET 4:** PROVIDE BEHAVIORAL HEALTH TREATMENT
- ☐ **TARGET 5:** IMPLEMENT RECOVERY COMMUNITIES ACROSS NEVADA
- ☐ **TARGET 6:** PROVIDE OPIOID PREVENTION AND TREATMENT CONSISTENTLY ACROSS THE CRIMINAL JUSTICE AND PUBLIC SAFETY SYSTEMS
- ☐ **TARGET 7:** PROVIDE HIGH QUALITY AND ROBUST DATA AND ACCESSIBLE, TIMELY REPORTING

M. PROJECT ABSTRACT

The project abstract serves as a succinct description of the proposed project and a description of how the funds will be used. The abstract should be clear, accurate, concise, and without reference to other parts of the application. Abstract should be single spaced, do not exceed 250 words. (Name, Priority Area and Estimated Budget do not count towards the 250 words.)

NAME OF PROJECT: City of North Las Vegas Fire Department Crisis Response Team

The Crisis Response Team (CRT) program is designed to deliver immediate, effective harm reduction and behavioral health interventions for children, adolescents, families, and childless adults experiencing crises. The CRT aims to address urgent needs through a multi-disciplinary approach that integrates mental health services, substance use disorder support, and comprehensive family assistance. Our team comprises skilled professionals, including crisis counselors, social workers, and medical personnel, who collaborate to provide holistic care tailored to each individual's unique circumstances.

Key objectives of the CRT program include reducing the immediate risk of harm, stabilizing behavioral health conditions, and fostering long-term recovery and resilience. The program offers 24/7 crisis intervention services, including on-site response, telehealth consultations, and a dedicated crisis hotline. We prioritize rapid response times in ensuring that individuals receive timely access to appropriate care and resources.

Requested funding in the amount of \$1,076,082 will provide for staff salaries for a program period totaling three years, while the City of North Las Vegas is committing \$848,360 toward program objectives.

Priority Area

City of North Las Vegas

Estimated Budget Year One (Pull from Budget)

\$119,935

Estimated Budget Year Two (Pull from Budget)

\$462,729

N. ORGANIZATIONAL CAPACITY DESCRIPTION

The Organization Description must include an overview of your organization demonstrating not less than two years of operation, its structure, and relevant experience. Describe organization's qualifications and experiences to implement the proposed project and previous experience related in scope and complexity to the Proposed Project. (Single Spaced, with maximum of 500 words.)

The City of North Las Vegas Fire Department (NLVFD) is structured to provide a comprehensive range of emergency services, including fire suppression, emergency medical services (EMS), hazardous materials response, technical rescue, and community outreach programs. Led by Chief Joseph Calhoun, the department's administration oversees all operational, financial, and strategic planning aspects. This includes budget management, policy development, and inter-agency coordination.

The department utilizes a range of emergency vehicles, medical equipment, and communication tools that can be allocated to a crisis response team. This includes ambulances, rescue vehicles, and advanced life support equipment. NLVFD collaborates with other emergency services, including the North Las Vegas Police Department, local hospitals, and social service agencies. This existing network facilitates a coordinated approach to crisis response.

NLVFD is well-positioned to house a crisis response team due to its existing infrastructure. In 2023, the department was awarded funding from the Substance Abuse and Mental Health Services Administration to initiate a Crisis Response Team, with a grant period ending in April 2025. Requested funding will allow NLVFD to further establish and expand essential services for the diverse and growing community.



O. PROJECT DESIGN AND IMPLEMENTATION

The Project Design and Implementation should provide a detailed description of the program that is proposed to be funded. The following questions should be answered concisely and completely. Maximum of 1,500 words (single spaced).

1. Describe how the project will address *Target Population*.

Target population:

Persons and families involved in the criminal justice system, juvenile justice system and child welfare system.

The City of North Las Vegas Crisis Response (CRT) team will address the Target Population through a coordinated, multidisciplinary approach:

Immediate Crisis Intervention: The CRT will respond to emergency calls involving mental health crises, domestic violence, substance abuse, and other urgent situations. Trained personnel, including mental health professionals and social workers will work to de-escalate situations and provide immediate support to individuals and families.

Coordination with Law Enforcement and Juvenile Justice: The CRT collaborates with local law enforcement to provide alternatives to arrest and detention, such as diversion programs. For minors, the CRT coordinates with juvenile justice officials to ensure that youth receive appropriate mental health services, support for behavioral issues, and connection to community services.

Child Welfare Support: Social workers employed by the CRT program will assess the needs of children and families in crises, identifying risk factors and protective measures. The CRT clinician will connect families to resources such as counseling and parental support to stabilize the home environment and prevent further involvement with child protective services.

Case Management and Follow up: The CRT program provides case management services, ensuring that individuals and families receive continuous support and monitoring. Follow up services are essential and ensure that interventions are effective and that individuals are progressing toward stability.

2. Describe the program activities and how they relate to the overall objectives, opioid abatement, goals of the project, and how the objectives will be achieved.

Immediate Intervention: The CRT will utilize licensed clinical social workers to provide immediate intervention, working to stabilize individuals experiencing mental health crisis and preventing fatal outcomes. By preventing overdoses and fatal outcomes and providing alternative healthcare destinations, the CRT addresses both immediate and long-term needs of individuals in crises.

Immediate Outreach: The CRT reaches out to the individual via phone or an in-person visit within 48 hours of the overdose incident. This initial contact aims to assess the individual's current condition and needs. Follow-ups are a proven best practice that reduce the likelihood of relapse, build community trust and reduce the stigma often associated with

seeking help.

Resource Connection: The CRT connects the individual with appropriate treatment services, such as detoxification programs, rehabilitation centers, or outpatient treatment options. The team provides information on and referrals to additional support services, such as mental health counseling, social services, housing assistance, and peer support groups.

Public Education Initiatives: Public education initiatives by the CRT play a significant role in opioid abatement. The program will partner with law enforcement and community organizations to raise awareness, reduce stigma, and promote preventive measures within the community.

3. Describe how many individuals will be served monthly and annually.

In 2023, approximately 423 emergency calls were received via '911' for cases related to "Overdose/Ingestion/Poisoning." Of these, 213 calls were specifically for Overdose/Drug Ingestion, 6 were for Psychiatric episodes, and 26 involved Suicidal Ideations, totaling 245 calls within our scope of care.

As part of this grant, Our Crisis Response Team intends to follow up on the portion of these calls related specifically to Overdose/Drug Ingestion within 48-72 hours of notification. This would include providing support services specific to opioid use, including, but not limited to, substance use treatment, MAT, and peer support. We expect to assist approximately 16 individuals per month, based on an annual projected estimate of around 200 Overdose/Drug Ingestion '911' calls. It is important to note that we have adjusted our total by approximately 5%, according to our 2023 statistics, to account for potentially fatal overdoses.

4. Describe how the project design and implementation will meet the priority service area targeted.

Target Area: Prevent the Misuse of Opioids

Crisis Response Team (CRT) prevents the misuse of opioids through a combination of immediate intervention, education, and collaboration with other community resources. The CRT will utilize licensed clinical social workers to provide immediate intervention, working to stabilize individuals experiencing mental health crisis and preventing fatal outcomes. After intervention and assessment, the CRT can refer individuals to appropriate treatment programs. The CRT will conduct follow-up visits to ensure that individuals are adhering to their treatment plans and to provide ongoing support.

Target Area: Provide Behavioral Health Treatment

A Crisis Response Team (CRT) provides behavioral health treatment through immediate intervention, ongoing support, and coordination with other healthcare providers. Immediate intervention includes both assessment and de-escalation. The CRT conducts an assessment of the individual's mental and emotional state. This includes evaluating the risk of harm to self or others, the presence of any mental health disorders, and immediate needs. The team uses de-escalation techniques to calm the individual, reduce anxiety, and stabilize the situation. CRT members provide brief therapeutic interventions to address immediate behavioral health issues. This can include crisis counseling, grounding techniques for anxiety, or initial cognitive-behavioral strategies. After stabilizing the immediate crisis, the CRT connects individuals to appropriate behavioral health services.

Target: Provide High Quality and Robust Data and Accessible, Timely Reporting

The CRT utilizes ImageTrend for data collection and reporting. Team members document client interactions while on-site using mobile devices, ensuring immediate and accurate data capture. The software's reporting tools allow for the creation of detailed, easily interpretable reports, helping to identify trends and evaluate intervention outcomes. ImageTrend enables the CRT to deliver efficient, data-driven support.

5. Define the evidence-based practice(s) or promising practice(s) being utilized.

The following evidence-based practices are supported by research and have been shown to be effective in reducing opioid misuse, preventing overdoses, and supporting recovery among individuals affected by opioid use disorder:

Prevention: Community Education and Engagement: Our initiative aims to educate healthcare workers, public safety personnel, community members, and leaders on recognizing signs of overdose and safely disposing of medications. This objective will be achieved through leveraging existing resources and strategies, such as those established by the U.S. Department of Health and Human Services Prevention Programs. Moreover, we will provide education on the effects of opioid abuse and equip community members and leaders with the necessary resources and strategies to respond effectively to this crisis.

Medication-Assisted Treatment (MAT): Investigate the potential distribution of buprenorphine (also known as Suboxone) to individuals undergoing treatment for opioid overdose or experiencing withdrawal symptoms. This treatment offers short-term relief to enhance engagement in treatment, recovery, and social services.

Postvention: Case Management Services: Case Management Services provided by our program are grounded in evidence-based practice, supported by consistent positive outcomes validated through empirical research and systematic reviews. They are endorsed by professional organizations for their cost-effectiveness, established implementation guidelines, and adaptability across diverse contexts.

Peer Support Specialists: Incorporating Certified Peer Support Specialists (PSS) into our Crisis Response Team is a recommended evidence-based practice. PSS bring real-life experience with addiction and recovery, offering meaningful support by sharing their experiences to teach skills and promote recovery through modeling and skill development.

Follow-Up Care and Monitoring: Post opioid overdose follow-up care is essential in fostering recovery and mitigating future overdose risks. This approach begins with assessing and engaging individuals within 48-72 hours post-incident and continues with long-term case management as mentioned above. Regular check-ins assess service engagement and allow for necessary adjustments to sustain progress.

Cultural Competence and Trauma-Informed Care: Cultural competence and trauma-informed care are integral in addressing opioid use disorders through identification of inclusive, respectful, and effective treatment approaches that recognize the diverse backgrounds and trauma histories of individuals seeking help.

6. Describe how the project meets the requirements for the targeted program.

The CRT program will employ Licensed Clinical Social Workers (LCSW) staff, trained to assess, diagnose, and treat mental health and substance use disorders. LCSWs bring specialized skills, knowledge, and perspectives that are crucial for addressing complex issues associated with crises, particularly those involving opioid use disorder. Program staff will utilize ImageTrend to collect, analyze and share monitoring and evaluation data in an effort provide program specific analytics about the successes of the CRT program in our diverse community.

7. Describe how proposed services meet the requirements of being culturally inclusive and what activities will be done to reach underserved priority populations.

The CRT aims to deliver culturally inclusive services and address the needs of underserved priority populations in North Las Vegas. As a minority-majority city with significant Hispanic and African American communities, North Las Vegas requires community inclusive approaches to public health and safety. The CRT is focused on reaching underserved communities, including low-income individuals, the homeless, and those with untreated mental illnesses.

In accordance with the Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, CRT program staff commit to monitor the development in staff, administration, and mental health service provider's competency in delivering culturally and linguistically appropriate practices.

Additionally, the CRT program is data-driven and will utilize current and multifaceted data collection measures to identify high risk populations for targeted preventative intervention, providing more effective resource allocation, tailor interventions to specific population needs and challenges, and providing evidence to support policies and funding decisions that address the specific needs of diverse populations.

P. CAPABILITIES AND COMPETENCIES

Describe the capabilities of the applicant, the subrecipients, and/or contractors to successfully implement the project. This section should also state the competencies of the staff assigned to the project. Describe the roles, experiences, and tenure of key employees who will be running the day-to-day operations of the project. Maximum of 500 words, single spaced.

Ellen Richardson-Adams, M.Ed.

Southern Nevada Adult Mental Health Services July 2014- Present

Outpatient Administrator: Responsibilities include but are not limited to oversight of 21 outpatient clinics within Clark County and across all the counties within the state minus Washoe. Programs include medication clinics, forensics such mental health court & assisted outpatient treatment, service coordination, residential services, counseling, mobile outreach safety team, youth in transition, pharmacies, co-occurring, peer to peer services, drop-in center, and psychological assessments.

Division of Public and Behavioral Health Aug. 2013- July 2014

Deputy Administrator: Responsibilities include but are not limited to oversight of mental health programs statewide including inpatient, outpatient, and forensics with a \$100+ million annual budget. Programming includes urban, rural, and frontier.

Education

University of Nevada Las Vegas May 2008

Master of Education in Special Education

Kristina Bernat is the established Project Coordinator for the City of North Las Vegas Crisis Response Team. Her qualifications include a B.S. in Human Services Counseling and a Master of Social Work (MSW), both degrees obtained from the reputable University of Nevada, Las Vegas. In addition to her degrees, Kristina has obtained her Licensed Clinical Social Worker (LCSW) and is a certified Prison Rape and Elimination Act (PREA) Trainer. She is also gaining certification in Mental Health First Aid and will be providing regular training to the North Las Vegas Fire Department and North Las Vegas Police Department on how to manage a person in a mental health and/or substance use crisis. Kristina is a dedicated social worker with over 17 years of experience working with individuals and families that come from a variety of socioeconomic, ethnic, cultural backgrounds and age groups. Her work history includes employment as a Private Practice Therapist in the State of Nevada, a Suicide Prevention Coordinator for the U.S. Department of Veterans Affairs, and a Contracted Supervisor for SafeNest. Kristina is resourceful and well-organized in identifying and accessing community resources to meet clients' needs. Her proven skills in conducting assessments, planning treatment interventions, and facilitating therapy sessions are essential in meeting program objectives.

Marliz Padilla is a Licensed Clinical Social Worker with 8 years of experience in providing comprehensive mental health services. She holds a Master's degree in Social Work and a Bachelor's degree in Psychology from California State University, Fullerton. Marliz demonstrates expertise in medical social work through her tenure at Cedars-Sinai Medical Network, where she supported patients and families with emotional and practical needs. Additionally, Marliz is experienced in delivering therapeutic interventions and counseling services as a Mental Health Therapist at South Coast Community Services. Marliz is committed to fostering mental wellness and advocating for clients' well-being with a compassionate and client-centered approach.

Q. DATA COLLECTION

Describe the data and systems that your organization currently utilizes to collect unduplicated client level data, number of services provided, who collects the data, who is responsible for performance measurement and how the data is used to guide and evaluate current program activities. Identify if the organization has an electronic health record system, and what that system is. *(The state will work with the selected organizations to define the requirements for data collections which may include Client Level Data System (CLDS), GPRA, TEDS, or other data collection/systems based on the funding sources.) Maximum of 500 words, single spaced.*

The City of North Las Vegas utilizes ImageTrend software to enhance the operations of its Crisis Response Team (CRT) by capturing detailed client-level data. This software serves as a comprehensive data management tool that allows CRT professionals to document and track interactions with individuals in crisis accurately.

ImageTrend functionalities include:

Data Collection: ImageTrend allows CRT members to record detailed information during client interactions, including personal details, the nature of the crisis, and the services provided.

Case Management: The software allows for efficient case management by organizing client data in a centralized system. This includes tracking the progress of ongoing cases, scheduling follow-ups, and updating client information as needed.

Data Analysis: ImageTrend provides robust analytical tools that help the CRT analyze trends and patterns in crisis incidents. This analysis aids in identifying common issues and developing targeted intervention strategies.

Reporting: The software facilitates the generation of comprehensive reports, which are essential for evaluating the team's performance, understanding community needs, and securing funding. These reports can include data on response times, outcomes, and resource utilization.

On site clinicians responding to situations involving opioid crises collect detailed data by utilizing ImageTrend Software. Ground-level data is essential for ensuring that interventions are effective, efficient, and continuously improving. Epidemiological data is collected to help identify patterns and trends, while demographical data is collected to assist CRT staff in understanding which populations are most affected and tailor interventions accordingly.

Data is used to guide program activities by identifying high risk populations for targeted preventative intervention, providing more effective resource allocation, tailoring interventions to specific population needs and challenges, and providing evidence to support policies and funding decisions that address the specific needs of diverse populations.

R. SCOPE OF WORK

Complete the form below, provide a description of the services proposed that includes objectives, strategies and how data will be collected to ensure the activity is performed. The State will work with selected providers to detail out the performance measures associated with the scope of work. Do not exceed three pages. Applicant chooses how many goals to complete. Add more lines as needed. (Please note: Certain areas will have specific standards and goals which will be added prior to start of contract)

Describe the primary goal the program wishes to accomplish with this subaward.

Goal 1: Provide immediate response to psychiatric emergencies.

Objective	Activities Strategies	How Data Collected/ Documentation
1. The CRT program will respond to 20% of all opioid related mental health crisis during the three-year project period.	1. A combination of full and part-time clinicians employed by the CRT program will allow for extended hours and increased availability of services. 2. Data collection will provide for efficient scheduling to ensure that CRT staff are available during high priority hours.	1. Staff will utilize ImageTrend software to maintain detailed records of calls receives compared to calls responded. 2. ImageTrend data involving high priority hours will be documented and utilized to inform internal staff.

Describe the most important secondary goal the program wishes to accomplish with this subaward.

Goal 2: 2. Offer follow-up within 48 hours for individuals who have overdosed on opioids and called 911.

Objective	Activities Strategies	How Data Collected Documentation
1. Maintain a 90% follow up rate to all CRT related calls. 2. Provide access to resources and support services during 100% of follow-up interactions.	1. The CRT program will leverage it's existing internship program to maintain a 90% follow up rate while clinicians are in the field. 2. The CRT program will partner with law enforcement, health care agencies, and nonprofits to ensure that individuals in crises are referred to appropriate care.	1. Staff will utilize ImageTrend to provide data on follow up rates for all CRT related calls. 2. Staff will utilize ImageTrend's reporting platform to note resources and support services during follow up interactions.

Goal 3: Implement public education initiatives on narcotic use, specifically targeting special populations.

Objective	Activities Strategies	How Data Collected Documentation
1. The CRT program will conduct a minimum of 30 hours of specific targeted outreach per program year.	1. Conduct a needs assessment to identify special populations at risk 2. Form and maintain partnerships with local schools, veterans' organizations, senior centers, and healthcare providers.	1. Attendance and participation rates at training sessions for community leaders. 2. Results from pre- and post-tests or surveys assessing knowledge gains. 3. Data on program reach, participant demographics, and engagement levels.

Goal 4: Click or tap here to enter text.

Objective	Activities Strategies	How Data Collected Documentation
1.	1.	1.
2.	2.	2.

Add additional Goals as required.

S. Project Manager CV/Resume (One-Page)

Insert a brief resume/biography with highlights of the Program Manager (from Section F), who is responsible for the program deliverables to include education, licensure, and applicable experience for the proposed scope of work. The state reserves the right to request additional resumes or CVs based on program activities. Do not exceed 400 words.

Kristina Bernat is the established Project Coordinator for the City of North Las Vegas Crisis Response Team. Her qualifications include a B.S. in Human Services Counseling and a Master of Social Work (MSW), both degrees obtained from the reputable University of Nevada, Las Vegas. In addition to her degrees, Kristina has obtained her Licensed Clinical Social Worker (LCSW) and is a certified Prison Rape and Elimination Act (PREA) Trainer. She is also gaining certification in Mental Health First Aid and will be providing regular training to the North Las Vegas Fire Department and North Las Vegas Police Department on how to manage a person in a mental health and/or substance use crisis. Kristina is a dedicated social worker with over 17 years of experience working with individuals and families that come from a variety of socioeconomic, ethnic, cultural backgrounds and age groups. Her work history includes employment as a Private Practice Therapist in the State of Nevada, a Suicide Prevention Coordinator for the U.S. Department of Veterans Affairs, and a Contracted Supervisor for SafeNest. Kristina is resourceful and well-organized in identifying and accessing community resources to meet clients' needs. Her proven skills in conducting assessments, planning treatment interventions, and facilitating therapy sessions are essential in meeting program objectives.

T. Budget Excel Template & Instructions

Budget Template is required to be attached as a separate excel document. The below are instructions to complete the template.

Budget Narrative Template Attached

No Text or Information in this Box. The Excel Document must be attached to the application as a separate document. The template is a separate Excel document sent with this application.

U. GENERAL PROVISIONS OF GRANT ACCEPTANCE OR AWARD

Applicability: This section is applicable to all subrecipients who receive funding from the DHHS under this NOFO solicitation. The subrecipient agrees to abide by and remain in compliance with the following:

1. Litigation settlement and Bankruptcy Agreements
2. One Nevada Agreement
3. NRS 433.712 through 433.744, Administration of Certain Proceeds from Litigation Concerning Opioids
4. CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
5. NRS 218G - Legislative Audits
6. NRS 458 - Abuse of Alcohol & Drugs
7. NRS 616 A through D Industrial Insurance
8. GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
9. GSA - General Services Administration for guidelines for travel
10. Grant Instructions and Requirements
11. The subrecipient agrees to register with the State Controller's Office to obtain a vendor identification number.
12. State Licensure and certification
 - a. The subrecipient is required to be in compliance with all State licensure and/or certification requirements prior and during the grant award.
13. The subrecipient's commercial, general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent subgrantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
14. To the fullest extent permitted by law, subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of subrecipient, its officers, employees, and agents.
15. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
16. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
17. The subrecipient will report within 24 hours the occurrence of an incident, following DHHS policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
18. The subrecipient agrees to fully cooperate with all DHHS sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
19. The subrecipient is required to maintain a Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subgrantee serves minors with funds awarded through this sub-grant.
20. Application to 211. As of October 1, 2017, the Subrecipient is required to submit an application to register with the Nevada 211 system.
21. The subrecipient agrees to a five percent (5%) maximum for administrative expenses.
22. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
23. The subrecipient acknowledges that to better address the needs of Nevada, funds

identified in this subgrant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The DHHS may reallocate funds to other programs to ensure that gaps in service are addressed.

23. The Subrecipient acknowledges that if the scope of work is NOT being met, the Subrecipient will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Department staff or specified sub-contractor. The Subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and any other necessary steps.
24. Failure to meet any conditions listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

Audit Requirements

The following program Audit Requirements are for non-federal entities who do not meet the single audit requirement of 2 CFR Part 200, Subpart F-Audit requirements:

25. For subrecipients of the program who expend less than \$750,000 during the non-federal entity's fiscal year in federal and state awards are required to report all organizational fiscal activities annually in the form of a Year-End Financial Report.
26. For subrecipients of the program who expend \$750,000 or more during the fiscal year in federal and state awards are required to have a Limited Scope Audit conducted for that year. The Limited Scope Audit must be for the same organizational unit and fiscal year that meets the requirements of the Department Audit policy.

Year-End Financial Report

27. The non-federal entity must prepare financial statements that reflect its financial position, results of operations or changes in net assets, and, where appropriate, cash flows for the fiscal year.
28. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
29. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
30. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.
31. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
 - a. List individual federal and State programs by agency and provide the applicable federal agency name, settlement, judgement, grant, etc.
 - b. Include the name of the pass-through entity (State Program).
 - c. Must identify the CFDA number, if applicable, to the federal awards or other identifying number when the CFDA information is not available.
 - d. Include the total amount provided to the non-federal entity from each federal and State program.
32. The Year-End Financial Report must be submitted to the Department 90 days after fiscal year end at the following address.

Department of Health and Human Services, Director's Office
Attn: Fund for a Resilient Nevada
1000 North Division Street, Ste 201
Carson City, NV 89703

Limited Scope Audits

33. The auditor must: a. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS; b. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program; c. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of federal program; d. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding; e. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.
34. The auditor's report(s) may be in the form of either combined or separate reports and may be organized differently from the manner presented in this section.
35. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following: a. An opinion as to whether the financial statement(s) of the federal program is presented fairly in all material respects in accordance with the stated accounting policies; b. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests; c. A report on compliance which includes an opinion as to whether the auditee complied with laws, regulations, and the terms and conditions of the awards which could have a direct and material effect on the program; and d. A schedule of findings and questioned costs for the federal program that includes a summary of the auditor's results relative to the federal program in a format consistent with 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(1), and findings and questioned costs consistent with the requirements of 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(3).
36. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day.

The Audit Report must be sent to:

Department of Health and Human Services, Director's Office
Attn: Fund for a Resilient Nevada
1000 North Division Street, Ste 201
Carson City, NV 89703

Amendments

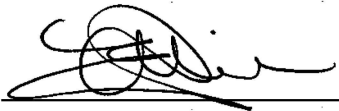
37. The Department of Health and Human Services policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of such modifications must be communicated in writing to the the Fund for a Resilient Nevada Unit prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via e-mail.
38. For any budgetary changes that are in excess of 10% of the total award, an official amendment is required. Requests for such amendments must be made to the Fund for a Resilient Nevada Unit, in writing.

39. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
40. Any significant changes to the Scope of Work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all Scope of Work amendments.
41. The Subrecipient acknowledges that requests to revise the approved subgrant must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
42. Final changes to the approved subgrant that will result in an amendment must be received 60-days prior to the end of the sub -grant period (no later than April 30 for State funded grants and July 31 for federal funded grants). Amendment requests received after the 60-day deadline will be denied.

Remedies for Noncompliance

43. The Division reserves the right to hold reimbursement under this sub-grant until any delinquent requests, forms, reports, and expenditure documentation are submitted to and approved by the Division.

Agreed to:

Signature:  _____

Date: 7/19/24

Printed Name: Ellen Richardson-Adams
Title: Agency Manager

V. FINANCIAL AND INTERNAL CONTROLS QUESTIONNAIRE

ORGANIZATION FINANCIAL INFORMATION (for nonprofit organizations only)

1. According to your organization's most recent audit or balance sheet, are the total current assets greater than the liabilities?

☒ YES ☐ NO

2. Is the total amount requested for this FRN Program funding opportunity greater than 50% of your organization's current total annual budget?

☐ YES ☒ NO

ACCOUNTING

3. Briefly describe your organization's accounting system and accounting processes, including: NEBS, State Administrative Manual (SAM), internal controls, auditing internal and external entities; Statewide Financial System

- A. Is the accounting system computerized, manual, or a combination of both? If your accounting system is computerized, indicate the name of the financial software.
Computerized; NEBS, state payment program

- B. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?
We follow our internal controls and SAM, in addition to levels of approvals and signatures, etc. in our business office and central DPBH fiscal office.

- C. Your expenditure reports will be due by the 10th of each month. (If the 10th falls on a Saturday, Sunday, or State of Nevada holiday, expenditure reports are due the next business day.) To ensure that you submit expenditure reports timely, please respond to the following:

- 1) By what date must any Partner Organizations submit reimbursement requests to your agency (e.g., Partner Organizations must submit their reimbursement request, General Ledger report, and supporting documentation to us no later than the 10th of each month)?
The 5th of each month
- 2) By what date do you close the General Ledger (e.g., GL is closed no later than the 10th of each month)? The 10th of each month

- D. How are transactions organized, maintained, and summarized in financial reports?

They are organized by State Chart of Accounts; categories and GLs

Answer each of the following questions with either a "YES", "NO", or "NOT APPLICABLE" by checking the respective box.

4. The Fund for a Resilient Nevada has adopted the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) as the fiscal

and administrative guidelines for this grant program. Is the staff who will be responsible for the financial management of your award familiar with these documents?

☐ YES ☒ NO

5. Does your organization have written accounting policies? Do your policies include policies on the procurement of goods/services?

☒ YES ☐ NO

6. Does your accounting system identify and segregate:

- Allowable and unallowable costs;
- Direct and indirect expenses;
- Grant costs and non-grant costs; and
- The allocation of indirect costs.

☒ YES ☐ NO

7. If your organization has more than one grant contract, does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each contract?

☒ YES ☐ NO ☐ NOT APPLICABLE

8. Are individual cost elements in your organization's chart of accounts reconciled to the cost categories in the approved budget?

☒ YES ☐ NO

9. Are your accounting records supported by source documentation (invoices, receipts, approvals, receiving reports, canceled checks, etc.) and on file for easy retrieval?

☒ YES ☐ NO

GENERAL ADMINISTRATION AND INTERNAL CONTROLS

10. Does your organization have written personnel policies?

☒ YES ☐ NO

11. Does your organization have written job descriptions with set salary levels for each employee?

☒ YES ☐ NO

12. UGMS requires that any staff paid from State grant funds, to keep a record of time and attendance.

A. For staff funded 100% by the grant, each staff person only needs to certify their time monthly. Both the employee and the employee's supervisor must sign the monthly

certification of time worked.

B. For staff who split their time between the FRN grant and other funding sources, they will need to keep a time record or personnel activity reports or equivalent documentation must meet the following standards:

- 1) They must reflect an after-the-fact distribution of the actual activity of each employee.
- 2) They must account for the total activity, for which each employee is compensated.
- 3) They must be prepared at least monthly and must coincide with one or more pay periods; and
- 4) They must be signed by the employee and the supervisory official having first-hand knowledge of the work performed by the employee.

13. Does your organization maintain time allocated personnel activity reports that meet the above criteria?

☒ YES ☐ NO

14. Does your organization maintain personnel activity reports or equivalent documentation that meet the above criteria?

☒ YES ☐ NO

15. Are payroll checks prepared after receipt of approved time/attendance records and are payroll checks based on those time/attendance records?

☒ YES ☐ NO

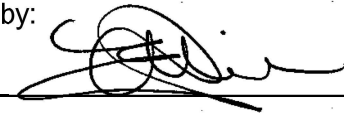
16. Are procedures in place to determine the allowability, allocability, and reasonableness of costs?

☒ YES ☐ NO

The Organizational Financial Information and Internal Controls Questionnaire must be signed by an authorized person who has completed the form or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

Signature: _____



Date: 7/19/24

Printed Name: Ellen Richardson-Adams

Title: Agency Manager

W. CERTIFICATION BY AUTHORIZED OFFICIAL

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meet all requirements of the legislation governing the State Administrative Manual, 2 CFR Chapter 200, Opioid Recoveries Legislation, and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Statement of Grant Award. *All Applicants identified for funding must comply with the Grant Instruction and Requirements (GIRS). Link: [Grant Instructions and Requirements revised October 2020 \(nv.gov\)](#) or latest approved version.*

Name (type/print):

Ellen Richardson-Adams

Phone

702-338-4973

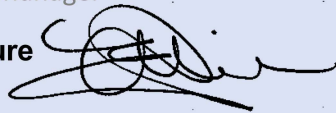
Title

Agency Manager

Email

eadams@health.nv.gov

Signature



Date

7/19/24