



**State of Nevada  
Department of Health and Human  
Services**

DEPARTMENT OF HEALTH AND HUMAN  
SERVICES DIRECTOR'S OFFICE,  
FUND FOR A RESILIENT NEVADA  
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Carson City, Nevada 89703  
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<https://dhhs.nv.gov/>

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**NOTICE OF FUNDING OPPORTUNITY (NOFO)  
FUND FOR A RESILIENT NEVADA**

**Release Date: Wednesday March 1, 2023**

Questions to be Submitted via email: On or before March 7, 2023, 3:00 p.m. PDT  
Must be submitted to  
[D.YOHEY@DHHS.NV.GOV](mailto:D.YOHEY@DHHS.NV.GOV) with **FRN NOFO** in the  
subject line of the email.

Response to Questions will be posted on or before March 15, 2023 at 3:00  
p.m. PDT, at the following link: [FRN Home \(nv.gov\)](https://www.nv.gov/frn)

**DEADLINE FOR APPLICATION SUBMISSION: APRIL 7, 2023, 5:00p.m. PDT**

***For additional information, please contact:***

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***The application and budget form are available at the link above***

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NOTICE OF FUNDING OPPORTUNITY SUMMARY**

**Notice of Funding Type: New Award**

Any Applicant who wants to be considered for funding under this Notice of Funding Opportunity (NOFO) must submit a completed and signed application in compliance with the instructions within this NOFO. **This includes any Applicant currently receiving any federal or state grant funds.** This NOFO may also be used for future state or federal subgrant awards for opioid use abatement programs should additional money become available, for a period not to exceed four years. The geographic target area is limited to Nevada.

**Funding Opportunity Award Type: Subgrant Agreement (Grant)**

**Project Period Varies on Program and Funding Source.** Projects should be written not to exceed a two-year program and budget period. Project dates are subject to change but are anticipated to begin on or after April 1, 2023. *The State retains the option to extend program periods depending on the needs of the state, program outcomes, and the availability of funding through June 2027.*

Project periods and budgets are anticipated to be:

- June 1, 2023 – June 30, 2024 (13 months)
- July 1, 2024 – June 30, 2025 (12 months)

**Estimated Number of Awards:** The number and dollar amount of grant awards will depend on the quality and number of applications. The statewide plan may also allocate money to statewide projects through direct budget allocations.

**Estimated Dollars Available:**

**Delivery of Treatment Services: \$1,000,000**

**Estimated Funding Limitations: \$200,000-\$500,000 per award**

**Reporting Periods:** Monthly

**Award Restrictions:** All funding is subject to change, based on the availability of funds, settlements, federal awards, and the state needs. **Submitting an application in response to this NOFO is not a guarantee of funding or funding at the level requested. The State reserves the right to fund any, all, or any variation of services requested in this application.**

RFA Timeline	
Task	Due Date/Time
Notice of Funding Opportunity Released	3/1/2023
Deadline for submission of written questions	3/7/2023, 3:00 PDT
Deadline for written response to submitted written questions	3/15/2023, 3:00 PDT
<b>Final Deadline for proposal/application submission</b>	<b>04/07/2023, 3:00 PM PDT</b>
Evaluation Period, on or before	05/01/2023
Funding Decisions, Applicants Notified on or before	06/01/2023
Completion of contract/subgrant awards Year 1, on or before	Upon Approval
Completion of contract/subgrant awards Year 2, on or before	07/01/2024

## Table of Contents

### Contents

<b>SECTION 1.0</b>	<b>INTRODUCTION</b> .....	<b>4</b>
1.1	Notice of Funding Opportunity Overview .....	4
1.2	Impact of the Opioid Epidemic in Nevada.....	4
1.3	Definition of Opioid for this NOFO .....	4
<b>SECTION 2.0</b>	<b>FUNDING OPPORTUNITY INTRODUCTION</b> .....	<b>5</b>
2.1	Purpose .....	5
2.2	Target Populations .....	5
2.3	Allowability of Funds.....	6
2.4	Eligible Entities.....	6
2.6	Matching Fund Requirements .....	8
<b>SECTION 3.0</b>	<b>PRIORITY FUNDING AREAS</b> .....	<b>8</b>
3.1	Sustainability .....	9
3.2	Identifying Priority Projects and Populations.....	9
3.3	Evidence-Based Practices .....	9
3.4	Target Areas for Funding Consideration .....	10
<b>SECTION 4.0</b>	<b>EXCLUDED ACTIVITIES</b> .....	<b>14</b>
<b>SECTION 5.0</b>	<b>CULTURAL COMPETENCE</b> .....	<b>14</b>
<b>SECTION 6.0</b>	<b>GRANTEE RESPONSIBILITIES</b> .....	<b>15</b>
6.1	Grant Program Implementation .....	15
6.2	Data Collection and Reporting.....	15
6.3	Performance Reports .....	15
6.3.1	Examples of Output Measures (not limited to) .....	15
6.3.2	Compliance of Application.....	16
6.3.4	Licenses and Certifications .....	16
6.3.5	Disclosures .....	17
6.3.6	Payment & Billing .....	17
<b>SECTION 7.0</b>	<b>APPLICATION AND SUBMISSION INFORMATION</b> .....	<b>17</b>
7.1	Technical Requirements .....	17
7.2	Written Questions and Answers.....	18
<b>SECTION 8.0</b>	<b>PROCUREMENT PROCESS</b> .....	<b>21</b>
<b>SECTION 9.0</b>	<b>NOFO REVIEW PROCESS</b> .....	<b>21</b>
<b>SECTION 10</b>	<b>GRANTEE MONITORING</b> .....	<b>23</b>
	<b>ATTACHMENT A – GENERAL PROVISIONS AND ASSURANCES</b> .....	<b>25</b>

## SECTION 1.0 INTRODUCTION

### 1.1 Notice of Funding Opportunity Overview

This Notice of Funding Opportunity (NOFO) is intended to solicit applications for the Fund for a Resilient Nevada (FRN), Opioid Recoveries, Treatment Programs. The Nevada Department of Health and Human Services (DHHS) Director's Office is responsible to administer the FRN to supplement and not supplant existing funding focused on opioid abatement in Nevada.

The Director's Office reserves the right to utilize this NOFO for other state or federal subgrant funding that may become available for the abatement of the opioid epidemic, for a period not to exceed four (4) years, in compliance with both federal and state procurement limitations.

FRN is established in Nevada Revised Statutes (NRS) 433.712 through 433.744 and funding is guided by the required Opioid Statewide Needs Assessment and Statewide Plan: Nevada Opioid Needs Assessment and Statewide Plan 2022 (nv.gov). Funding will not be available for any activities not specifically identified in the Plan.

### 1.2 Impact of the Opioid Epidemic in Nevada

Findings from the Nevada Opioid Needs Assessment and Statewide Plan 2022, further referred to as the Needs Assessment, demonstrated the impacts the opioid crisis had on Nevadans, which included 788 overdose deaths occurring in 2020, an increase of 55% compared to 2019. Most overdose deaths involved opioids; however, stimulant use and stimulant-involved overdoses have also increased significantly in recent years. Needs Assessment data show that certain racial and ethnic communities, geographic locations, and other groups have been disproportionately impacted by opioid-related harms. For example, overdose rates among youth have risen 550% between 2019 and 2020, and Hispanic/Latino people faced significantly higher increases in overdose death rates compared to other races and ethnicities. Although a large amount of state and local data is available for some populations, there are still gaps in data with trends among certain groups being unavailable and are unknown.

### 1.3 Definition of Opioid for this NOFO

For the purpose of this NOFO, the definition of opioid is a natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential. ([Commonly Used Terms | Opioids | CDC](#))

## SECTION 2.0 FUNDING OPPORTUNITY INTRODUCTION

### 2.1 Purpose

This NOFO is published by the Director's Office, Fund for a Resilient Nevada Unit (FRNU) which specifically targets treatment service delivery for opioid use/misuse, throughout the state.

**Applications expanding access to existing services with the ability to provide direct services and supports within two (2) months of receiving funding will be prioritized. Projects that include new service delivery levels of care items or programming are expected to begin services no later than three (3) months after receiving funding.** Project proposals requiring longer periods of time for implementation may be considered, however, extended time required to implement activities will require additional documentation, oversight, and accountability. This will include the development of an actionable work plan with targeted deliverables to be developed in conjunction with FRNU. The application and budget should reflect the specific timeframe to deliver services.

Nevada will also be utilizing other fiscal mechanisms to maximize the ability of third-party liability billing through the managed care organizations or fee-for-service Medicaid, as well as state general fund and other federal grants to address the known needs and gaps within the state.

Projects in this NOFO should align with the definitions of Opioid Use/Misuse as follows:

1. Services for individuals with an opioid use disorder (OUD) as a primary, secondary or tertiary diagnosis
2. Services for individuals who uses opioids recreationally, at least one (1) time monthly, but may not meet the criteria for an OUD, but are at risk.
3. Services for individuals who have ever had an opioid related overdose.
4. Services for pregnant persons with any history of opioid use within the last two (2) years regardless of amount.
5. Services for individuals that received services that predates the initiation of the grant should be included if they meet one of the criteria above and started on one of the approved medications for opioid use after the start date of contract.
6. Services for individuals that have recently been released from incarceration who would have qualified for OUD prior to incarceration.
7. Services for immediate family member(s) of an individual who meets criteria above.

### 2.2 Target Populations

For this NOFO application, Nevada is utilizing the NRS 433.722 "special population" defined as "a population uniquely affected by substance use or substance use disorder." The term includes, without limitation:

1. Veterans;
2. Persons who are pregnant;
3. Parents of dependent children;
4. Youth;
5. Persons who are lesbian, gay, bisexual, transgender and questioning; and
6. Persons and families involved in the criminal justice system, juvenile justice system, and child welfare system.

**Applications that do not clearly define the target population and, as applicable,**

## **subpopulations, will be ineligible for funding.**

In addition to identifying a primary target population, applications should speak to any potential targeted, special populations in the program approach to include, but not be limited to, those listed below, if appropriate.

1. Transitional youth population (TAY)
2. Individuals involved or at-risk for being involved with the criminal justice or juvenile justice system
3. Rural/Frontier communities
4. Black, Indigenous, People of Color (BIPOC) communities
5. Tribal Entities
6. Individuals in the LGBTQIIA+ communities
7. Individuals who are homeless as defined by the United States Department of Housing and Urban Development (HUD). See link for more information:  
[https://files.hudexchange.info/resources/documents/HomelessDefinition\\_RecordkeepingRequirementsandCriteria.pdf](https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)

### **2.3 Allowability of Funds**

As required by NRS 433.738 and through the development of Nevada's Statewide Plan, this NOFO will allocate money from the Fund for the following initiatives:

- **Target 1:** Increase the Availability of Evidence-Based Treatment
- **Target 2:** Expansion of adolescent and transitional aged youth treatment options across all American Society of Addiction Medicine (ASAM) levels of care for OUD with co-occurring disorder (COD) integration
- **Target 3:** Increase Access to Evidence-Based Treatment for Tribal Entities
- **Target 4:** Increase Availability and Access to Medications for Opioid Use Disorder (MOUD)
- **Target 5:** Increase Treatment for Neonatal Abstinence Syndrome (NAS)/Pre & Postpartum Services
- **Target 6:** Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems.

The projects described may include projects to maximize expenditures through federal, local, and private matching contributions. This includes expanding services matched through Medicaid for impacts of substance use disorder.

***A regional, local, or tribal government entity that receives a grant pursuant to paragraph (b) of subsection 2 of [NRS 433.738](#) shall conduct a new needs assessment and update its plan no less than every 4 years as designated in NRS 433.740 through 433.744; or at the direction of the Department. The Department may coordinate with and provide support to regional, local, and tribal governmental entities in conducting needs assessments and developing plans.***

### **2.4 Eligible Entities**

All prospective applicants are advised to review Nevada's ethical standards requirements, including but

not limited to *Nevada Revised Statutes* (NRS) 281A, NRS 333.800, and *Nevada Administrative Code* (NAC) 333.155. All applicable NRS and NAC documentation can be found at [www.leg.state.nv.us/law1.cfm](http://www.leg.state.nv.us/law1.cfm).

Nevada is seeking applications from **regional, county, local and tribal agencies, and private-sector organizations whose work relates to OUD or COD (in addition to opioid)** who meet the following requirements:

- Are registered with the Nevada Secretary of State and have the appropriate business license as defined by law in the county/city of geographic location for service delivery. The selected vendor, prior to doing business in the State of Nevada, shall be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS 76. Information regarding the Nevada Business License can be located at <http://nvsos.gov>. *(Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state shall register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015)*
- Do not have any provider or board member of organization identified as subject to the Office of Inspector General (OIG) exclusion from participation in federal health care programs (42 Code of Federal Regulations (CFR) 1001.1901).
- Can comply with the Third-Party Liability (TPL) for any or all the expenditure(s) that would be payable by another private or public insurance for any application that provides direct service. (This includes Medicaid, Medicare, etc.)
- Are registered as a Nevada vendor by time of application – Registration can be submitted to:  
<http://purchasing.nv.gov/Vendors/Registration/> and  
<https://controller.nv.gov/Buttons/ElectronicVendorReg/>  
This is in addition to the state business license.
- Have an active DUNS/UEI (unique entity identifier) number, which can be applied for at [sam.gov](http://sam.gov).
- Pursuant to NRS 458 and NAC 458, demonstrate:
  - Current Substance Abuse Prevention and Treatment Agency (SAPTA) certification and have a minimum of two years of providing SUD Treatment Services  
OR  
Provide the level of accreditation of the program that meets or exceeds the SAPTA certification standard (ex: hospital organization - Joint commission). Programs that are Commission on Accreditation of Rehabilitation Facilities (CARF)-accredited, must still obtain SAPTA certification.  
(<http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Providers/SAPTAProviders>).
  - OR
  - Provide memorandums of understanding (MOUs) with community partners who will provide treatment and are able to provide proof of SAPTA certification in good standing.
- Can provide direct services within 60-days of Notice of Subgrant Award (NOSA), if providing direct services.
- Can demonstrate significant completion and start of project within 60 days of subgrant for expansion or within 90 days of awards for new projects.

Pursuant to NRS 333.3354, the State of Nevada awards a five percent (5%) preference to a vendor certifying that its principal place of business is in Nevada. The term "principal place of business" has the meaning outlined by the United States Supreme Court in *Hertz Corp v. Friend*, 559 U.S. 77 (2010), typically meaning a company's corporate headquarters. This preference

cannot be combined with any other preference, granted for the award of a contract using federal funds, or granted for the award of a contract procured on a multi-state basis. On the application, please identify if Nevada is the “headquarters” or primary location of the organization.

## 2.5 Ineligibility Criteria

FRNU considers the following criteria as potential reasons for Applicant Disqualification for consideration of award under this NOFO.

- 1) Proposals that do not contain the requisite licensure may be deemed non-responsive.
- 2) **Incomplete application.** 1) Failure to meet the minimum application requirements as described; and/or 2) Omission of required application elements as described. All sections of the grant application require a response. If the response is Not Applicable, (N/A) must be written in the application.
- 3) **Insufficient supporting detail as required in the application.** FRNU will not review applications that merely restate the text within the NOFO. Applicants must detail their approach to achieving program goals and milestones. Reviewers will note evidence of how effectively the Applicant includes these elements in its application.
- 4) **Inability or unwillingness to collect and share monitoring and evaluation data with DHHS or its contractors.**
- 5) **Program Integrity concerns.** FRNU may deny selection to an otherwise qualified applicant based on information found during a program integrity review regarding the organization, community partners, or any other relevant individuals or entities. This may include a current grant or award being in non-compliance.
- 6) **Disregard of instructions for maximum word limits.**
- 7) **Late submission** of an application, regardless of reason.
- 8) **Supplanting Funds.** Grant dollars must be used to supplement (expand or enhance) program activities and must not replace those funds that have been appropriated for the same purpose. This includes duplication of services or applications.
- 9) **Vendors** are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submission.
  
- 10) **Certified Community Behavioral Health Centers (CCBHCs)** may not apply for services, unless services have not been incorporated in each prospective payment services model that considers the mandatory services areas and the total number of individuals, with and without TPL, and are required to meet certification criteria. If a CCBHC applies for funding, sufficient documentation must be provided for the need and rationale for the additional funding to expand services beyond current capacity, towards opioid abatement. This will include the need for critical infrastructure to provide additional services, expand catchment areas, or to expand to specialized populations. Only CCBHCs in good standing, without substantial plans of corrections, who have a complete and timely submission of data, and who are meeting their required service priorities, are eligible for consideration of funding.

*Proposals that do not contain the requisite licensure may be deemed non-responsive.*

## 2.6 Matching Fund Requirements

This application does not require a partner match.

## SECTION 3.0 PRIORITY FUNDING AREAS

To further the missions of the DHHS, this NOFO seeks partner organizations whose proposals



are focused on **achieving opioid abatement**. The overarching objective is to improve the health and well-being of adults, children, and families served while influencing positive change in Nevada communities. To reach this objective, collaborations with school-related settings, health-care agencies, and/or community organizations are highly desired to address the clients' and/or families' needs holistically. A holistic approach must include evidence-based or promising practices and recognize the connection of health care to social services as equal partners in planning, developing programs, and monitoring patients to ensure their needs are met.

Applicants are encouraged to follow the guidance provided in the opioid statewide plan to meet the needs of Nevada's citizens, families, and communities, especially for those disproportionately impacted by the opioid epidemic.

The Applicant will receive Technical Assistance during the project period. **Mandatory components** of applicant funding are attendance at regularly scheduled and compliance meetings, data reporting, ad hoc reports as requested, timely and complete program reports, and corrective actions to address deficiencies of program fidelity or quality.

### **3.1 Sustainability**

The Opioid Recoveries are considered “one-shot” dollars, and programs must have sustainability built in as part of the plan for continued care. Those who have sustainability built into the program during year one will receive the highest priority for funding under this NOFO. For infrastructure, Nevada will work with the providers to identify potential continued funding for programs that successfully meet the terms of the subaward.

### **3.2 Identifying Priority Projects and Populations**

Applicants must define a **minimum of one** priority area per application. The application must have a primary focus area but may include various levels of program services for the targeted populations. Each application must stand on its own and may not refer to any outside documents, unless requested and accompanied with the required needs assessment and plan for the use of grant money, by a regional, county, local or tribal entity. These requirements can be found in NRS 433.742 and 433.744. The same criteria apply for all applications.

For OUD, Medication Assisted Treatment (MAT)/MOUD-focused projects, applicants must demonstrate current SAPTA certification and have not less than two years of experience providing direct services or provide the level of accreditation of the program that meets or exceeds the SAPTA certification standard (ex: hospital organization - Joint commission). CARF-accredited programs must still obtain SAPTA certification. Pursuant to NRS 458 and NAC 458, no funding shall be provided for any services to any provider that is not SAPTA-certified or otherwise specified.

### **3.3 Evidence-Based Practices**

This NOFO is intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention, treatment, or recovery that are validated by some form of documented research evidence. As examples, EBP can be identified by SAMHSA or Pew Institute. Both researchers and practitioners recognize that EBPs are essential to improving the effectiveness of treatment and prevention services. While we recognize that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for the population of focus. If an EBP(s)

exists for the population(s) of focus and types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized. If one does not exist but there are evidence-informed and/or culturally promising practices that are appropriate or can be adapted, these interventions may be implemented in the delivery of services.

Additional evidence-based practices (EPBs) can be found in the [Nevada Opioid Needs Assessment and Statewide Plan 2022 \(nv.gov\)](#) starting on page 132 in the document.

### 3.4 Target Areas for Funding Consideration

Proposals must provide essential services in treatment and **address gaps in services identified in the statewide plan**. The programs in this funding announcement are limited in time, and funding is not available for long-term program support. The goal is to identify and fund programs that can be sustainable. Each priority area must serve the eligible population(s) identified. Programs are required to identify the intended target area in the submitted application. Activities listed within the target areas below directly correlate to the Opioid Needs Assessment and Statewide Plan.

Pursuant to NRS 433.740, an application submitted by a regional, local or tribal governmental entity must include, without limitation:

- (1) The results of a needs assessment that meets the requirements of [NRS 433.742](#); and
- (2) A plan for the use of the grant that meets the requirements of [NRS 433.744](#).

#### ***Target 1: Increase the Availability of Evidence-Based Treatment***

This treatment subsection includes implementation support of evidence-based practices, providing access to EBPs and promising practices to Nevada's frontier, rural, and urban populations, expanding treatment options for special populations including adolescents and individuals with COD, and expanding and maximizing capacity of current services. Examples of efforts funded under this section include expanding treatment funding options and sustainable funding, and/or increasing effective utilization of telehealth.

#### ***Target 2: Expansion of adolescent and transitional aged youth (TAY) treatment options across all ASAM levels of care for OUD with COD integration***

Children, youth and families need access to community-based treatment options that promote healthy development, preserving the child, youth and family/caregiver relationships, continued engagement in education and to maintain the highest levels of functioning across all domains to those impacted by OUD.

#### ***Activities may include, but are not limited to:***

- Expand access to MOUD treatment for youth in primary care and behavioral health settings
- Increase number of certified adolescent treatment beds to treat youth, adolescent, and TAY experiencing an opioid misuse/use disorder, as well as services capable of treating COD
- Provide specialty care for adolescents in the child welfare and juvenile justice systems
- Provide grief counseling and support for those impacted by the fatal overdose by a family or friend
- Promote health-care profession career tracks in high school or community college

#### ***Target 3: Increase Access to Evidence-Based Treatment For Tribal Entities***

Applicants proposing to serve tribal populations must utilize culturally appropriate treatment services to address the needs of the tribal community including secondary or tertiary prevention, treatment, and recovery services. Services should be focused on improving OUD service access.

***Activities, not limited to:***

- Expand access to MOUD services for members of tribal communities
- Provide continuity of care between levels of care
- Collaborate with entities serving tribal communities to provide service referrals, when appropriate, to meet the community needs for prevention, harm reduction, and treatment
- Support referral to culturally appropriate evidence-based practices

**Target 4. Increase Availability and Access to MOUD**

This target subsection includes increasing access to MOUD provider treatment in rural and underserved areas, increase access to MOUD, and increase provider proficiency in treatment with MOUD.

***Activities, not limited to:***

- Create street outreach teams to provide street medicine programs, harm reduction, psychiatry, and care management
- Expand access to long-acting buprenorphine medications Increase education, adoption, and support for buprenorphine as a first-line treatment for reproductive/birthing/pregnant, etc., patients
- Initiate buprenorphine in the emergency department and during inpatient stays
- Support low threshold prescribing for buprenorphine treatment
- Expand MOUD services within FQHCs and Rural Health Clinics (RHCs)
- Increase longer-term and short-term rehabilitation program capacity
- Provide grief counseling and support for those impacted by the fatal overdose by a family or friend
- Engage nontraditional community resources to expand treatment access in rural or underserved areas and target populations that experience health disparities
- Increase withdrawal management services in the context of comprehensive treatment programs
- Increase availability of peer recovery support services

**Target 5: Increase Treatment for Neonatal Abstinence Syndrome (NAS)/Pre & Postpartum Services**

Includes screening, intervention and referral for pregnant women. Use EBPs to support mothers, babies, and families impacted by opioid use and ensure all providers prioritize best practices for patients, family/caregivers, and neonates/infants. Increase parent/baby/child treatment options including recovery housing and residential treatment that allow the family to remain together.

***Activities, not limited to:***

Offer parenting programs and home visits for at-risk pregnant women

***Minimum Criteria for Treatment Expansion***

- Ensure all individuals are provided evidence-based and culturally competent opioid use or misuse services.
- Treat all families as a unit and admit both women and children into treatment services, as appropriate. Treating the family as a unit reduces barriers to treatment, improves outcomes for each family member, and has been found to reduce the cost burden in non-behavioral health service areas such as criminal justice and foster care.
- Provide evidence-based and culturally competent behavioral health services for pregnant

and parenting women with dependent children in need of substance use and/or co-occurring disorders treatment. Effective family-centered SUD treatment uses a strengths-based model, promotes culturally competent services specific to women, and incorporates an integrated, multidisciplinary approach.

- Ensure policies, procedures, and practices are in place for priority admissions in accordance with federal regulations and state standards.
- Provide directly or through formal referring relationships: primary medical care, including prenatal care and reproductive health care, for women who are receiving substance abuse services; childcare; primary pediatric care including immunizations; gender-sensitive, trauma-informed substance use treatment and other therapeutic interventions for women, which may address issues of relationships, ascribed roles and gender expectations, sexual abuse, physical abuse, and parenting; therapeutic services that are age-appropriate and address their developmental and psychosocial needs for children accompanying women in treatment, including developmental screening; and sufficient recovery supports, including case management and transportation, to ensure women and their children have access to needed services. Effective case management is client-driven and responsive to client needs; mobilizes formal and informal resources and services; and is pragmatic, anticipatory, flexible, and culturally sensitive.
- Participate in Nevada's Perinatal Health Network, if applicable.
- Accept referrals from community behavioral health and medical providers, social service agencies, child welfare, courts, and law enforcement, and through CARA Plans of Care.
- Programming must coordinate across systems as appropriate including, but not limited to health care, child welfare, family court, and criminal justice.
- Ensure trauma-informed treatment and practices are embedded in every aspect of the program.
- Screen for adverse childhood experiences (ACEs) and employ strategies to reduce risk and build resiliency. This includes supporting family preservation and/or work toward reunification.
- Utilize SAPTA-certified providers for the provision of substance use disorder services. Similarly, providers who fall under the requirements for licensure under Health Care Quality and Compliance (HCQC) must be licensed accordingly.
- Programs must include the use of a standardized level of care determination tool to include the Child and Adolescent Service Intensity Instrument (CASII), Level of Care Utilization System (LOCUS), and/or ASAM. All staff conducting such assessments must demonstrate competency to complete the assessments, including completion of training on the use of the assessment.
- Data collection and reporting as well as continuous quality improvement processes must be undertaken with reporting to local and regional stakeholders on a minimum dataset to be collected.

**Target 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems.**

**6A: Prevent Overdose after Release from Jails and Prisons**

Includes access to quality care for justice-involved individuals, or support of individuals with opioid use history leaving jails and prisons. This area also identifies a need for connections to care, wraparound services, facilitating release into treatment with prescriptions. Additional strategies include: developing relationships and networks with pharmacists/pharmacies, treatment providers, parole and probation and court systems.

***6A Activities, not limited to:***

- Provide MAT/MOUD with follow up care in all adult correctional and juvenile justice facilities
- Expand drug court treatment availability and include treatment for multiple

- substances
- Monitor outcomes related to SUD treatment for the criminal justice-involved population

**6B: Adult or Juvenile Criminal Justice Deflection and Diversion into treatment services**

Agencies should identify programs focused on reducing the costs and consequences of repeated arrests and incarceration for people with opioid use or misuse or at risk of opioid-related overdoses. Specific focus should be to improve access to behavioral health treatment and supportive services to individuals to prevent or lessen the impact of involvement within the criminal justice system or juvenile justice system (CJ/JJS). The approaches should maintain a balance between public safety and providing a pathway for individuals prior to involvement with or resulting from the CJ/JJS toward harm reduction and treatment and/or recovery supports. The programs are led by law enforcement agencies with strategic partnerships with community providers for harm reduction, behavioral health treatment, recovery supports, housing programs, and social service agencies.

***6B Activities, not limited to:***

- Connect people leaving jails and prisons to post-release treatment, housing, and other supports as well as educate about overdose risk
- Educate parole and probation officers on the need for treatment, recovery, housing, and employment
- Law enforcement led pre-screening
- Referral and transportation to treatment services with follow up

**Minimum Criteria for Adult Criminal Justice Deflection and Diversion**

- Must identify individuals with behavioral health treatment needs who are at risk of involvement with law enforcement.
- Use evidence-based screenings and assessment to individuals with SUD and COD (with opioid). Organizations are expected to use evidence-based screening assessments and tools such as the Nevada Risk Assessment Screening (NRAS and the Risk, Needs, and Responsivity Model (RNR) to determine level of treatment needs, strengths, and barriers for responding to programming, and risk for recidivism.
- Provide pre/post-adjudication or alternative options for adjudication using evidence-based screening and assessment to ensure comprehensive treatment, supports, and services.
- Demonstrate policies and procedures that promote deflection and diversion of individuals from the justice system into home- and/or community-based treatment.
- Assure equity of opportunities for deflection or diversion and linkage to community services and supports for all populations to decrease disproportionate contact with the justice system in underserved and minority populations.
- All programs are expected to use person-centered, trauma-informed practices, and facilitate access to necessary levels of care. Participant's preferences must be taken into account.
- When clinically indicated, referrals for medication-assisted treatment must be offered for individuals requesting such services.
- Services may also coordinate care and supports for those being released from prison or jail as part of a reentry program
- Peers must be included in the structure of the program and offer primary support to those in the program.
- Programs geared toward juvenile justice programs must also work with families, caregivers, and/or advocates and collaborate with care coordination across systems,

- including schools.
- Utilize SAPTA certified providers for the provision of substance use disorder services. Failure to achieve certification in a timely manner will result in loss of funding. Similarly, providers who fall under the requirements for licensure under HCQC must be licensed accordingly.
- Programs **must** include the use of a standardized level of care determination tool to include the CASII, LOCUS, and/or ASAM. All staff conducting such assessments must demonstrate competency to complete the assessments, including completion of training on the use of the assessments.
- Data collection and reporting as well as continuous quality improvement processes must be undertaken with reporting to local and regional stakeholders on a minimum dataset to be collected.

## SECTION 4.0 EXCLUDED ACTIVITIES

- Purchase of any items that may be considered paraphernalia pursuant to [NRS 453](#)
- Purchase of building(s)
- Activities that are not evidence-based or promising practices for opioid abatement
- Activities that are funded through other program grants or activities
- Activities not identified as a priority within this NOFO
- Construction, tenant improvements or any capital expenditures

## SECTION 5.0 CULTURAL COMPETENCE

Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (Behavioral Health Guide) must be referenced when completing applications to inform approaches that support Culturally and Linguistically Appropriate Services (CLAS) that are aligned with current practice and standards. Throughout this NOFO, this is referenced as CLAS standards.

[Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#)

DHHS expects all applicants to gather and utilize knowledge, information, and data about individuals, families, communities, and groups and integrate that information into clinical practices, standards and skills, service approaches, techniques, and evidence-based initiatives to best address each client's treatment needs. Culturally competent care is a core value.

For more information, the Office of Analytics created the 2021 Minority Health Report. The purpose of this report is to highlight existing health disparities by race/ethnicity in Nevada, with a focus on the most current data available. The race/ethnic groups represented in this report are White-non-Hispanic, Black-non-Hispanic, American Indian/Alaskan Native (AI/AN) -non-Hispanic, Asian/Pacific Islander (API)-non-Hispanic, and Hispanic. Racial and ethnic minorities are disproportionately affected by health problems and disease in Nevada and throughout the nation. This report is intended to present current and available data from the state of Nevada, broken down by race/ethnicity and region, to inform health professionals, policy makers, community members, and researchers about existing disparities among Nevada's population.

[Minority Health Report 2021](#)

All Applicants are required to participate in training made available by the state to improve access, information and improving the system for racial, ethnic, rural, and other underserved communities.

## SECTION 6.0 GRANTEE RESPONSIBILITIES

### 6.1 Grant Program Implementation

All Applicants identified for funding must comply with the Grant Instruction and Requirements (GIRS). Link: [Grant Instructions and Requirements revised October 2020 \(nv.gov\)](#)

Failure to comply with corrective action within 60 days may result in termination of funding.

### 6.2 Data Collection and Reporting

By submitting a response to this NOFO, all Applicants agree to comply with the data reporting and recognize that funding is contingent on compliance. Applicants must provide details in the grant that document the plan for data collection and reporting using the Data Collection and Performance Measurement tools. Depending on the funding source, Applicant may be required to utilize specific data-collection systems or have specific reporting requirements, which may include:

1. Collect data on state-supplied reporting template;
2. Document and track the amount of service received per client;
3. Collect standard demographic information for each client, such as gender, race, ethnicity, income, education, age;
4. Collect information on adverse events (including but not limited to hospitalization, justice involvement, suicide) avoided for program participants; and,
5. Comply with submitting data and information as part of the National Outcome Measurement System (NOMS), Client Level Data (CLD) and/or Treatment Episode Data Set (TEDS) to the Division of Public and Behavioral Health's (DPBH's) Central Data Repository (CDR). All Applicants must be able to extract data from each respective electronic health record (EHR) system to comply with the data-collection measures.

### 6.3 Performance Reports

The Grantee will submit a Performance Report as required by the subgrant. Performance reports must show progress toward goals and services through defined data-collection processes and measures. Specific outputs will be negotiated during the contract award process. DHHS anticipates negotiating performance measures using a standardized menu of outputs and outcomes, depending on the type of work funded. Note: If an infrastructure development grant is approved, there will be additional measures that will frame the development of the program that will flow into the direct service deliverables through an agreed upon timeline.

#### 6.3.1 Examples of Output Measures (not limited to)

- The number of unduplicated individuals served annually (by state fiscal year)
- The number of encounters, treatment/services provided, activities occurring per month
- The percentage of service slots filled per month
- The percentage of individuals who received the intended number of service encounters
- The percentage of individuals who received the required

- screenings/assessments
- The percentage of individuals who complete required survey instruments (e.g., satisfaction surveys)
- Increase in utilization of services, including behavioral health services by each subpopulation
- Criminal Justice System involvement or deflection and diversion
- School Attendance
- Demographics to include number, age, and gender of unduplicated patients seen each year; workforce/employment status; housing status; identified as part of a targeted population (homeless, veterans, LGBTQ, etc.); number and percentage of clients screened for substance abuse disorders; number and percentage of patients screened for behavioral health disorders

### **6.3.2 Compliance of Application**

Applicant agrees to the following requirements of compliance with submission of an application.

- 1) If the Applicant has not met performance measures of previous DHHS contracts/subgrants, DHHS reserves the right to not award additional contracts.
- 2) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purpose.
- 3) DHHS may conduct on-site subrecipient reviews annually, or as deemed necessary.
- 4) DHHS reserves the right during the contract period to renegotiate or change deliverables to expand services or reduce funding when deliverables are not satisfactorily attained.
- 5) The Applicant, its employees, and agents must comply with all federal, state, and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational organization as defined under Eligible Organizations.

### **6.3.3 Program Income**

Under Section 2 CFR §200.80, "program income" is defined as gross income earned by an organization directly generated by a supported activity or earned as result of the federal or state award during a specific period of performance. For programs receiving federal or state funds, program income shall be added or deducted from grant funds, depending on federal authority. Added funds must be committed to the project and used to further eligible project or program objectives. Program income must be identified monthly on the Request for Reimbursement (RFR). All program funds must be expended prior to requested federal grant funds. Examples of where program funds have been used to augment program activities include, but are not limited to, outreach activities specific to program, bilingual telephone, or program staff, improving Electronic Health Records (EHR), and/or telehealth equipment. Expanding program income is one measure for sustainability to replace grant funds. Grant funds are the payor of last resort. (Please refer to GIRS for more information).

### **6.3.4 Licenses and Certifications**

The Applicant, employees, and agents must comply with all federal, state, and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable for



defined mental health direct services for children/youth and/or adults. Prior to award issuance, if selected, DHHS reserves the right to request agencies to provide documentation of all licenses and certifications which may include, but are not limited to licensing board requirements, SAPTA service endorsements, facility licensing requirements HCQC, county business license, proof of non-profit status, etc.

### **6.3.5 Disclosures**

Applicant must disclose any significant prior or ongoing contract failures, contract breaches, or civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP shall also be disclosed.

If a regional, local or tribal governmental entity that receives a grant pursuant to paragraph (b) of subsection 2 of [NRS 433.738](#) later recovers money through a judgment or a settlement resulting from litigation concerning the manufacture, distribution, sale or marketing of opioids:

- a) The regional, local or tribal governmental entity must immediately notify the Department; and
- b) The Department may recover from the governmental entity an amount not to exceed the amount of the grant or the amount of the recovery, whichever is less.

### **6.3.6 Payment & Billing**

Upon review and acceptance by the State, payments will be processed after all required information, documents, and/or attachments have been received. The State does not issue payment prior to receipt of goods or services. The vendor shall bill the State as outlined in the approved subgrant/contract and/or payment schedule. The State is on a fiscal year calendar. All reporting on financial submissions for the previous month are due on the 10<sup>th</sup> of the month. As an example, submission for services provided in the month of July is due by August 10.

A billing submitted after the closure of the state year may force the State to process the billing as a stale claim pursuant to NRS 353.097, subjecting the contractor to an administrative fee not to exceed \$100.00. This is the estimate of the additional costs to the State for processing the billing as a stale claim, and this amount shall be deducted from the stale claim payment due the awardee.

## **SECTION 7.0 APPLICATION AND SUBMISSION INFORMATION**

### **7.1 Technical Requirements**

Pursuant to NRS, applicants may not call to discuss applications or processes with any staff person not identified in this NOFO. The only contact is Dawn Yohey at [dyohey@dhhs.nv.gov](mailto:dyohey@dhhs.nv.gov). Any violation of this is subject to immediate disqualification of funding. The evaluation committee remains confidential to ensure an open and transparent application process with no

appearance of impropriety by any one applicant's receiving information that is not available to all applicants. Employees who violate this policy may be subject to disciplinary action.

Applications will be reviewed and evaluated **May 7, 2023, at 5:00 p.m. Pacific Daylight Time (PDT)**. Please note that the application has been condensed to reduce the burden on applicants. Additionally, applications may remain on file for consideration of funding for future funds as they may come available for a period not to exceed four years. The State reserves the right to request additional or clarifying information before an award is considered. Any request for information should not be considered an intent to fund. Applicants are cautioned that no funding awards are complete until such time that an actual award is signed by both the state and applicant and is subject to change prior to the execution of the agreement.

The documents required to be submitted include 1) The completed application 2) If applicable, Needs Assessment and Plan; and 3) The attached Excel budget submitted to [dyohey@DHHS.NV.Gov](mailto:dyohey@DHHS.NV.Gov). If you do not receive an email acknowledgement of application receipt within 48 business hours, please send an email with **Notification Status** in the subject line [dyohey@dhhs.nv.gov](mailto:dyohey@dhhs.nv.gov).

- 7.1.1 The DHHS is not responsible for issues or delays in e-mail service.** Any applications received after the deadline may be disqualified from review. Therefore, the DHHS encourages organizations to submit their applications well before the deadline. No acknowledgements will be made for any submittal that arrives after the deadline has passed.
- 7.1.2 Formatting:** Applicants must follow the requirements identified in the application including limitations on word count.
- 7.1.3 Do not submit unsolicited materials** as part of your application. Any unsolicited materials mailed, delivered, or e-mailed to DHHS will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc. **The submission of additional materials may disqualify the applicant.**
- 7.1.4** Once the application is submitted, no corrections or adjustments may be made. DHHS will consider corrections or adjustments prior to the issuance of a subgrant, should both the DHHS and the applicant agree on such changes or adjustments. Corrections or adjustments shall not be considered on any item that was considered critical to the consideration for the award.

## **7.2 Written Questions and Answers**

In lieu of a pre-proposal conference, DHHS will provide one opportunity for Applicants to provide questions in writing, received by email regarding this NOFO on or before **Wednesday March 7, 2023, at 3:00 p.m.** All questions and/or comments shall be addressed in writing and responses posted to the FRN website at [FRN Home \(nv.gov\)](http://FRN Home (nv.gov)) on or before **Wednesday March 15, 2023, at 3:00 p.m. PST**. Applicants shall provide their company name, phone number, contact name, and email address when submitting questions.

## **7.3 Application Requirements**

The Project Application Form must be submitted via PDF, with the Excel budget document, to be considered compliant with this NOFO. If applicable, the needs assessment and plan will also need to be submitted via PDF. All sections are required to be complete. **Failure to complete any section may disqualify the applicant. Applications are considered complete when they include signatures, signed assurances and the following:**

- A. **Project Application (includes abstract, narrative, budget narrative, key personnel, scope of work, data measures, sustainability)**
- B. **If Applicable, Needs Assessment and Plan (as defined by statute).**
- C. **Budget Instructions**

All proposals must include a detailed project budget for each project period requesting grant funding. The HHS will work with applicants to adjust budgets in compliance with settlement and state regulations if any adjustments are required. Please provide a budget that is complete, cost-effective, and allowable (e.g., reasonable, allowable, and necessary for program activities) to the best of your ability.

*Budget proposals cannot exceed more than 5% administrative expenses.*

Executive Directors who provide direct service are limited to “up to 25% maximum.” Time must be justified and documented and must provide direct services. Not all requests for Executive Directors will be allowed depending on project descriptions, the overall agency and existing funding for those positions. Administrative staff, electronic medical records, human resources, office managers, and insurance are considered part of the indirect and non-allowable as a direct line item. **Grant funds do not pay for general auditing or the completion of the 990 forms for nonprofits.** Grant funding may contribute to comply with the Single State Audit requirement (separate form) as a percentage basis of the number of federal grant awards.

Applicants **must** use the budget template form (Excel spreadsheet) provided as a link along with this NOFO. This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

**Ensure that all figures add up correctly and that totals match within and between all forms and sections.** The budget application must comply with 2 CFR 200.68.

***Indirect is not permissible and applicants are limited to 5% for administrative expense.***

**1. Personnel:** Employees who provide direct services specific to this grant are provided here. The Personnel section is for staff who work as part of the applicant organization, for whom the applicant organization provides a furnished workspace, tools, and the organization determines the means and the method of service delivery. Contractors include those staff who provide products or services independently, and provide their own workspace, tools, means and methods for completion. This section should not include existing employees who are funded by other programs. The intent of personnel is to expand and enhance services, which includes adding additional staff to meet the goals and objectives.

**For example:**

Intake Specialist   \$20/hour X 40 hours/week X 52 weeks	\$
41,600 Fringe = \$41,600 X 15% (e.g., health insurance, FICA, workmen’s)	<u>\$</u>
<u>6,240</u>	
Personnel Total	\$ 47,840

*Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs (explained later). If an employee is currently 100% funded by another program and will continue that work, they are not allowed to have activities supplanted by these dollars. For example, moving a staff from .50 to 1.0 full-time equivalent (FTE, the .50 FTE would be appropriate if directed to expand and enhance for the proposed project. Having a staff member that is 1.0 FTE and currently funded and requesting additional funds for that staff person may not be allowable, without clear justification. Identify which staff are currently employed and which staff will be new.*

**2. Travel:** Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently \$0.655), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>. This funding is not for conference attendance.

**3. Operating/Supplies:** List and justify tangible and expendable property, such as office supplies, printing, program supplies, etc., that are purchased specifically for this project. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary. Note: Rent is not an allowable expense under occupancy for administrative services. That should be paid through administrative expenses.

**4. Equipment:** Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. A computer that is valued at \$1,200 is not considered equipment and should be requested in Operating. An X-Ray machine that costs \$5,001 dollars, would be listed as equipment.

**5. Contractual/Consultant Services:** Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs.

For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements or contracts must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the DHHS. A copy must be provided to the state upon request.

**6. Other Expenses:** Identify and justify these expenditures, which can include virtually any relevant, and allowable, expenditure associated with the project, such as client transportation, or other key program expenses required for your program to be a success.

**7. Administrative Expenses:** No more than five percent (5%) of the allocated recoveries received pursuant to any opioid settlement or bankruptcy may be used to fund expenses or costs of any kind incurred in administering the recoveries, including, but not limited to, the allocated recoveries, and selecting, distributing, disbursing, implementing, or operating the programs or services that will use the funds. This limitation applies to all signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as all grantees or recipients of funds from the Resilient Fund of Nevada under NRS 433.732 through NRS 433.744.

## **SECTION 8.0      PROCUREMENT PROCESS**

DHHS reserves the right to accept or reject any or all applications. This NOFO does not obligate the State to award a contract, and the State reserves the right to cancel solicitation if it is in its best interest.

- 8.1 This procurement is being conducted in accordance with NRS Chapter 333 and NAC Chapter 333.
- 8.2 The State reserves the right to alter, amend, or modify any provisions of this NOFO, or to withdraw this NOFO, at any time prior to the award of a contract pursuant hereto, if it is in the best interest of the State to do so.
- 8.3 The State reserves the right to waive informalities and minor irregularities in proposals received.
- 8.4 Pursuant to NRS 333.350, the State reserves the right to limit the scope of work prior to award, if deemed in the best interest of the State.
- 8.5 Proposals which appear unrealistic in the terms of technical commitments, lack of technical competence, or are indicative of failure to comprehend the complexity and risk of the project/contract, may be rejected.
- 8.6 The State is not liable for any costs incurred by vendors prior to entering a formal contract or subgrant agreement. Costs of developing the proposals or any other such expenses incurred by the vendor in responding to the NOFO are entirely the responsibility of the vendor and shall not be reimbursed in any manner by the State.
- 8.7 Proposals submitted per proposal submission requirements become the property of the State, selection or rejection does not affect this right; proposals shall be returned only at the State's option and at the vendor's request and expense.
- 8.8 Pursuant to NRS 333.338, the State of Nevada cannot enter a contract with a company unless that company agrees for the duration of the contract not to engage in a boycott of Israel. By submitting a proposal or bid, vendor agrees that if it is awarded a contract, it will not engage in a boycott of Israel as defined in NRS 333.338(3)(a).

## **SECTION 9.0      NOFO REVIEW PROCESS**

DHHS has selected to use the Notice of Funding Opportunity (NOFO) process which describes the needs and existing goals under the state plans.

- The application must request funding within programmatic funding constraints.
- The application must be responsive to the scope of the solicitation.
- The application must include all items designated as basic minimum requirements.

### **9.1      Technical Review**

DHHS staff will perform a technical review of each proposal to ensure that minimum standards are met. Applications must be completed and submitted on time. All technical criteria are a

Pass/Fail (P/F). Financial stability shall be scored on a pass/fail basis. This may include experience with previous DHHS grants in terms of ability to meet deadlines, expectations, and submit financial information timely.

## **9.2 Evaluation**

Applications that meet minimum standards will be forwarded to the evaluation team. Reviewers will score each application, using the Scoring Matrix. In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed during the scoring process. Requests must stand on their own merit. The State reserves the right to identify different evaluation committees for each area of focus (i.e., adolescents/youth services, etc.). The evaluation committee may solicit information from any available source concerning any aspect of a proposal and seek and review any other information deemed pertinent to the evaluation process.

## **9.3 Program Priorities**

Projects applications will also consider priority populations and shall be reviewed under funding priorities. Each proposed area of service will be reviewed separately. DHHS will make awards based on a combination of the grant proposals able to meet the needs of the target population and funding priorities in each section. Grant applications must meet a minimum score of 80 to be considered for funding. **Final Review- Director**

After reviewing and scoring the applications based on priority areas, the DHHS will submit funding recommendations to the Single State Mental Health Authority (SSMHA) and the DHHS Director, who will make the final funding decisions. As noted in the NOFO, no contact may be made with the SSMHA or the Director regarding this NOFO. Final decisions will be made based on the following factors:

- a. Scores on the scoring matrix;
- b. Geographic distribution between Clark County and the rest of the state;
- c. Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding;
- d. Availability of funding; and
- e. Ensuring underserved populations are addressed.

## **9.4 Notification Process**

Applicants will be notified of their status **on or before May 7, 2023**. DHHS staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the DHHS. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work and/or Performance Indicators; and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews, etc.).

## **9.5 Final Negotiations**

Not all applicants who are contacted for final negotiations will necessarily receive an award. All related issues must be resolved before a grant will be awarded. All funding is contingent upon availability of funds. Upon successful conclusion of negotiations, DHHS staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA and any

supporting documents will be distributed to the subrecipient upon approval of the Subaward.

## Project Scoring Matrix

<i>Application</i>	<i>Scoring</i>	<i>Description and/or Application Section</i>
Project Application Complete	P/F	Technical Review
Budget Narrative Complete	P/F	Technical Review (Separate Excel Document)
Capacity & Sustainability	5	Section J
Abstract	5	Section M
Organizational Capacity	15	Section N
Project Design & Implementation	25	Section O (Program details)
Capabilities & Competencies	20	Section P (specific to proposed scope)
Data Collection	10	Section Q (ability of agency to collect data)
Scope of Work	15	Section R
Resumé for Project Manager	5	Section S
All assurances signed	P/F	Technical Review
Risk Management	P/F	Technical Review
Total	100	

Any section deemed as a “Fail” will result in the Applicants submittal being disqualified.

## SECTION 10 GRANTEE MONITORING

### 10.1 Monthly Financial Status and Request for Reimbursement Reports

DHHS (including all agencies under the umbrella of the Division) requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. The monthly reports will be due by the 10th of the following month.

### 10.2 Performance Reporting

Applicants who receive an award must collaborate with the DHHS in reporting monthly on progress in meeting goals. Additional performance reports may be requested as instructed by the DHHS. Monthly progress reports will be due by the 10th of the month.

### 10.3 Subrecipient Monitoring

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DHHS to the state oversight entities. This will include a monthly call. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient’s primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. At least one (1) board or executive level team member must also be available during the exit discussion. The

subrecipient monitoring reports or action items will be sent to the subrecipient within 30 working days following the conclusion of the monitoring.

#### **10.4 Compliance with changes to Federal and State Laws**

As federal and state laws change and affect either the DHHS process or the requirements of recipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

#### **10.5 Applicant Risk**

Pursuant to the 2 CFR 200 Uniform Requirements, before award decisions are made, DHHS also reviews information related to the degree of risk posed by the applicant. Among other things to help assess whether an applicant that has one or more prior federal awards has a satisfactory record with respect to performance, integrity, and business ethics, DHHS checks whether the applicant is listed as excluded from receiving a federal award. In addition, if DHHS may also must review and consider any information about the applicant that appears in the nonpublic segment of the integrity and performance system accessible through the Federal Awardee Performance and Integrity Information System, (FAPIIS).



## ATTACHMENT A – GENERAL PROVISIONS AND ASSURANCES

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. State Licensure and certification
  - a. The subrecipient is required to comply with all State licensure and/or certification requirements.
12. 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).
13. 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.
14. 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.
15. 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;
16. 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).
17. 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.
18. The subrecipient is required 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.
19. Application to 211. As of October 1, 2017, the Subrecipient is required to submit an application to register with the Nevada 211 system.
20. The subrecipient agrees to a five percent (5%) maximum for administrative expenses.
21. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
22. 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.