

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Notice of Funding Opportunity

Community Mental Health, Substance Use, Prevention & Crisis Services

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Helping people. It's who we are and what we do.



Mission & Purpose

- The Nevada Division of Public and Behavioral Health's (DPBH) *mission* is to protect, promote and improve the physical and behavioral health of the people of Nevada.
- Under the DPBH, the Bureau of Health, Wellness & Prevention (BHWPP) is focused on behavioral health services. This includes block grant and supplemental dollars for substance use and mental health direct services.
- Each funding source is specific on what activities are allowable.
- Proposals must provide essential services and address gaps in services that may prevent individuals from accessing and/or participating in behavioral health programs.





Amendment to the NOFO

When:

The application deadline has been extended to January 31, 2022 at 5 p.m. PST

Who can apply:

- Public or government agencies
- Private practices or associations
- Tribal organizations
- Limited liability partnerships
- Sole-providers
- Non-profit providers and foundations



Application Process

What is required to be submitted:

The documents required for submission include (in PDF):

1. The completed Application Form
2. The Excel Budget Form

The Instructions and Forms can be found at:

<https://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/>

How to submit the documents:

E-mail the Application Form and Budget to Sheila Lambert at Slambert@dhhs.nv.gov on or before January 31, 2022 at 5:00 p.m. PST.

Note: Do not submit unsolicited materials.



Considerations for Applying

In each funding priority area, the minimum criteria is identified.

1. Can you meet the minimum criteria?
2. Can you develop a new program, expand or enhance an existing program under the minimum criteria?
3. Have you addressed how the program will be sustainable?
4. Are you prepared to meet the fidelity of the evidence-based program models?
5. Do you have the capacity to collect data and report on services?





Target Populations

- Children with SED, SUD, and their families (age 0-17)
- Adults with SMI, SUD, and/or co-occurring (age 18-64)
- Both

If selecting both populations to serve, you must write to the evidence-based and best practices for each population in your application under one service priority area and ensure that the appropriate SAMHSA and Medicaid State Manual identified assessment and evaluations tools are utilized, such as the ASAM, LOCUS, and CASII.



Funding Priorities

Section 3.4 Priority Services for Funding Consideration

- A. Adult Mobile Crisis or Crisis Response Teams
- B. Assertive Community Treatment (ACT) or Forensic Assertive Community Treatment (FACT)
- C. Hospital-based Crisis Stabilization Units
- D. Expansion of Peer Recovery Support Services & Workforce Development
- E. Adult or Juvenile Justice Deflection & Diversion
- F. Assisted Outpatient Treatment
- G. Community-Based Treatment for Children, Youth & Families





Funding Priorities, Continued

H. Prevention Programming

I. Pregnant Women and Women with Dependent Children

J. Early Serious Mental Illness (ESMI)

K. Children's Mobile Crisis Teams

L. 24/7 Telehealth Services for Rural and Frontier Law Enforcement Crisis Services/Virtual Crisis Care

M. Workforce Development

N. Community Collective Impact Leadership



Application Differences

- Section M, Workforce Development and Section N, Community Collective Impact require a different process as the State is looking for innovative projects to address the need.
- Those interested in these sections must send a letter of interest addressing the requirements in the NOFO.
- The total number of pages should not exceed fifteen page and should address the questions identified. This is only for these two sections. All other sections must complete the Application.





Application, Section J, K & L

Section J - Sustainability for the program includes factors such as Medicaid eligibility or other third-party liability (TPL) such as private insurance, or other payor sources.

Section K – Target Population, Select only one

Section L – Priority Area, Select only one

(You may submit more than one application for a different priority area).

Application Notes

- Do not exceed the word count
- Be specific and concise
- Answer all questions completely
- Do not include national statistics, unless you are justifying a program where no state statistics or statistics specific to your community exist.
- Evidence based or best practices, must be defined and how they will be implemented.
- Culturally and geographically inclusive projects are encouraged.
- Capacity should not be those who will not be part of the work efforts.
- Data Collection is not optional. Failure to meet the data requirements may put a hold on your project or disqualify you for additional funding.



Scope of Work & Program Manager

- Collecting data is not a performance measure
- Provide baseline data when expanding a program. For example, we are currently serving 100 people, and with the expansion we expect to serve 25% more or 125 people in one year.
- Program Manager needs to be the individual who is responsible to ensure the work gets complete and who will be managing the day-to-day efforts.
- DHHS Policy & Procedures will manage the efforts of the program and will be the guiding documents.
- Must be able to meet with state funder monthly and provide progress reports not less than quarterly.



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.

Applications will be disqualified if they do not have a federal Tax ID#/EIN or if applicants do not have a DUNS/UEI number.



Budget

- Applicants are required to submit a budget based on one year, that may be extended to two years.
- Supplanting versus Supplementing equals disqualification.
- Supplanting is taking new money to pay for existing services or existing staff. Supplementing is adding additional staff to reach “more” people thus enhancing access to services.

Application Grading

<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
Resume for Project Manager	5	Section S
All assurances signed	P/F	Technical Review
Risk Management	P/F	Technical Review
Total	100	
State Headquarters	5 Bonus	



Link to Application

- <https://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/>
- Question & Answers and All Information Required to Support your Grant Application.







Questions?





Contact Information

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[SAPTA Grants](#)

