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NOTICE OF FUNDING OPPORTUNITY (NOFO)

FOR

SUBSTANCE ABUSE PREVENTON AND TREATMENT AGENCY SERVICES (SAPTA), STATE OPIOID RESPONSE (SOR) 2.0

Release Date: Wednesday, September 30, 2020
Questions to be Submitted: On or before Tuesday, October 09, 2020 at 3:00 p.m. PST
Must be submitted to SLambert@DHHS.NV.GOV
with **NOFO SAPTA** in the subject line of the email.

Responses posted on or before October 13, 2020, before 3:00 p.m. PST.

Informational Meeting: Monday, October 19, 2020, 11:00 a.m.
Zoom Meeting Link:
https://zoom.us/signin
Meeting ID: 949 9646 5495
Passcode: 737504

DEADLINE FOR APPLICATION SUBMISSION
MONDAY, OCTOBER 30, 2020 AT 5:00 P.M.

For additional information, please contact:
Sheila D. Lambert
Project Manager | Southern Nevada Coordinator
Department of Health and Human Services
Director's Office, Grant Management Unit
Email: SLambert@DHHS.nv.gov

DEPARTMENT OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF FUNDING OPPORTUNITY (NOFO) SUMMARY

Notice of Funding Type: NEW AWARD.

Any applicant who wants to be considered for funding under the Substance Abuse Prevention and Treatment Services, State Opioid Response Grant (SOR 2.0) must submit an application in compliance with this NOFO, pursuant to Code of Federal Regulations (CFR) 200.318. Applicants who apply for this NOFO may also be considered for other substance abuse state or federal grant awards (for up to four years) that are available for secondary prevention and treatment services. Access to the NOFO and all written responses will be posted on http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/.

Funding Opportunity Award Type: GRANT

***Expected Project Period*:** January 1, 2021 – September 30, 2021 and/or
October 1, 2021 – September 30, 2022.

Reporting Periods: *Monthly or Quarterly, as defined in Notice of Subgrant Award (NOSA).*

Estimated Number of Awards: The number and dollar amount of grant awards will depend on the quality and quantity of applications. It is expected that there will be up to 15 grants awarded.

Estimated Dollar Available: Estimated $10 million. No funding limitations. Reminder: Funding is only available for opioid use or stimulant use disorder clients. Any application that submits a budget that is not in alignment with the narrative, scope of work, or allowable activities is subject to disqualification**.**

Award Restrictions: *SAPTA SOR 2.0 funds are not guaranteed to carry over beyond the initial funding year.* All awards have the potential to be extended beyond the initial funding based on funding, performance and program needs. All funding is subject to change, based on the availability of funds, federal awards, and the state needs. **By submitting an application to this NOFO, there is no guarantee of funding or funding at the level requested.**

NOFO Timeline	
Task	**Due Date/Time**
Request for Approach (NOFO) Released	09/30/2020
Deadline for submission of written questions	10/09/2020, 3:00 p.m. PST
Deadline for written response to submitted written questions	10/13/2020, 3:00 p.m. PST
Informational Webinar via Zoom Meeting ID: 949 9646 5495 Passcode: 737504	10/19/2020, 11:00 a.m. PST
Deadline for submission of application	**10/30/2020, 3:00 PM PST**
Evaluation Period, on or before	11/13/2020
Funding Decisions, Applicants Notified on or before	11/17/2020
Completion of contract/subgrant awards, on or before	12/04/2020
Notice to Proceed (NTP)/Project Start Date, before, on or after	01/01/2021
Grant Period – Year One, no carryovers (expected)	01/01/2021 – 09/30/2021
Grant Period – Year Two, no carryovers (if approved)	10/01/2021 – 09/30/2022

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I. FUNDING OPPORTUNITY INTRODUCTION

1. Background

This Notice of Funding Opportunity (NOFO) is intended to solicit applications for the Community Substance Abuse Prevention and Treatment Agency (SAPTA), State Opioid Response (SOR) grants authorized under Title II Division H of the Consolidated Appropriations Act. This opportunity addresses the Healthy People 2020, Substance Abuse Topic Area HP 2020-SA. All grants and subawards made under this opportunity are governed by 45 CFR Part 75 and 2 CFR Section 200.

The United States Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA) oversees the SOR grants. The State of Nevada Department of Health and Human Services (DHHS), Division of Pubic and Behavioral Health (DPBH) serves as the Single State Authority (SSA) over the SAPTA in Nevada. In support of the SOR program, Nevada has selected the University of Nevada, Reno (UNR) Center for the Application of Substance Abuse Technologies (CASAT) to serve as an extension of the DPBH team. CASAT will serve as the Program Manager, with the subgrant agreements being processed through CASAT.

DPBH and CASAT are soliciting applications from entities that will expand availability of MAT services and/or provide supportive services in collaboration with SAPTA Certified Behavioral Health Providers, Certified Community Behavioral Health Centers (CCBHCs) and/or the Integrated Opioid Treatment and Recovery Centers (IOTRCs) in an effort to provide integrated primary and behavioral health care for adults and adolescents with stimulant/opioid use disorder. As a State Opioid Response (SOR) Grantee, the State of Nevada is required to expand access to overdose secondary or tertiary prevention, treatment, and recovery support services.

The SAPTA is part of the Bureau of Behavioral Health Wellness and Prevention (BBHWP) within the DPBH. Pursuant to NRS 458.025 and the Nevada Administrative Code (NAC) 458, SAPTA has the regulatory authority to govern the substance-related prevention and treatment programs and services. The SAPTA priorities reflect the health care system's strong emphasis on coordinated and integrated care along with the need to improve services for persons with substance use disorders.

2. Purpose

The SAPTA SOR program works to develop and provide opioid or stimulant misuse prevention, treatment, harm reduction, and recovery support services for the purpose of addressing the opioid or stimulant abuse and overdose crisis in states, including cocaine and methamphetamine. This service array is based on the needs identified in the State's Targeted Response (STR) Plan. This NOFO is focused on reducing unmet treatment need and reducing opioid or stimulant overdose related deaths through the provision of prevention, treatment, and recovery support activities.

The SAPTA SOR grant provides Nevada service agencies with a degree of flexibility to design and implement substance use related services and activities specific to addressing opioid or stimulant misuse and use disorder to address the complex needs of individuals, families, and communities substance use disorder unique to Nevada's population as defined by the SAPTA Strategic Plan.

3. Target Population

Nevada's SOR NOFO has identified the following target populations as priority groups. Applicants agree, if awarded, they will prioritize and expedite access to appropriate treatment, except for Civil Protective Custody Services, for priority populations in the following order:

a. Pregnant women who inject drugs;
b. Pregnant women with substance use disorder (opioid/stimulants);
c. Individual who use Intravenous drugs and persons with OUD and co-morbidities, e.g. HIV/AIDS, Hepatitis C, and Tuberculosis;
d. Female with substance use disorder (opioid/stimulants) with dependent children and their families, including females who are attempting to regain custody of their children; and
e. Veterans and Military personnel;
f. Aging population;
g. Patients reentering Communities from Criminal Justice or other Rehabilitative Settings; and
h. All others.

4. Eligible Entities

The SOR federal grant authorizing legislation implementation regulations ***allow private, public, and non-profit agencies*** to apply for funding.

Nevada is seeking applications from applicants who:

1) Currently demonstrate current:

   - SAPTA certification or have a minimum of two years of providing Substance Use Disorder Treatment Services with the ability to apply for SAPTA certification within six (6) months

     OR

   - Provide us with the level of accreditation your program that would meet or exceed the SAPTA certification standard (ex: hospital organization - JACHO). Programs who are CARF accredited, must still obtain SAPTA certification.

2) Are registered with the Nevada Secretary of State, if applying as a non-profit, and have the appropriate business license as defined by law in the county/city of geographic location.
3) 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 CFR 1001.1901).
4) Are able to comply with the Third-Party Liability (TPL) for any or all the expenditure(s) that would be payable by another private or public insurance.
5) Are registered as a Nevada vendor by time of application – Registration can be submitted to: http://purchasing.nv.gov/Vendors/Registration/.
6) Have an active DUNS and Employment Identification (IE) number.

7) **For tribes and tribal organizations only:** official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

5. Ineligibility Criteria

DPBH will consider the following criteria as reasons for applicant disqualification for consideration of award.

1) **Supplanting Funds**: Federal grant dollars must NOT be used to supplant existing funds for program activities and must not replace those funds that have been appropriated for the same purpose.
2) **Incomplete application**. 1) Failure to meet application requirements as described; and/or 2) Omission of required application elements as described is reason for immediate disqualification.
3) **Insufficient supporting detail provided in the application.** Applicants must detail their approach and implementation strategies to achieving program objectives, 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 DPBH, CASAT or its contractors. Collecting data as part of the GPRA system is mandatory for any recipient of SAMHSA funds. All sub awardees will be required to collect GPRA data and maintain a minimum baseline and 6-month follow-up of 80% completion rate.
5) **Program Integrity concerns**. DPBH or CASAT 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.
6) **Disregard of maximum page limits** stipulated in the NOFO.
7) **Late submission** of an application, regardless of reason.

6. Matching Fund Requirements

There are no matching funding requirements.

II. PROJECT SPECIFIC INFORMATION

1. Vision and Guiding Principles

All program activities are to be provided under the Values and Guiding Principles established by Substance Abuse and Treatment Agency, Bureau of Health Wellness and Prevention, Strategic Plan (2017-2020) approved by the Behavioral Health Planning and Advisory Council (BHPAC).

The SAPTA Strategic Framework has adopted the following guiding values:

- ➢ Data-driven decision making
- ➢ Comprehensive, coordinated, and integrated services
- ➢ Affordable and timely care that meets state quality assurance standards
- ➢ Culturally and linguistically appropriate services

- ➢ Well-trained workforce sufficient to meet community needs
- ➢ Accountable to the people who are served, local communities, and the public

2. State Strategic Plan Compliance

In compliance with SAMHSA, the SSA is responsible to administer the funds in response to an integrated and strategic plan that includes the use of available data to identify strengths, needs, and services for specific populations. By identifying needs and gaps, DPBH has prioritized and establishes Nevada specific goals, objectives, strategies, and performance indicators. Nevada's SAPTA, Bureau of Behavioral Health, Wellness and Prevention, in cooperation with CASAT and Nevada stakeholders, approved the State Targeted Response to Opioid Crisis (OPIOID STR) Strategic Plan (December 21, 2018) which serves as Nevada's guiding document. For more information, this document can be found at: https://www.nvopioidresponse.org/wp-content/uploads/2020/01/nevada-str_strategic-plan_12.21.pdf

In addition, DPBH has developed the SAPTA Capacity Assessment Report for Nevada, which identifies priorities and a capacity analysis, which can be viewed at: http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/ClinicalSAPTA/Nevada%20Capacity%20Assessment%20Final%207%2015%2019.pdf.

3. System Goals and Strategies

The SOR funding is to provide treatment to individuals with opioid use or stimulant use disorder. SOR program funds can also support coordination, navigation, or case management of opioid use or stimulant use disorder with other transition support services**.** SAPTA may also fund supportive services essential to provision of opioid use and other stimulant use services. As part of the necessary services, programs may choose to focus on addressing the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Federal Drug Administration (FDA) approved medications for the treatment of OUD. The program may also support evidence-based services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

Nevada grantees are expected to utilize the "Hub and Spoke" integration of care system for opioid/stimulant use disorders. This system will provide integrated care coordination for individuals diagnosed with an opioid or stimulant use disorder, expand access to treatment and recovery, deliver evidence-based treatment interventions including medication assisted treatment and psychosocial interventions, and/or improve retention in care using a chronic care model, in a setting that allows for frequent client contact with appropriate staff.

The State of Nevada's needs align with SAMHSA's strategic initiatives.

A. **GOAL 1**: Ensure there is a continuum of high-quality recovery support and care to achieve and maintain stability.
B. **GOAL 2:** Ensure individuals have access to appropriate, timely services in the most integrated setting based on a self-determination plan.
C. **GOAL 3:** Ensure a system that prevents inappropriate incarceration, hospitalization, institutionalization, or placement.

These essential services must address gaps in services that may prevent individuals from accessing and/or participating in an OUD or stimulant use disorder program addressing identified needs in the community.

4. Excluded Activities

Applicants should take note that this NOFO **does not** include the use of SOR funds for primary or universal prevention strategies, training, technical assistance, or professional development activities. For clarification, **Primary prevention** aims to prevent disease or injury before it occurs. This is non-allowable. Applicants who include primary prevention activities may have their application disqualified.

SOR funds cannot be used for individuals who are not diagnosed with an opioid use or stimulant use disorder. This grant excludes: Supplanting of funding for existing positions; Individual provider purchase of naloxone; Individual provider purchase of MAT (i.e. Buprenorphine, Suboxone, Methadone, Naltrexone, Vivitrol); medical detoxification, the purchasing of property, the construction of new structures, and the addition of a permanent structure, capital improvements of existing properties or structures; or the purchasing of vehicles or lease of a vehicle.

5. Allowable Activities

Applicants may address barriers to receiving opioid use or stimulant use disorder treatment, to include MAT, by reducing the cost of treatment, developing innovative systems of care to expand access to treatment, engage and retain patients in treatment, address discrimination associated with accessing treatment, including discrimination that limits access to MAT or stimulant use disorder treatment, and support long-term recovery. Allowable activities may include providing innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support opioid use or stimulant use disorder secondary or tertiary prevention, treatment, and/or recovery. The expectation is that staff identified to support the SOR funding are not able to bill third party payors for services rendered.

In addition, secondary and tertiary prevention are allowable. **Secondary prevention** aims to reduce the impact of disease or injury that has already occurred is allowable. **Tertiary prevention** aims to soften the impact of an ongoing illness or injury that has lasting effects is allowable

SOR 2.0 - Eligible Patient Definition:

1. Patient with an opioid use disorder or stimulant use disorder as a primary, secondary, or tertiary diagnosis.
2. Patient who uses opioid or stimulants recreationally, at least 1-time monthly, but may not meet the criteria for an OUD or stimulant use disorder but are at risk.
3. Patient who has ever had an opioid or stimulant overdose.
4. Pregnant women with any history of opioid or stimulant use within the last two (2) years regardless of amount and frequency of use.
5. A patient that received services that predates the initiation of the grant should be included if they meet one of the “Section 3” descriptions above and started on one of the approved medications for opioid use after the start date of the contract.
6. A patient that has recently been released from incarceration who would have qualified for an OUD or stimulant use disorder program prior to incarceration.

SOR funds requested should ensure that a minimum of 75% of funding is specific to direct services, which would allow funds of onboarding of new staff positions for licensed healthcare, medical, behavioral health, or licensed staff. In addition, proposals may request funding for Peer

Recovery Support Specialists. All positions must be specific to serving the opioid use or stimulant use disorder population. Not more than 25% of the grant may be used for administrative, indirect or data collection activities.

Nevada is seeking proposals that detail implementation and programs that meet the goals of the SOR Grant. The below are examples of programs that may be funded but are not limited to the below examples.

- Implement system design models that will most rapidly address the gaps in their systems of care to deliver evidence-based treatment interventions, including induction and maintenance of medication assisted treatment services (MAT) and psychosocial interventions.
- Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD or stimulant use disorder treatment, particularly, the use of medication assisted treatment (MAT), i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable/injectable buprenorphine) in combination with psychosocial interventions. (For more relevant resources: https://www.samhsa.gov/medication-assisted-treatment.);
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;
- Ensure individuals have opportunities for engagement in treatment and recovery supports throughout the continuum of care in order to increase retention in care;
- Enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery;
- Develop and implement tobacco cessation programs, activities, and/or strategies;
- Specialty programs such as emergency departments, urgent care centers, in some cases, pharmacies, and intensive outpatient, partial hospital, or outpatient substance use disorder treatment programs that also support recovery support services may also qualify as programs utilizing evidence-based practices;
- Activities focused on harm reduction;
- Inpatient/residential programs that provide intensive services to those meeting ASAM necessity criteria and which offer MAT may also be programs engaging in evidence-based practices if the care continuum includes a connection to MAT in the community once discharged from the inpatient/residential program;
- Primary care or other clinical practice settings linkages to psychosocial services and recovery services in support of patient needs related to the provision of comprehensive treatment of OUD or Stimulant Use Disorder;
- Implement community recovery support services such as peer supports, recovery coaches, and recovery housing. Grantees must ensure that recovery housing supported under this grant is in an appropriate and legitimate facility as evidenced by meeting local code and licensing requirement. Individuals in recovery should have a meaningful role in developing the service array used in your program; and/or
- Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for uninsured or underinsured patients.

6. Key Priority Service Areas

To further the missions of the DPBH, this NOFO seeks partners whose proposals are focused on ***achieving positive outcomes***. The overarching objective is to improve the health and well-being of Nevadans served while influencing positive change in Nevada communities.

To reach this goal, collaboration with school-related settings, health care agencies, and/or community organizations is *required* to address the clients holistically. A holistic approach recognizes the connection of health care to social services as equal partners in planning, developing programs, and monitoring patients to ensure their needs are met. Social determinates include factors like socio-economic status, education, the physical environment, and access to services. Underserved, low-income, and disparate populations have access to care issues. Access to services for this population is strained and requires innovative approaches on behalf of agencies to address these issues. Access barriers may include transportation limitations, cultural and linguistic differences, disabilities, and many other factors that may impede patients from accessing services. Agencies are encouraged to be creative to meet the needs of Nevada's families, especially those who are difficult to reach, and weave the philosophy of a holistic-centered approach into their proposals. Agencies must have the ability to address Third-Party Liability (TPL). Applications should follow the American Society of Addiction Medicine (ASAM) Levels of Care.

Applicants may submit more than one application, for a maximum of two applications, but each application must only include one identified target area. Using the needs assessment and strategic plan developed through the State Targeted Response to the Opioid Crisis Grant, the following service expansion areas are specific to direct services to clients with stimulant or opioid use disorder in the following categories. All categories must address the needs of the community through quantitative and qualitative data as part of the Approach and Implementation.

Target 1: Outpatient Clinical Treatment and Recovery Services:

The purpose of this programing is to expand/enhance access to MAT services for persons with an opioid use disorder (OUD) seeking or receiving MAT within a Patient-Centered Opioid Addiction Treatment (P-COAT) Model. For additional information regarding the P-COAT model visit https://www.asam.org/docs/default-source/advocacy/asam-ama-p-coat-final.pdf?sfvrsn=447041c2_2.

The P-COAT Model is designed to provide appropriate financial support to enable physicians and other clinicians to provide successful MAT services for individuals with opioid use disorders; to encourage more primary care practices to provide MAT; to encourage coordinated delivery of three types of services needed for effective outpatient care of patients with opioid use treatment–medication therapy, psychological and counseling therapies, and social services support; to reduce or eliminate spending on outpatient treatments that are ineffective or unnecessarily expensive; to reduce use of inpatient/residential addiction treatment for patients who could be treated successfully through office-based or outpatient treatment; to improve access to evidence-based outpatient care for patients being discharged from more intensive levels of care; to reduce spending on potentially avoidable emergency department visits and hospitalizations related to opioid use; to increase the proportion of individuals with an opioid addiction who are successfully treated; and to reduce deaths caused by opioid overdose and complications of opioid use.

Applicant organizations are encouraged to work to provide treatment for individuals with an OUD through concurrent provision of medication assisted treatments, behavioral health therapies, collaborative stepped-care, wrap-around services, and expert consultation. SOR will award funds to SAPTA-Certified Organizations, Federally Qualified Health Centers (FQHC), Opioid Treatment Programs, or practitioners who have a waiver to prescribe buprenorphine in an effort to expand access to FDA-approved drugs or devices for emergency treatment of known or suspected opioid overdose. The recipients must partner with the Integrated Opioid Treatment and Recovery Centers (as geographically able) in addition to other prescribers at the community level and SAPTA Certified Community-Based Organizations to implement best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs.

Target 2: Medication Assisted Treatment and/or Behavioral Health Expansion for SAPTA-Certified Providers:

The purpose of this programing is to develop, expand or enhance access behavioral health expansion or MAT services expansion for persons with an OUD seeking or receiving ASAM/Division Criteria Levels of Service; *Technical assistance and/or mentoring will be offered to awarded subrecipients to assist with the onboarding of MAT services.* These services could include telehealth services.

MAT Expansion for SAPTA-Certified Provider is designed to: Provide appropriate financial support to enable prescribers and other clinicians to provide successful MAT services for individuals with opioid use disorders within ASAM/Division Criteria Levels of Service; Encourage more of these settings to provide MAT; Encourage coordinated delivery of three types of services needed for effective care of patients with opioid addiction – medication therapy, psychological and counseling therapies, and social services support; Reduce or eliminate spending on services that are ineffective or unnecessarily expensive; Reduce use risk for patients who could be treated successfully through MAT; Improve access to evidence-based care for patients being discharged from more intensive levels of care; Reduce spending on potentially avoidable emergency department visits and hospitalizations related to opioid use; Increase the proportion of individuals with an opioid use who are successfully treated; and Reduce deaths caused by opioid overdose and complications of opioid use.

OTPs interested in expanding services to include co-occurring enhanced treatment services are encouraged to apply for funding for this type of care. Applicants are encouraged to review the DDCAT Toolkit below and address level of readiness. Applicants must demonstrate current readiness to provide co-occurring treatment services and steps and funding needs to establish an enhanced treatment program. Resource:
http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/ClinicalSAPTA/dta/Partners/Certification/DDCAT%20Toolkit.pdf

*****Provider organizations applying under this category must already have services in place for the appropriate level of care under SAPTA certification and be actively billing third party payers, including Medicaid, where applicable. Programs must also be at a minimum co-occurring capable.***

All programs must use ASAM criteria/Division criteria and NAC 458 to design and develop their programming under this announcement to include the required staffing, support systems, therapies, assessment and treatment plan review, documentation, and follow ASAM admission,

continued service, transfer, and discharge criteria. More information regarding ASAM criteria/Division criteria and NAC 458 can be found at:

- ASAM Criteria - https://www.asam.org/asam-criteria
- Division Criteria - http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/ClinicalSAPTA/dta/Partners/Certification/Division%20Criteria-SAPTA%2012.2017_FINAL.pdf
- NAC458 - https://www.leg.state.nv.us/NAC/NAC-458.html

Programs currently certified to provide Level 3.2WM Clinically Managed Residential Withdrawal Management may apply for this funding to enhance services to meet criteria for Level 3.7WM Medically Monitored Inpatient Withdrawal Management, at a minimum. It is expected that providers enhancing services at all levels through this funding announcement will successfully meet all requirements for SAPTA certification and licensing through Health Care Quality and Compliance, when applicable, by the completion of the sub-award.

Target 3: Tribal Treatment and Recovery Services:

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 or stimulant use disorder services access. Applicants should ensure the following services are addressed, at a minimum: Increase MAT access utilizing FDA approved medication for OUD treatment; Toxicology screening; Wrap-around services including peer recovery supports; Behavioral Health Screening/Assessment; ASAM Level 1 Outpatient (substance use and mental health) counseling; Organization prescriber of record checks Prescription Drug Monitoring Program (PDMP) for new patient admission under prescriber care for MAT services; establish and implement a plan to mitigate the risk of diversion of methadone or buprenorphine and ensure the appropriate use/dose of medication by patients; culturally relevant prevention activities targeting OUD or stimulant use disorder and overdose including naloxone distribution; ensure all applicable practitioners working on the grant-funded project obtain a DATA waiver; use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment; Care Coordination with an IOTRC or CCBHC, when appropriate and available in the service area. Programs that are unable to provide one or more services may develop them through formal coordinated care agreements with organizations in the community. All programs must use ASAM criteria/Division criteria to design and develop their programming under this announcement to include the required staffing, support systems, evidence-based therapies, assessment and treatment plan review, documentation, and follow ASAM admission, continued service, transfer, and discharge criteria. See previous category for links regarding more information.

Target 4: Peer Recovery Support Services:

Recovery Support Services funded under this announcement must provide services in accordance with principles that support stage of change, harm reduction, patient engagement, and the use of evidence-based practices. Recovery Support Services are intended to complement, supplement, and extend formal behavioral health services throughout the continuum of care. When working in conjunction with other behavioral and primary health services, peer support has been found to promote sustained behavior change for people at risk. Peer Recovery Support Service programs are not intended to replace the role of formal treatment.

Note: Organizations that are Medicaid eligible (e.g. qualify for provider type 14, 17, 82) providing peer recovery support services under this award must be capable of providing services as outlined within Medicaid Chapter 400. Priority will be given to those organizations with the ability to bill Medicaid.

Target 5: Enhanced supports for children and/or families:

Applicants should focus on enhanced supports for children and/or families that are impacted by s/opioid use or stimulant use disorder utilizing EPB including, but not limited to: home visiting, and/or strategies to address trauma and adverse childhood experiences (ACEs). A growing body of literature suggests that child maltreatment and traumatic stressors have long-term consequences for adult health behavior and health outcomes. This service delivery category will provide opportunities for working with children and adolescents whose parents or families are affected by opioid or stimulant use. Growing evidence has shown that providing a family-focused approach will have beneficial effects on family members to support the recovery process and build resiliency and protective factors within the family structure. Eligible services/programs include substance use prevention and treatment, in-home parent skills based programs, which includes parenting skills training, parent education, individual and family counseling, Kinship Navigator Programs, residential parent-child substance use treatment programs, and developmentally appropriate transition supports with older youth and adolescents.

More information on Adverse Childhood Experiences and the Family First Prevention Services Act can be found at:
CDC- Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence
Title IV-E Prevention Services (Family First) Clearinghouse

***Target 6: Hospital Based Recovery Teams*:**

A growing body of evidence suggests that peer recovery support specialists housed in emergency departments can efficiently connect individuals who are admitted for substance use-related complaints with a menu of treatment and recovery options, often to greater effect than primary care or clinical behavioral health staff, due to their own lived experience and supported by certification. In addition, when peers are integrated into hospitals, research shows this results in shortened lengths of stays, decreased frequency of emergency care visits, better connection to care, and an overall decrease in hospital resources and staff. Embedding peer support programs in hospitals has the potential to be an effective strategy for providing support in the current opioid epidemic.

Services funded under this announcement must provide services in accordance with principles that support stage of change, harm reduction, patient engagement, and the use of evidence-based practices. Recovery Support Services are intended to complement, supplement, and extend formal behavioral health services throughout the continuum of care. Peer Recovery Support Services will be stationed within Nevada's hospitals, and provide support for emergency departments, in patient care, maternity care, and other departments as needed. They will provide advocacy in hospitals, warm hand offs, connection to care, and take-home naloxone and naloxone training.

Applicants may submit an application for a proposed hospital-based recovery team initiative that is community (field-based) and should include outreach, engagement, case management, family

education, support and navigation of services for individuals with opioid use or stimulant use disorder. The program should include a multi-disciplinary nature of the engagement teams to presents a holistic approach to services. The program is non-clinical in orientation, in that the focus is on the needs and goals of the individual and working to assist the individual meet those goals and address obstacles to care. The program may include aspects of clinical services or direct services with cooperating or community-based licensed and certified organizations who have the ability to address Third-Party Liability (TPL). This target area works to provide the greatest flexibility for the development of a program that serves clients in the least intrusive, restrictive, and disruptive ways to promote client-resiliency and recovery. The recovery team is a resource with the primary function of taking a supportive role in the facilitation, linking, and building of the client's support network. The recovery team should target individuals who repeatedly access treatment points in the system that do not deliver effective care in meeting the needs of the individual, and should include those that are hospitalized, or seek care in emergency rooms that may not follow up with recommended outpatient care. Applicants for the hospital-based recovery team, must include at least one letter of intent from a licensed hospital.

Target 7: Recovery Housing:

Recovery housing is a "housing model" that provides substance use specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction. This recovery housing program is not inclusive of all SUD, but specific to opioid or stimulant use disorders. Meeting the housing needs of individuals with and opioid or stimulant use disorder plays a vital role in recovery. Individuals experiencing homelessness or without consistent housing find it difficult to address stimulant use without a safe place to live. Recovery Housing is designed to fill that void with a safe place with compassionate care. Recovery Housing is defined by SAMHSA as a shared living environment free from alcohol and illicit drug use and centered upon peer supports and connection to services that promoted sustained recovery from substance use disorder. For this application, the substance use is specific to opioid or stimulant use. Applicant **must demonstrate** and document number of beds available, programming, and ability to deliver appropriate peer support. Reimbursement for services provided in this category must follow reimbursement amounts as established by SAPTA.

Target 8: High-Intensity and/or Intensive Inpatient Services (Adults or Adolescents) | Level 3.7: Medically Monitored High-Intensity Inpatient Services Adolescent and Level 3.7 Medically Monitored Intensive Inpatient Services Adult.

Medically Monitored Intensive Inpatient Services specific for adults or adolescents with an opioid use or stimulant use disorder and designed to meet the needs of patients who have functional limitations in Dimensions 1, 2, and/or 3. Services must be offered by an interdisciplinary staff of appropriately credentialed staff with the primary treatment focus related to opioid use or stimulant use disorders. Services are appropriate for patients whose subacute biomedical and emotional problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Note: Services are for those who are underinsured, non-insured or for clients who are NOT on Medicaid Fee-For-Service (FFS).

Target 9: Adult Mobile Crisis Team (AMCT)

Applicant must identify and propose a community resource team (CRT) that works to respond to the increasing demands of opioid use or stimulant use disorders in Nevada**.** Applicants are

responsible to provide details on how they will be able to track that they are specifically responding to an individual with a opioid use or stimulant use disorder. Applicant must propose the implementation of a new CRT or expansion of a CRT focused on working with first responders (law enforcement, parole and probation, and or the fire department). CRT should define the framework that identifies select hospital agreements for patients to be transferred or triaged, including those that that require acute inpatient behavioral health care. ***This category would not be expected to fund at 100%.*** The model should define how those in crisis with an opioid use or stimulant use disorder will be engaged and support first responders. CRT teams must be able to provide psychological assessments in person and via tele-health. Individuals served must receive an assessment or evaluation by registered nurse (RN), psychologist, licensed clinical social worker (LCSW), Marriage and Family Therapist (MFT) or appropriately licensed professional to determine need(s). New programs must have letter of intent of behavioral health hospital and first-responding organization for the CRT program.

Target 10: Innovative Project or Multi-Service Delivery

The SOR funding is soliciting applications from entities devising innovative planning and programming or a multi-service delivery program to effect change on the OUD or stimulant use disorder crisis in Nevada. Considerations will be given to organizations that have a project outside the previous category areas that can become sustainable through this infusion of funds and meet one or more required or allowable activities. Similarly, planning projects are encouraged. Provide a detailed narrative outlining the evidence-based practice the applicant is proposing to implement to support reducing opioid use or stimulant use disorders, harm reduction and promoting MAT and the required and/or allowable activities that your project will support. Applicant must justify the approach through a review of the needs, be specific on the delivery model which enables the full spectrum of treatment and specific EBP and recovery support services, utilizes the hub-and-spoke model focused on care and treatment, and provide an implementation schedule.

7. Cultural Competence

DPBH and CASAT 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 evidenced-based initiatives to best address each client's treatment needs. *Culturally competent care is a core value.*

III. GRANTEE RESPONSIBILITIES

1. Modernization Act of 2010 - Data Collection and Reporting

As part of the 21st Century Cares Act, the Government Performance and Results Modernization Act (GPRA) of 2010 was updated requiring all SAMHSA grantees to collect and report performance data using approved measurement tools. All SAMHSA programs must collect and report performance data. Data is collected through SPARS and used to monitor the progress of grants, serve as a decision-making tool on funding, and improve the quality of services provided through the programs. By submitting a response to this NOFO, all applicants are agreeing to be compliant with the GPRA reporting and recognizes 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. In the event that funding ends, agencies are still obligated to provide client discharge information through September 29th, 2023.

Grantees will be required to report a series of data elements that will enable both the State of Nevada and SAMHSA to determine the impact of the program on opioid/stimulant use. ***Recipients will be expected complete a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent, and complete a discharge GPRA interview.*** GPRA training and technical assistance will be offered to recipients. Program directors or identified personnel completing reports will be required to attend a 1-hour GPRA Overview training to gain an understanding of how the GPRA will impact agency procedures. Individuals who will be conducting the GPRA interviews will be required to attend a 90-minute GPRA Administration training. Monthly meetings are held for interviewers to which one representative from each agency must attend. The collection of these data enables SAMHSA to report on key outcome measures relating to the grant program.

SAMHSA collects data on key output and outcome measures to monitor and manage grantee performance, improve the quality of services provided, and inform evaluation reports. Client-level data is mandated to be collected including demographics, ICD10 (or ICD-11 codes, when they are in effect) diagnostic categories, substance use and abuse, mental health and physical health functioning, housing, employment, criminal justice status, and social connectedness.

Applicants must identify a specific point of contact (POC) and/or designated individual or position within the organization that collects and manages the GPRA data and processes. FTE in the budget must reflect GPRA interviews. The amount of FTE will depend on the number of clients expected to be treated by the agency. Since GPRA interviews are anticipated to take 45 minutes to complete, along with weekly reporting, and scheduling upcoming interviews, the following table gives an idea of corresponding FTE. The table is a general guide. The amount of FTE depends on how the agency chooses to complete accompanying paperwork and defines who would be responsible for that paperwork. An example of the number of FTE staff allowable, based on eligible monthly clients (with an OUD or stimulant use disorder) is below. Applicants are not mandated to identify a new FTE for compliance, but are mandated to identify who will and how the applicant will maintain GPRA compliance.

Clients Admitted Monthly	**FTE Need for GPRA Compliance**
50	1 to 1.5
100	2 to 2.5

A. Data Collection

1. Collect data, including data collected using SAMHSA approved measurement instruments, at a minimum of pre and post service on each individual client served;

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;

5. Comply with submitting data and information as part of the National Outcome Measurement System (NOMS) and Treatment Episode Data Set (TEDS) to DPBH's Central Data Repository (CDR). All applicants must be able to extract data from each respective EHR systems to comply with the data collection measures.

B. Performance Reports

Grantees will submit a Progress Report on a monthly basis. The collection of Government Performance and Results Acts (GPRA) Core Client Measures for grant

programs is mandatory for the SOR grant at intake, 6-month follow-up, and discharge. By submitting this application, your agency is agreeing to comply with all GPRA Reporting Requirements. For more information please follow this link: https://spars.samhsa.gov/sites/default/files/SPARS_CSAT_GPRA_QxQ_v11.pdf

Performance reports must show progress towards completing Scope of Work (SOW) deliverables, goals and services through defined data collection processes and measures. Specific outputs will be negotiated during the contract award process. DPBH anticipates negotiating performance measures using a standardized menu of outputs and outcomes, depending on the type of work funded.

Examples of output measures to be reviewed and to be included in contracts may include, if appropriate, but are 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 that are filled per month, that also includes a baseline for what organizational and program capacity
- The percentage of individuals that receive the intended number of service encounters
- The percentage of individuals that receive the required screenings/assessments

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, DHHS, any Division, or CASAT 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, any Division of CASAT may conduct on-site subrecipient reviews annually, or as deemed necessary.

4) DHHS, any Division or CASTA 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.

3. Program Income

Under Section 2 CFR §200.80, program income is defined as gross income earned by an organization that is 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 SAPTA funds, program income shall be added to funds 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.

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, DPBH reserves the right to request that agencies provide documentation of all licenses and certifications which may include, but are not limited to licensing board requirements, SAPTA certification and service endorsements, facility licensing requirements HCQC (ex: residential), county business license, proof of non-profit status, etc.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Technical Requirements

A. Completed applications must be submitted via mail to the DHHS-DBPH no later than **Friday, October 30, 2020, by 3:00 PM PST (Pacific Standard Time).** Proposal(s) must be delivered via email in PDF format to: SLambert@DHHS.NV.GOV. If you do not receive an acknowledgement of application receipt within 48 business hours, please send an email to with **Notification Status** in the subject line. The Notification should state: *SOR Funding/Agency Name in the subject line.*

The DPBH or CASAT is not responsible for issues or delays in e-mail service. Any applications received after the deadline will be disqualified from review. Therefore, the DPBH and CASAT 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.

B. A complete application will require all items listed under the Application Checklist.

C. Formatting: Applicants are required to use ***11-point Arial Font, with 1.0" margins, double-spaced (unless specifically referenced as single spaced) and convert all items into one PDF document format. Submissions must abide by the maximum page limitations and exceeding identified limits will be cause for disqualification from review.*** Charts and Tables may utilize 10 pt. font and be single spaced. No photos. No color. Paper should be 8 X 11 and not include any irregular sizes. (Appendix E, F, G and H are not included in the page count).

D. Do not submit unsolicited materials as part of your application. Any unsolicited materials delivered or e-mailed to DPBH will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media

materials, licenses, certifications, etc.

E. Complete the Application Checklist prior to submitting. The Application Checklist is for the benefit of the applicants and **is not** to be included in the submission packet.

F. Once the application is submitted, no corrections or adjustments may be made. DPBH will consider corrections or adjusted prior to the issuance of a subgrant, should both CASAT 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.

2. Application Review Requirements

Applications that meet the basic minimum requirements will be evaluated using the following review criteria.

A. Cover Page

A one-page cover page (Appendix A) must be completed. This must be the first page of the grant application, and all pages must be submitted in order of the Application Review Requirements.

B. Project Application Form

All applicants must complete the Project Application Form (Appendix B). Each letter corresponds to a field in the application that all applicants must complete. Missing information or unchecked boxes on the application form will result in an incomplete application. *Not to exceed four (4) pages.*

A. **Organization Type.** Check the type of organization that is requesting funds.
B. **Geographic Area of Service.** Check only one type of geographic area and provide a brief description of that area (up to 100 words).
C. **Applicant Organization**. Enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency (the 9-digit zip code is required). DPBH will consider the application incomplete if the Federal Tax ID field or DUNS/EI field is incomplete.
D. **Project Point of Contact (POC).** This field refers to the identified person at the applicant organization that DPBH may contact, with follow-up questions about the application. This is also the person DPBH may contact, with questions about quarterly reports, monthly financial claim forms, etc.
E. **Fiscal Officer**. Enter the name of the person who will manage the fiscal requirements of the proposed project, if awarded. The Fiscal Officer must be someone other than the Project Point of Contact.
F. **Administrative Contact.** Enter the name of the Executive Director or key Administrative contact, who will serve as the Administrative Point of Contact, if not identified as the POC.
G. **Priority Area.** Organizations must ***only check one priority area***, per application. No more than one priority area should be defined in the application. Applicants may submit more than one application. Checking more than one priority area may result in disqualification. Organizations should define one priority area for either Adults or Juveniles, but not both.

H. **Third-Party Payers.** Some organizations bill third-party payers (e.g. insurance companies) for behavioral health services. If the applicant does not bill any third-party payers, check the **No** box, and continue. Otherwise, confirm by checking the **Yes** box and for each third-party payer organization and provide the specified financial information for the applicant's most recent, complete reporting period. Add rows to the table, if necessary

I. **Current Funding.** Some organizations receive funding (e.g. Federal grant dollars, foundation grants, donations, etc.) for mental health and/or behavioral health services. If the applicant does not receive funding, check the **No** box, and continue. Otherwise, confirm by checking the **Yes** box and for each funding source, provide the name, type of funding, project period end date, and whole dollar amount. Add rows to the table, if necessary.

J. **Capacity and Sustainability.** Organizations that have current SAPTA certification should check **Yes**. If your organization does not have currently SAPTA certification, check **No**. For applicants that have been providing SAPTA services for two years, check **Yes.** For those applicants that have not been providing SAPTA services for two years, check **No**.

K. **Certification by Authorized Official**: The administrator, director, or other official ultimately responsible for this project/program must sign this document.

C. Project Narrative

The applicant must provide a Project Narrative that articulates in detail the content requirements provided below and the specific criteria described Section II. Please include the title "Project Narrative" at the beginning of the Project Narrative. The project narrative should not exceed a total of ***ten pages*** double-spaced. **Page numbers and headings are required.**

The Project Narrative must include the following information under each subheading.

1. The Organization Description ***(Maximum of One-Page)***

The Organization Description should include enough detail to provide the evaluator the history of your organization demonstrating not less than one (1) year of operation as a DPBH, SAPTA Certified Provider OR two (2) years of experience and how the organization will become SAPTA certified within six (6) months. The applicant should identify the target area of the application, client population, experience in community, geographic service area, and project alignment with agency mission and goals.

2. Project Design and Implementation ***(Maximum of Four (4) Pages)***

The Project Design and Implementation should provide a detailed description of the program requesting funding. The applicant must tie project activities/deliverables to objectives and deliverables in the program design. ***The applicant must include the 1) Number of clients that can be served, 2) the type and level of services that will be provided, and 3) the capacity of the organization to meet those goals.*** Applications that fail to include the above information on capacity and number individuals targeted will receive a zero for this section. The design and implementation should be based on the ASAM model for levels of care and Division criteria. Applicants must provide evidence of their capacity to successfully execute all proposed strategies and activities to meet the objectives as outlined in this NOFO. For supportive information, health and data reports are available at:

http://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS_-_DATA___REPORTS/. Applicant should also address the following:

1. Describe the current services your organization provides, and what services would be provided with this funding.
2. Provide qualitative and quantitative needs assessment data supporting the needs for the services in the community targeted.
3. Describe the access to care issue/need and how this project is expected to address opioid or stimulant use disorder.
4. Define patient engagement activities (or proposed activities) and how they specifically serve the population of those with opioid use or stimulant use disorder.
5. Identify the EBP(s) you propose to implement for the specific population(s) of focus. *If an EBP does not exist/apply for your program/population(s) of focus, describe the service/practice you plan to implement as an appropriate alternative.* If you are proposing to use more than one EBP, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
6. Describe the amount of funding needed and how awarded funds would be utilized.
7. Address perceived barriers to implementation of the proposed project and identify ways barriers to success will be mitigated.
8. Explain how your program will be operationalized.

3. Capabilities and Competencies *(Maximum of three (3) pages)*

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 the Project Manager and key employees who will be running the day-to-day operations of the project. Describe formal collaborations and/or existing Memorandums of Understanding (MOU) with established partners and relationships that will be important to carrying out the activities funded by the grant, and an explanation of how the description you provide makes your organization an appropriate grantee. Do not list any MOU that is not specific to the operation of your proposed project. Describe organization's qualifications and experiences with the implementation of projects similar in scope and complexity to the Proposed Project. If applying Salary Support, provide the current staffing plan and the proposed staffing plan, by explaining who is currently employed and what the expansion or development will be for staffing. Describe and justify required clinical support for additional provider(s). Include proposed positions, salaries, and FTE (with identified license or certification status) dedicated to new expansion.

4. Plan for Collecting the Data and Cost Effectiveness (Maximum of two (2) pages).

Describe the process for collecting data and measuring project performance. Identify who will collect the data, who is responsible for performance measurement, and how the information will be used to guide and evaluate the project's impact. Describe the dedicated staff and process to accurately collect data, including whether the agency has an electronic health record system. Applicant should provide a plan for collecting and inputting GPRA data and who will be responsible. For cost-effectiveness, applicant should describe in detail why current third-party liability or resources are not being utilized for the services. Applicant should also provide information on sustainability.

D. Scope of Work

Applicant is required to use the "Scope of Work Template" provided in Appendix C. As a note, data collection is not a performance measure. Data collection supports the identification and success of performance measures and must include a baseline. **(Not to exceed five (5) Pages)**

1. **Provider Name:** Please fill in the name of your organization.
2. **Purpose/Title:** Please fill in the purpose or title (project name) and then a brief description.
   Example: Women's Housing; to increase the number of beds available for treatment in Nevada for women.
3. **Problem Statement:** Briefly describe the problem or the gap that is being addressed through this scope of work.
   Example: Our facility continually carries a waitlist on average of 5 women.
   Example: 60% of client services in our agency have a methamphetamine or OUD.

4. **Goal (Provide a description of a broad goal):** The goal would need to focus on an area that could be measured and is the broadly stated purpose of the program. A goal may be stated as reducing a specific behavioral health problem or as improving health and thriving in some specific way. It should be a very broad result that you are looking to achieve. Goals can be one or many; however, each goal must have its own Outcome Objectives and Activities and may include the target population to be served.
   Example: To add beds to a stable residential care facility providing therapy for substance abuse, mental illness, other behavioral problems and other wrap around services.

5. **Outcome Objectives:** Please enter a description of measurable Outcome Objectives which are Specific, Measurable, Achievable, Realistic, Time limited (S.M.A.R.T.). Outcome objectives are specific statements describing the strategies you will employ, the evidence-based programs you plan to utilize to accomplish your objectives, which must be measurable should include:
   Who: Target population?
   What: Strategies and Evidence based programs utilized to effect change
   Where: Area, Region, County
   When: When will the change occur, and how often
   How much: Measurable quantity of change
   Example: will increase the number of women's beds from 6 to 12, in Clark County, Nevada, by June 2021.

   Outcome Objectives can be Qualitative or Quantifiable:
   Example – Qualitative: At least 95% of 2018-2019 program graduates will report an understanding of the increased risk of negative birth outcomes when women consume alcohol during pregnancy. Example – Quantifiable: By June 2019, the waitlist for residential substance abuse treatment beds will be reduced from sixty days to no more than fourteen days.

6. **Activities:** List the steps planned to achieve the stated Outcome Objective.
   Example: Secure residential location, licensing, inspections, and certifications; Hire support staff for the program; therapy, maintenance, etc.; Work with law enforcement, prosecutors, and the judiciary system to identify potential clients; Purchase operating supplies, equipment, furniture, etc. Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.

7. **Date Due By:** Please indicate the expected date by which the activity will be accomplished. The end of the grant period may suffice in some cases but using the end of the grant to complete all activities should be avoided as activities should show progression towards achieving the objective. Please make these realistic dates that show a progression towards achieving the outcome objective.
   *Example**:** September 30, 2020.*

8. **Documentation:** Please list any documentation or process evaluation documents that will be produced to track the completion of the activities.
   Example: Informational brochures, copies of flyers, ads and newspaper articles, social media and TV ads used in this effort; Contracts related to leasing, employment, supplies, maintenance agreements, operations, etc.; Meeting minutes, Memorandum of Understanding, records of efforts to influence public opinion; Records of interviews, surveys, reports, focus groups, local law enforcement data, etc.

9. **Evaluation:** All organizations providing opioid or stimulant use disorder treatment will need to complete the SOR Client-Level Data Collection Tool (GPRA) at baseline, six-month follow-up, and discharge for all clients served with funding and report data to CASAT weekly. The Tool is estimated to take 45 minutes to complete. To see the types of questions included in the tool, visit https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services.

   Please explain how you will evaluate whether you have met your objectives or not. The evaluation plan should clearly explain what data will be used, where and how you will collect the data, and any analysis, e.g. simple rate comparison, statistical tests of significance, etc. If you are using an evidence-based program, many times the evaluation criteria are provided and should be used to preserve fidelity with the evidence-based methods. (Please note: SOR Team can provide technical assistance on this element, if needed, if application is approved for funding.)
   Example: *Bi-weekly monitoring of the county residential treatment waitlist will be conducted. Changes in wait times will be analyzed to ensure that evidence supports the desired wait reduction. If analysis shows that wait times remain stagnant, increase, or do not decrease at a rate significant to meet stated reduction objective, a root cause analysis will be conducted to determine reasons.*

E. Budget

Provide a budget that is complete, cost effective, not supplanted, based on uncompensated care, and allowable (e.g., reasonable, allocable, and necessary for program activities). **All proposals must include a detailed project budget for each project period requesting grant funding.** If one shot funding is requested, that should be identified in project period one only. The budget should be an accurate representation of the funds needed to carry out the proposed *Scope of Work* and achieve the projected outcomes over the grant period. If the project is not fully funded, the DPBH will work with the applicant to modify the budget, the Scope of Work, and the projected outcomes**.**

Direct services must comprise 75% of the grant. Executive Directors are limited to "up to 25% maximum" and time must be justified and documented. Administrative staff, electronic health records, human resources, office managers, insurance, rent (in most cases) are considered part of the indirect and non-allowable as a direct line item.

Applicants **must** use the budget template form (Excel spreadsheet) provided in this NOFO. Use the budget definitions provided in the "Categorized Budgets" section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). 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.**

The column for extensions (unit cost, quantity, total) on the budget narrative should include only funds requested in this application. Budget items funded through other sources may be included in the budget narrative description, but not in the extension column. **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 for Modified Total Direct Cost (MTDC) for determining if any indirect cost is permissible. Indirect cost may not be taken on direct services.

1. **Personnel**
   Employees who provide direct services are provided here. The Personnel section is for staff that are responsible, who work as part of the applicant organization, for whom the applicant organization provides a furnished work-space, tools, and the organization determines the means and the method of service delivery. The percentage of the application is specific to the percentage of time that is serving only opioid/stimulant use clients. Contractors include those staff who provide products or services independently, and provide their own workspace, tools, means and methods for completion.
   For example:

Intake Specialist | $20/hour X 40 hours/week X 52 weeks	=	$ 41,600.00
Fringe = $41,600 X 15% (e.g. health insurance, FICA, workmen's comp)	=	$ 6,240.00
Personnel Total	=	$ 47,840.00

   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).*

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 57.5 cents), 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. Applicants are encouraged to utilize video conferencing and comply with all COVID federal and state regulations.

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. ***Occupancy:*** Identify and justify any facility costs specifically associated with the project. Allocations must be specific to the targeted population. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of

costs associated with **this grant project** should be requested in this budget that are not included in the indirect cost rate.

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, 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 DPBH. An example of a consultant would be a CPA that provides services to multiple agencies or firms and/or operates their own agency, in their own office, or on their own schedule. Another example would be an individual that provides intermittent, as-needed services and has the free-agency to determine how those services are developed or provided.

6. **Other Expenses**
   Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as client transportation. If you plan to compensate participants, state how the participants will be awarded incentives (maximum of $75 per year, per participant) or eligible for transportation passes/tokens, etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a “pass-through” entity, and its capacity to do so.

7. **Indirect Costs**
   Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration staff, human resources, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. If agencies have a federally approved indirect cost rate, that rate must be used. All other agencies may use the MTDC Base and Exclusions, currently at 10%. Indirect is not permitted to be used for direct service.

F. Subrecipient Contact (Attachment 3B)

A one-page Subrecipient Contact is in Appendix H. This must be the first page of the grant application, and all pages must be submitted in order of the Application Review Requirements.

G. Resume of Key Program Staff Member and Organization Chart

Provide the resume of the Project Manager with the licensure or expertise in providing evidence-based services. This resume cannot be more than two (2) pages long and should represent experience related to the proposed project. An organization chart that is no more than one (page) that includes all key program staff, the GPRA point of contact, and titles of the positions identified to support the program. The DPBH receives the right to request additional resumes based on the proposed project (and included in the Project Information Form).

3. Scoring Matrix

Field Name	***Scoring Points or TR****	***Page Limit***	
1. Cover Page	T/R	1	Required Form, Complete
2. Project Application	15	4	Must use attached form
3. Narrative	30	10	Double-spaced, page numbered with headings as defined in RFA, Arial 11 Point Font (Tables may be single spaced)
4. Scope of Work	30	5	Must use attached form, Arial 11 Point Font, may be single spaced
5. Project Budget and Budget Justification	15	8	Must use attached form
6. Resume of Project Manager & Org Chart	5	3	Project Manager with clinical expertise (through EBP and/or licensure)
7. Letter of Commitment (LOC)	TR	3	A minimum of one LOC is required.
		34	**Total PAGES (CANNOT EXCEED)**
Total	100		
General Provisions of Grant Award is signed	TR	N/A	Signed and attached
Internal Controls Certification	TR	N/A	Signed and attached
CASAT Risk Assessment	TR	N/A	Signed and attached
CASAT Subrecipient	TR	N/A	Completed and attached
**** Technical Requirement***			

V. SELECTION PROCESS OF NOFO

DPBH and CASAT has selected to use the Notice of Funding Opportunity (NOFO) process which describes the needs and existing goals under the SOR Grant.

- 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.

1. RFA Review Process

Proposals received by the deadline will be reviewed as follows:

A. Technical Review

DHHS or CASAT staff will perform a technical review of each proposal to ensure that minimum standards are met.

B. Evaluation

Applications that meet minimum standards will be forwarded to a review team selected by CASAT. 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. Do not assume that the reviewers are familiar with your organization or the services that you provide.

C. Program Priorities

Projects applications shall not be selected solely on total scores but will also consider priority populations and shall be reviewed under each funding priority as defined in Section 2.4. Each proposed area of service will be reviewed separately. DPBH 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.

D. Final Review

After reviewing and scoring the applications based on priority areas, CASAT will submit final recommendations to DPBH. Final decisions will be made 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. Budget appropriateness and completeness and alignment with the scope of work; and
e. Availability of funding

2. Notification Process

Applicants will be notified of their status with a Letter of Intent after November 2020 and after all considerations have been made. CASAT staff may conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified in the evaluation period. 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.).

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, CASAT 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.

3. Disclaimer

DPBH and CAST reserves the right to accept or reject any or all applications. This NOFO does not obligate the State or CASAT to award a contract or complete the project, and the State reserves the right to cancel the solicitation if it is in its best interest. DPBH reserves the right to use this NOFO for grant funding for a period not to exceed four (4) years.

4. Upon Approval of Award

A. Monthly Financial Status and Request for Reimbursement Reports

DPBH/CASAT 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 5th of the following month.**

E. Performance Reporting

Applicants who receive an award must collaborate with the DPBH/CASAT in reporting monthly on progress towards meeting SOW deliverables. Additional performance reports may be requested as instructed by the CASAT. **Monthly progress reports will be due by the 5th of the month.**

F. 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 DPBH or UNR/CASAT to the state oversight entities. 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.

G. Compliance with changes to Federal and State Laws

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

H. Applicant Risk

Pursuant to the Part 200 Uniform Requirements, before award decisions are made, UNR/CASAT 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, UNR/CASAT checks whether the applicant is listed as excluded from receiving a federal award. In addition, if UNR/CASAT anticipates that an award will exceed $250,000 in federal funds, UNR/CASAT 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.

Appendix A: Cover Page

University of Nevada, Reno Center for the Application of Substance Abuse Technologies

In response to:

NOFO

SOR Funding

Deadline for Submission and Time: October 30, 2020

Our application is respectfully submitted as follows:

Company Name:			
Clinic Address:			
Mailing Address: (If different)			
Phone:		**Fax:**	
Executive Director/CEO:			
Primary Contact for Proposal:			
Primary Contact Email Address:			

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:**

Print Name: **Title:**

Appendix B: Application Form

A. Organization Type

☐ Public Agency ☐ 501(c)(3) Nonprofit ☐ Private ☐ Other

B. Geographic Area of Service

☐ Town/City	
☐ County	
☐ Region	

C. Applicant Organization

Name		
Mailing Address		
Physical Address		
City		NV
Zip (9-digit zip required)		
Federal Tax ID #	(xx-xxxxxxx)	
DUNS No.		

D. Program Manager, Point of Contact

Name		
Title		
Phone		
Email		
Same mailing address as section B? ☐ Yes ☐ No, use below address information		
Address		
City		NV
Zip (9-digit zip required)		
Licensed ☐ Yes ☐ No		

E. Fiscal Officer

Name		
Title		
Phone		
Email		
Same mailing address as section B? ☐ Yes ☐ No, use below address information		
Address		
City		NV
Zip (9-digit zip required)		

I. Administrative Point of Contact

Name		
Title		
Phone		
Email		
Same mailing address as section B? ☐ Yes ☐ No, use below address information		
Address		
City		NV
Zip (9-digit zip required)		

J. 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.

- ☐ **TARGET** 1: Outpatient Clinical Treatment and Recovery
- ☐ **TARGET** 2: Medication Assisted Treatment or Behavioral Health Expansion for SAPTA
- ☐ **TARGET** 3: Tribal Treatment and Recovery Services
- ☐ **TARGET** 4: Peer Recovery Support Services
- ☐ **TARGET** 5: Enhanced Support for Children and/or Families
- ☐ **TARGET** 6: Hospital Based Recovery Teams
- ☐ **TARGET** 7: Recovery Housing
- ☐ **TARGET** 8: High Intensity and/or Intensive Inpatient Services (Adults/Adolescents)
- ☐ **TARGET** 9: Community Resource Teams
- ☐ **TARGET** 10: Innovative Project/Design

H. Third-Party Payers

Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for family planning services? ☐ Yes, specified below ☐ No			
Third-Party Payers	**Period**	**Billables Received ($)**	**Percentage of Operating Income (%)**
Best Health Insurance	*2017 YTD*	*130,000*	*10*

I. Current Funding (federal, state, and private funding). Add rows as required. Private funding may be identified as a total. Any federal or state funds must be detailed out.

Funding	Type	Project Period End Date	Current or Previous Amount Awarded ($)
Mental Health Block Grant Funding	*Grant*		
SAPTA Block Grant Funding	Grant		
Medicaid, FFS	Insurance		
Medicaid, MCO	Insurance		
Private Insurance	Insurance		
Private Donations	Discretionary		

J. Capacity and Sustainability

a) **Does your organization currently have SAPTA Certification?** ☐ **Yes** ☐ **No**

b) **Has your organization been operating for at least two years?** ☐ **Yes** ☐ **No**

K. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the SAMHSA SAPTA Block Grant 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.

Name (type/print): _____	**Phone** _____
Title _____	**Email** _____
Signature _____	**Date** _____

Appendix C: Scope of Work Template

2020 SOR Funding

Provider: Click here to name.

Purpose/Time and Brief Description of the proposed Program/Project: Click here to enter text.

Problem Statement: Click here to enter the problem being addressed

Goal 1: Click here to enter a goal

Outcome Objective 1a: Click here to enter text.		
Activities including Evidence-based Programs	**Date due by**	**Documentation**
1. [List specific activities to be achieved to meet the outcome objective]	Enter date.	[Documentation and or evidence that the activity was completed, e.g. clinical records, meeting minutes, written policy, etc.]
2. [List specific activities to be achieved to meet the outcome objective]	Enter date.	Click here to enter documentation.
Evaluation: Note: All subawardee organizations will be required to submit monthly progress reports. Additionally, all organizations providing opioid use disorder treatment will need to complete the SOR Client-Level Data Collection Tool (GPRA) at baseline, six-month follow-up, and discharge for all clients served with funding and report data. The Tool is estimated to take 45 minutes to complete. To see the		

types of questions included in the tool, visit https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services. .

Outcome Objective 1b: Click here to enter text.		
Activities including Evidence-based Programs	**Date due by**	**Documentation**
1. [List specific activities to be achieved to meet the outcome objective]	Enter date.	[Documentation and or evidence that the activity was completed, e.g. clinical records, meeting minutes, written policy, etc.]
2. [List specific activities to be achieved to meet the outcome objective]	Enter date.	Click here to enter documentation.
Evaluation: Note: All subawardee organizations will be required to submit monthly progress reports. Additionally, all organizations providing opioid use disorder treatment will need to complete the SOR Client-Level Data Collection Tool (GPRA) at baseline, six-month follow-up, and discharge for all clients served with funding and report data. The Tool is estimated to take 45 minutes to complete. To see the types of questions included in the tool, visit https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services.		

Outcome Objective 1c: Click here to enter text.		
Activities including Evidence-based Programs	**Date due by**	**Documentation**
1. [List specific activities to be achieved to meet the outcome objective]	Enter date.	[Documentation and or evidence that the activity was completed, e.g. clinical records, meeting minutes, written policy, etc.]
2. [List specific activities to be achieved to meet the outcome objective]	Enter date.	Click here to enter documentation.
Evaluation: Note: All subawardee organizations will be required to submit monthly progress reports. Additionally, all organizations providing opioid use disorder treatment will need to complete the SOR Client-Level Data Collection Tool (GPRA) at baseline, six-month follow-up, and discharge for all clients served with funding and report data. The Tool is estimated to take 45 minutes to complete. To see the types of questions included in the tool, visit https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services.		

Goal 2: Click here to enter a goal

Problem Statement: Click here to enter the problem being addressed

Outcome Objective 2a: Click here to enter text.		
Activities including Evidence-based Programs	**Date due by**	**Documentation**
1. [List specific activities to be achieved to meet the outcome objective]	Enter date.	[Documentation and or evidence that the activity was completed, e.g. clinical records, meeting minutes, written policy, etc.]
2. [List specific activities to be achieved to meet the outcome objective]	Enter date.	Click here to enter documentation.
Evaluation: Note: All subawardee organizations will be required to submit monthly progress reports. Additionally, all organizations providing opioid use disorder treatment will need to complete the SOR Client-Level Data Collection Tool (GPRA) at baseline, six-month follow-up, and discharge for all clients served with funding and report data. The Tool is estimated to take 45 minutes to complete. To see the types of questions included in the tool, visit https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services.		

NOTE: Please add or delete table rows as necessary. You may also add additional charts if needed to detail additional objectives under each goal and/or to add additional goals.

Appendix D: Budget Template

Double Click on the table to open

Click to Insert Organization Name			
BUDGET NARRATIVE			
January 2021 - September 30, 2021 (Nine-month budget)			
Detailed Proposed Budget of Year 1: June 1, 2019 through May 31, 2020			
Category	Details of Expected Expenses	Detailed Cost	Total Category Cost
1. Salaries			
	Number and type (position type, FTE type) of staff to be hired.Justification for position, to include primary responsibilities. Insert a new row for each position.	detailed Cost	
Salaries Subtotal			detailed Cost
2. Fringe			
	Provide estimated fringe for staff to be hired.	$ -	
Fringe Subtotal			$ -
2. Travel			
	Provide details of positions traveling, locations, dates of travel, specific travel purpose and breakdown of calculations. Reimbursement made in accordance with SAM. Insert a new row for each item.	$ -	
Travel Subtotal			$ -
3. Supplies			
	Provide details regarding business purpose of all items and breakdown of calculations. Insert a new row for each item or item type. All supplies under $5,000 per unit, are required.	$ -	
Supplies Subtotal			$ -
5. Contractual			
	Provide details regarding business purpose of all items and breakdown of calculations. Insert a new row for each contractor/consultant.	$ -	
Contractual Subtotal			$ -
4. Equipment			
	Provide details regarding business purpose of all items and breakdown of calculations. Insert a new row for each item. Please note, items that cost under $5,000 should be listed under supplies.	$ -	
Equipment Subtotal			$ -
7. Indirect			
	For Indirect Costs, provide documentation of federally negotiated indirect cost rate agreement, if available. If subrecipient does not have this, it will receive the de minimus indirect cost rate of 10% of total Modified Cost Rate (MTDC) cost pursuant to the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (Uniform Guidance), §200.414. Note that if the federal award has a lesser rate than the subrecipient's federally negotiated rate, the rate on the award will be followed. Insert a new row for each item.	$ -	
Indirect Subtotal			$ -

Appendix E: DPBH Provisions of Grant Acceptance

Applicability: This section is applicable to all subrecipients who receive finding from the Division of Public and Behavioral Health. Do not submit entire application, but just the requirements of the grant. The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.
3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants & / or Projects for Assistance in Transition from Homelessness
4. NRS 218G - Legislative Audits
5. NRS 458 - Abuse of Alcohol & Drugs
6. NRS 616 A through D Industrial Insurance
7. GAAP - Generally Accepted Accounting Principles and/or GAGAS Generally Accepted Government Auditing Standards
8. GSA - General Services Administration for guidelines for travel
9. The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention Policies and guidelines.
10. State Licensure and certification
    a. The Subrecipient is required to be in compliance with all State licensure and/or certification requirements.
11. 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 Sub- grantees, 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).
12. 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.
13. 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.
14. 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;
15. The subrecipient will report within 24 hours the occurrence of an incident, following Division 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).
16. 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.
17. Application to 211 o As of October 1, 2017, the Subrecipient will be required to submit an application to register with the Nevada 211 system.
18. The Subrecipient agrees to fully cooperate with all Bureau of Behavioral Health Wellness and Prevention sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.

19. The Subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
20. The Subrecipient acknowledges that to better address the needs of Nevada, funds identified in this sub-grant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.
21. 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 Division 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 the necessary steps.
22. "The Subrecipients will NOT expend Division funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health services Block Grant Funds for any of the following purposes: a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment. b. To purchase equipment over $1,000 without approval from the Division. c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds. d. To provide in-patient hospital services. e. To make payments to intended recipients of health services. f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS. g. To provide treatment services in penal or correctional institutions of the State.
23. Failure to meet any condition listed within the sub-grant 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:
Printed: 7/19/2019 8:58 PM - Nevada Page 4 of 9 Printed: 7/30/2019 6:29 PM - Nevada Page 4 of 9 Printed: 7/31/2019 11:40 AM - Nevada Page 4 of 9 Printed: 7/31/2019 3:16 PM - Nevada Page 4 of 9 Printed: 8/1/2019 6:16 PM - Nevada Page 4 of 9 Printed: 8/1/2019 6:16 PM - Nevada - OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022 Page 187 of 337

24. 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.
25. 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 Division Audit policy.

Year-End Financial Report

26. 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.

27. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
28. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
29. 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.
30. 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. b. Include the name of the pass-through entity (State Program). c. Must identify the CFDA number as 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.
31. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.
    Behavioral Health, Prevention and Treatment Attn: Management Oversight Team 4126 Technology Way, Second Floor Carson City, NV 89706

Limited Scope Audits

32. 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.
33. 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.
34. 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).
35. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the Printed: 7/19/2019 8:58 PM - Nevada Page 5 of 9 Printed: 7/30/2019 6:29 PM - Nevada Page 5 of 9 Printed: 7/31/2019 11:40 AM - Nevada Page 5 of 9 Printed: 7/31/2019 3:16 PM - Nevada Page 5 of 9 Printed: 8/1/2019 6:16 PM - Nevada Page 5 of 9 Printed: 8/1/2019 6:16 PM - Nevada - OMB No. 0930-0168

Approved: 04/19/2019 Expires: 04/30/2022 Page 188 of 337 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: Behavioral Health, Prevention and Treatment Attn: Management Oversight Team 4126 Technology Way, Second Floor Carson City, NV 89706

Amendments

36. The Division of Public and Behavioral Health 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 Bureau of Behavioral Health Wellness and Prevention prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via e-mail.
37. 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 Bureau of Behavioral Health Wellness and Prevention in writing.
38. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
39. 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.
40. The Subrecipient acknowledges that requests to revise the approved sub-grant must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
41. Final changes to the approved sub-grant 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

42. 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: Click here to enter a date.

Printed Name: Click here to enter text.
Title: Click here to enter text.

Appendix F: DPBH Internal Controls

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 SOR 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:

   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.
   Click here to enter text.

   B. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?
   Click here to enter text.

   C. Your expenditure reports will be due by the 15th of each month. (If the 15th falls on a Saturday, Sunday, or State of Texas 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)?
      Click here to enter text.
      2) By what date do you close the General Ledger (e.g., GL is closed no later than the 10th of each month)?
      Click here to enter text.

   D. How are transactions organized, maintained, and summarized in financial reports?
Click here to enter text.

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

4. The SAPTA 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, such as SAPTA, to keep a record of time and attendance.

A. For staff funded 100% by the SAPTA 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 SAPTA 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: Click here to enter a date.

Printed Name: Click here to enter text.
Title: Click here to enter text.

Appendix G: UNR/CASAT Risk Assessment

University of Nevada Subrecipient Proposal Assurance and Risk Assessment Form

Proposal/Project Title:

UNR Principal Investigator: Michelle Berry **Prime Sponsor: DPBH/SAMHSA**

Subrecipient Legal Name: Subrecipient DUNS:

Subrecipient EIN: Email Address:

Subrecipient Principal Investigator/Project Manager:

Subrecipient Certifications

Annual Audit Type: ☐ **A-133** ☐ **INDEPENDENT THIRD PARTY** ☐ **NONE**

Please check the appropriate option according to your organization/company's audit status:

☐ **A. External Independent audits of my organization were completed Fiscal Year 20 ____ from to 20____.**
A true and complete and correct copy of the audit report is attached or available at the following website and hereby provided to the University of Nevada, Reno.
Audit Website URL:

☐ **B. My organization has not been audited by a U.S. Government audit agency or by an independent CPA firm for the most recently completed Fiscal Year 2019 to 2020.**
I certify that I will provide a copy of my organization/company's most recent IRS tax filing or income statement and a complete an additional financial information upon request.

If you organization/company is not subject to either OMB Uniform Guidance (2 CFR Part 200) please select all the reasons that apply:

☐ **1. Our agency if for profit.**

☐ **2. Our organizations expended less than $750,000 (under the Uniform Guidance) in Federal Awards, as applicable, it its most recent audited fiscal year.**

☐ **3. Our organization is foreign (not formed under U.S. laws), or another exception applies (explain below):**

Up to date System for Award Management Registration (SAM): Yes ☐ **NO** ☐

Facilities and Administrative Rates included in this proposal have been calculated based on the following:

☐ **The subrecipient federally negotiated F&A rates for this type of work. Attach approved rate agreement or provide URL Here:**

☐ **De Minimum rate of 10% modified direct costs**

☐ **Not applicable. No F&A requested for this project.**

Appendix H: Subrecipient Agreement

Attachment 3B

Research Subaward Agreement

Subrecipient Contacts

Subaward Number:

Subrecipient Information for FFATA reporting

Entity's DUNS Name:

EIN No.:

Institution Type:

Currently registered in SAM.gov: Yes No

DUNS:

Exempt from reporting executive compensation: Yes No *(If no, complete 3Bpg2)*

Parent DUNS:

This section for U.S. Entities: Zip Code Look-up

Congressional District: Zip Code+4:

Place of Performance Address

Subrecipient Contacts

Central Email:

Website:

Principal Investigator Name:

Email: Telephone Number:

Administrative Contact Name:

Email: Telephone Number:

Financial Contact Name:

Email: Telephone Number:

Invoice Email:

Authorized Official Name:

Email: Telephone Number:

Legal Address:

Administrative Address:

Payment Address:

FDP 3B.1 SEPT 2017

Appendix I: Acronyms and Definitions

Acronym	Definition
Agreement	As used in the context of care coordination, an agreement is an arrangement between the applicant organization and external entities with which care is coordinated. Such an agreement is evidenced by a contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU) with the other entity, or by a letter of support, letter of agreement, or letter of commitment from the other entity. The agreement describes the parties' mutual expectations and responsibilities related to care coordination.
AOR	Authorized Organization Representative -An AOR submits a grant on behalf of a company, organization, institution, or government. Only an AOR has the authority to sign and submit grant applications.
Applicant	Organization/individual submitting an RFA in response to this RFA.
Application Package	A group of specific forms and documents for a specific funding opportunity which are used to apply for a grant. Mandatory forms are the forms that are required for the application. Please note that a mandatory form must be completed before the system will allow the applicant to submit the application package. Optional forms are the forms that can be used to provide additional support for an application, but are not required to complete the application package.
ASAM	American Society of Addiction Medicine, 3rd Edition
Assumption	An idea or belief that something will happen or occur without proof. An idea or belief taken for granted without proof of occurrence.
AWARD	An award between the DPBH and an outside agency or sub-awardee to perform tasks identified in the RFA.
Awarded Applicant	The organization/individual that is awarded and has an approved contract with the State of Nevada for the services identified in this RFA.
BBHWP	Bureau of Behavioral Health, Wellness and Prevention
Behavioral health	Behavioral health is a general term "used to refer to both mental health and substance use" (SAMHSA-HRSA [2015]).
BOE	State of Nevada Board of Examiners
Care Coordination	The deliberate coordination of patient care activities between two agencies involved in a patient's care to facilitate the appropriate delivery of services identified on the treatment or care management plan. The Agency for Healthcare Research and Quality (2014) defines care coordination as "deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer's care to achieve safer and more effective care. This means the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient."
CCBHC	CCBHCs refer to Certified Community Behavioral Health Centers as certified by states in accordance with these criteria and with the requirements of PAMA. A CCBHC may offer services in different locations. For multi-site organizations, however, only clinics eligible pursuant to these criteria and PAMA may be certified as CCBHCs.
CDC	Centers for Disease Control and Prevention
Certification	Division Certification through SAPTA
CLIA	The Clinical Laboratory Improvement Amendments
Confidential Information	Any information relating to the amount or source of any income, profits, losses or expenditures of a person, including data relating to cost or price submitted in support of a bid, proposal, or RFA. The term does not include the amount of a bid, proposal, or RFA.

Consumer	Within this document, the term "consumer" refers to clients, persons being treated for or in recovery from mental and/or substance use disorders, persons with lived experience, service recipients and patients, all used interchangeably to refer to persons of all ages (i.e., children, adolescents, transition aged youth, adults, and geriatric populations) for whom health care services, including behavioral health services. Use of the term "patient" is restricted to areas where the statutory or other language is being quoted. Elsewhere, the word "consumer" is used.
Contract Approval Date	The date the State of Nevada Board of Examiners officially approves and accepts all contract language, terms and conditions as negotiated between the State and the successful applicant.
Contract Award Date	The date when applicants are notified that a contract has been successfully negotiated, executed and is awaiting approval of the Board of Examiners.
Contractor	The company or organization that has an approved contract with the State of Nevada for services identified in this RFA. The contractor has full responsibility for coordinating and controlling all aspects of the contract, including support to be provided by any subcontractor(s). The contractor will be the sole point of contact with the State relative to contract performance.
Cooperative Agreement	An award of financial assistance that is used to enter into the same kind of relationship as a grant and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the recipient in carrying out the activity contemplated by the award.
Cross Reference	A reference from one document/section to another document/section containing related material.
Cost Share/Match	The portion of a project or program costs not borne by the Federal government.
Cultural and linguistic competence	Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse consumers (Office of Minority Health [2014]).
DPBH	Division of Public and Behavioral Health, a Division under the Nevada Department of Health and Human Services
Disallowed Costs	Charges to an award that the awarding agency determines to be unallowable, in accordance with the applicable Federal cost principles or other terms and conditions contained in the award.
Discretionary Grant	A grant (or cooperative agreement) for which the Federal awarding agency generally may select the recipient from among all eligible recipients, may decide to make or not make an award based on the programmatic, technical, or scientific content of an application, and can decide the amount of funding to be awarded.
Desirable	The terms "may, "can", "should", "preferably", or "prefers" identify a desirable or discretionary item or factor.
Division/Agency	The Division/Agency requesting services as identified in this RFA.
DUNS	Dun and Bradstreet Number.
Engagement	Engagement includes a set of activities connecting consumers with needed services. This involves the process of making sure consumers and families are informed about and initiate access with available services and, once services are offered or received, individuals and families make active decisions to continue receipt of the services provided. Activities such as outreach and education can serve the objective of engagement. Conditions such as accessibility, provider responsiveness, availability of culturally and linguistically competent care, and the provision of quality care, also promote consumer engagement.
Equipment	Tangible, nonexpendable personal property, including exempt property, charged directly to the award and having a useful life of more than one (1) year and an acquisition cost of $5,000 or more per unit. However, consistent with recipient policy, lower limits may be established.
Evaluation Committee	Means a body appointed to conduct the evaluation of the applications, typically an independent committee comprised of a majority of State officers or employees established to evaluate and score applications submitted in response to the RFA.

Exception	A formal objection taken to any statement/requirement identified within the RFA.
Family	Families of both adult and child consumers are important components of treatment planning, treatment and recovery. Families come in different forms and, to the extent possible, applicant organizations should respect the individual consumer's view of what constitutes their family. Families can be organized in a wide variety of configurations regardless of social or economic status. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents and their partners, siblings and their partners, care givers, friends, and others as defined by the family.
Family-centered	The Health Resources and Services Administration defines family-centered care, sometimes referred to as "family-focused care," as "an approach to the planning, delivery, and evaluation of health care whose cornerstone is active participation between families and professionals. Family-centered care recognizes families are the ultimate decision-makers for their children, with children gradually taking on more and more of this decision-making themselves. When care is family-centered, services not only meet the physical, emotional, developmental, and social needs of children, but also support the family's relationship with the child's health care providers and recognize the family's customs and values" (Health Resources and Services Administration [2004]). More recently, this concept was broadened to explicitly recognize family-centered services are both developmentally appropriate and youth guided (American Academy of Child & Adolescent Psychiatry [2009]). Family-centered care is *family-driven* and *youth-driven*.
Federal Register	A daily journal of the U.S. Government containing notices, proposed rules, final rules, and presidential documents.
Formal Care Coordination Agreement	A formal, written agreement between an IOTRC and partner agency specifying the services to be provided for clients through a coordinated effort.
Grant	An award of financial assistance, the principal purpose of which is to transfer a thing of value from a Federal agency to a recipient to carry out a public purpose of support or stimulation authorized by a law of the United States [see 31 U.S.C. 6101(3)]. A grant is distinguished from a contract, which is used to acquire property or services for the Federal government's direct benefit or use.
Grants.gov	A storefront web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site.
FQHC	Federally Qualified Health Center
HCQC	Bureau of Health Care Quality and Compliance
Hub and Spoke System	Hub and Spoke system means a model comprised of OTPs that serve as the hubs and Data 2000 waivered prescribers who prescribe buprenorphine in office-based settings who serve as the spokes.
IFC	Interim Finance Committee.
IMAT	Initiation of Medication-Assisted Treatment
Key Personnel	Applicant staff responsible for oversight of work during the life of the project and for deliverables.
LCB	Legislative Counsel Bureau.
LOI	Letter of Intent - notification of the State's intent to award a contract to an applicant, pending successful negotiations; all information remains confidential until the issuance of the formal notice of award.
Limited English Proficiency (LEP)	LEP includes individuals who do not speak English as their primary language or who have a limited ability to read, write, speak, or understand English and who

	may be eligible to receive language assistance with respect to the particular service, benefit, or encounter.
Mandatory	The terms "must", "shall", "will", and "required" identify a mandatory item or factor. Failure to meet a mandatory item or factor will result in the rejection of an application.
MAT	Medication Assisted Treatment (MAT) means a combination of medications utilized to treat an opioid use disorder (OUD) in conjunction with counseling services.
May	Indicates something that is recommended but not mandatory. If the applicant fails to provide recommended information, the State may, at its sole option, ask the applicant to provide the information or evaluate the RFA without the information.
Minor Technical Irregularities	Anything in the application that does not affect the price, quality, and quantity or any mandatory requirement.
MMAT	Maintenance of Medication-Assisted Treatment
Medical Evaluation	A comprehensive assessment, conducted by Nevada Licensed medical professional, of a patient's overall medical history and current condition for the purpose of identifying health problems and planning treatment.
Must	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.
NAC	Nevada Administrative Code –All applicable NAC documentation may be reviewed via the internet at: **www.leg.state.nv.us.**
NOA	Notice of Award – Formal notification of the State's decision to award a contract, pending Board of Examiners' approval of said contract, any non-confidential information becomes available upon written request.
NRS	Nevada Revised Statutes – All applicable NRS documentation may be reviewed via the internet at: **www.leg.state.nv.us**.
OBOT	Office Based Opioid Treatment
OMB	Office of Management and Budget.
OSPA	Office of Sponsored Projects and Awards with the University of Nevada, Reno
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
PAMA	Protecting Access to Medicaid Act
RFA	Request for Application
Pacific Standard Time (PST)	Unless otherwise stated, all references to time in this RFA and any subsequent contract are understood to be Pacific Time.
SAMHSA	Substance Abuse and Mental Health Services Administration
Peer Support Services	Peer support services are services designed and delivered by individuals who have experienced a mental or substance use disorder and are in recovery. This also includes services designed and delivered by family members of those in recovery. Peer Recovery Support Service include any service designed to initiate, support and enhance recovery.
Peer Support Specialist	A peer provider (e.g., peer support specialist, recovery coach) is a person who uses their lived experience of recovery from mental or substance use disorders or as a family member of such a person, plus skills learned in formal training, to deliver services in behavioral health settings to promote recovery and resiliency. In states where Peer Support Services are covered through the state Medicaid Plans, the title of "certified peer specialist" often is used. SAMHSA recognizes states use different terminology for these providers.
Person-centered care	Person-centered care is aligned with the requirements of Section 2402(a) of the Patient Protection and Affordable Care Act, as implemented by the Department of Health & Human Services Guidance to HHS Agencies for Implementing Principles of Section 2403(a) of the Affordable Care Act: Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs

	(Department of Health & Human Services [June 6, 2014]). That guidance defines "person-centered planning" as a process directed by the person with service needs which identifies recovery goals, objectives and strategies. If the consumer wishes, this process may include a representative whom the person has freely chosen, or who is otherwise authorized to make personal or health decisions for the person. Person-centered planning also includes family members, legal guardians, friends, caregivers, and others whom the person wishes to include. Person-centered planning involves the consumer to the maximum extent possible. Person-centered planning also involves self- direction, which means the consumer has control over selecting and using services and supports, including control over the amount, duration, and scope of services and supports, as well as choice of providers (Department of Health & Human Services [June 6, 2014]).
Practitioner or Provider	Any individual (practitioner) or entity (provider) engaged in the delivery of health care services and who is legally authorized to do so by the state in which the individual or entity delivers the services (42 CFR § 400.203).
Prescriber	An FDA Waiver approved prescriber for FDA approved medications for the treatment of OUDs.
Project Costs	All allowable costs, as set forth in the applicable Federal cost principles (see Sec. 74.27), incurred by a recipient and the value of the contributions made by third parties in accomplishing the objectives of the award during the project period.
Project Period	The period established in the award document during which awarding agency sponsorship begins and ends.
Proprietary Information	Any trade secret or confidential business information that is contained in a bid, proposal, or RFA submitted on a particular contract.
Public Record	All books and public records of a governmental entity, the contents of which are not otherwise declared by law to be confidential, must be open to inspection by any person and may be fully copied or an abstract or memorandum may be prepared from those public books and public records.
Recovery	Recovery is defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." The 10 guiding principles of recovery are: hope; person-driven; many pathways; holistic; peer support; relational; culture; addresses trauma; strengths/responsibility; and respect. Recovery includes: Health (abstinence, "making informed healthy choices that support physical and emotional wellbeing"); Home (safe, stable housing); Purpose ("meaningful daily activities … and the independence, income and resources to participate in society"); and Community ("relationships and social networks that provide support, friendship, love, and hope") (Substance Abuse and Mental Health Services Administration [2012]).
Recovery-oriented care	Recovery-oriented care is oriented toward promoting and sustaining a person's recovery from a behavioral health condition. Care providers identify and build upon each individual's assets, strengths, and areas of health and competence to support the person in managing their condition while regaining a meaningful, constructive sense of membership in the broader community (Substance Abuse and Mental Health Services Administration [2015]).
Redacted	The process of removing confidential or proprietary information from a document prior to release of information to others.
SAM	State Administrative Manual. This document outlines the management of all Federal grant awards and provides guidance on sub-awards and sub-recipients.
SAPTA	Substance Abuse Prevention & Treatment Agency
Shall	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.
Shared Decision-Making (SDM)	SDM is an approach to care through which providers and consumers of health care come together as collaborators in determining the course of care. Key characteristics include having the health care provider, consumer, and sometimes family members and friends taking steps in sharing a treatment decision, sharing

	information about treatment options, and arriving at consensus regarding preferred treatment options (Schauer, Everett, delVecchio, & Anderson [2007]).
Should	Indicates something that is recommended but not mandatory. If the applicant fails to provide recommended information, the State may, at its sole option, ask the applicant to provide the information or evaluate the RFA without the information.
Standard Form 424	Standard government-wide grant application forms including: SF-424 (Application for Federal Assistance cover page); SF-424A (Budget Information Non-construction Programs); SF-424B (Assurances Non-construction Programs; SF-424C (Budget Information Construction Programs); and SF-424D (Assurances Construction Programs), plus named attachments including Project Narrative and Budget Narrative.
State	The State of Nevada and any agency identified herein.
Subcontractor	A third party, not directly employed by the contractor, who will provide services identified in this RFA. This does not include third parties who provide support or incidental services to the contractor.
Sub-recipient	The legal entity to which a sub-award is made, and which is accountable to the recipient for the use of the funds provided.
SUD	Substance Use Disorder
Supplant	Federal funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. A written certification may be requested by the awarding agency stating that Federal funds will not be used to supplant State or local funds.
Trade Secret	Information, including, without limitation, a formula, pattern, compilation, program, device, method, technique, product, system, process, design, prototype, procedure, computer programming instruction or code that: derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by the public or any other person who can obtain commercial or economic value from its disclosure or use; and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.
Trauma-informed	**Trauma-informed:** A trauma-informed approach to care "*realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and *responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively *resist re-traumatization.*" The six key principles of a trauma-informed approach include: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues (Substance Abuse and Mental Health Services Administration [2014]).
User	Department, Division, Agency or County of the State of Nevada.
Wellness Promotion	The promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviors.
Will	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.

Appendix J: Checklist

Applicant must submit information in the following order. The checklist is for your own use (do not submit checklist with application).

Section A: Cover Page – Appendix A

- ☐ Cover Page is complete, and is on the top of the package (one-page)

Section B: Application Form (Does not exceed four (4) pages). Appendix B

- ☐ All boxes are checked to indicate the correct answer.
- ☐ Certification is signed.

Section C: Narrative (Does not exceed ten (10) pages)

- ☐ Separate Headings for *Organization, Project Design and Implementation; Capabilities; and Data Collection.*
- ☐ Does not exceed 10 pages, double-spaced.
- ☐ Arial 11-point font has been retained.
- ☐ One-inch margins have been retained.

Section D: Scope of Work (Does not exceed five (5) pages) See Form Appendix C

- ☐ All sections are complete and matches the narrative.
- ☐ Template was used

Section E: Budget - See Form Appendix D

- ☐ *Proposed Project Budget* is complete, on the required form, and mathematically correct.
- ☐ *Each budget item has justification complete.*
- ☐ Justifications for *Budget Narrative* match the projected number of services identified in Narrative
- ☐ Page limits have not been exceeded.
- ☐ One-inch margins have been retained.

Section G: Attachments (Existing Forms – No modifications). Not in page count.

- ☐ DPBH Provisions of Grant Award is signed
- ☐ DPBH Internal Controls Certification is signed
- ☐ UNR/CASAT Risk Assessment
- ☐ UNR/CASAT Subrecipient

Section F: Resume & Organization Chart (three-page limit)

- ☐ Resume of Project Manager
- ☐ Organization Chart

Application Submission

- ☐ A single PDF will be emailed as one document, no later than 3:00 p.m. on **Monday, October 30, 2020 at 5:00 p.m.** ***Insert in Subject Line: SOR Grant – Agency Name, to SLambert@DHHS.NV.GOV .***