

CLARK COUNTY, NEVADA
NON-CONGREGATE SHELTER SERVICES
CBE NO. 606138-22

HELP OF SOUTHERN NEVADA
NAME OF FIRM
Fuilala Riley, Chief Executive Officer
DESIGNATED CONTACT, NAME AND TITLE (Please type or print)
1640 E. Flamingo Rd. Suite 100 Las Vegas, Nevada 89119
ADDRESS OF FIRM INCLUDING CITY, STATE AND ZIP CODE
(702) 369-4357 ext 1238
(AREA CODE) AND TELEPHONE NUMBER
(702) 369-4089
(AREA CODE) AND FAX NUMBER
friley@helpsonv.org
E-MAIL ADDRESS

NON-CONGREGATE SHELTER SERVICES

This Contract is made and entered into this _____ day of _____ 2022, by and between CLARK COUNTY, NEVADA (hereinafter referred to as COUNTY), and HELP OF SOUTHERN NEVADA (hereinafter referred to as PROVIDER), for Non-Congregate Shelter Services (hereinafter referred to as PROJECT).

WITNESSETH:

WHEREAS, PROVIDER has the personnel and resources necessary to accomplish the PROJECT within the required schedule and with a budget allowance not to exceed \$19,473,555, including all travel, lodging, meals and miscellaneous expenses; and WHEREAS, PROVIDER has the required licenses and/or authorizations pursuant to all federal, State of Nevada and local laws in order to conduct business relative to this Contract.

NOW, THEREFORE, COUNTY and PROVIDER agree as follows:

SECTION I: TERM OF CONTRACT

COUNTY agrees to retain PROVIDER for the period from January 1, 2022 through June 30, 2022, with the option to renew for 4, one-year periods subject to the provisions of Sections II and VIII herein. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract.

SECTION II: COMPENSATION AND TERMS OF PAYMENT

A. Compensation

COUNTY agrees to pay PROVIDER for the performance of services described in the Scope of Work (Exhibit A) for the not-to-exceed amount of \$19,473,555. COUNTY'S obligation to pay PROVIDER cannot exceed the not-to-exceed amount. It is expressly understood that the entire work defined in Exhibit A must be completed by PROVIDER and it shall be PROVIDER'S responsibility to ensure that hours and tasks are properly budgeted, so the entire PROJECT is completed for the said fee.

B. Progress

PROVIDER will be entitled to periodic payments for work completed in accordance with the completion of tasks indicated in the Scope of Work (Exhibit A).

C. Terms of Payments

1. Each invoice received by COUNTY must include a Progress Report based on actual work performed to date in accordance with the completion of tasks indicated in Exhibit A, Scope of Work. All monthly operational expenses must be accompanied by invoices that include a breakdown of all cost and will be verified by COUNTY
2. Payment of invoices will be made within thirty (30) calendar days after receipt of an accurate invoice that has been reviewed and approved COUNTY.
3. COUNTY, at its discretion, may not approve or issue payment on invoices if PROVIDER fails to provide the following information required on each invoice:
 - a. The title of the PROJECT as stated in Exhibit A, Scope of Work, COUNTY'S Contract Number, Project Number, Purchase Order Number, Invoice Date, Invoice Period, Invoice Number, and the Payment Remittance Address.
 - b. For time and materials contracts, time is to be defined as an hourly rate prorated to the 1/4 hour for invoicing purposes. If applicable, copies of all receipts, bills, statements, and/or invoices pertaining to reimbursable expenses such as; airline itineraries, car rental receipts, cab and shuttle receipts, and statement of per diem rate being requested must accompany any invoices containing travel expenses. Maximum reimbursable travel expenses under this Contract shall be defined and set at the current U.S. GSA's CONUS rates at the time of travel. CONUS rates may be found at the following website: <http://www.gsa.gov/portal/category/21287>.
 - c. A "BUDGET SUMMARY COMPARISON" which outlines the total amount PROVIDER was awarded, the amount expended to date, the current invoice amount, the total expenditures, and the remaining award balance must accompany all invoices.

- d. COUNTY'S representative shall notify PROVIDER in writing within fourteen (14) calendar days of any disputed amount included on the invoice. PROVIDER must submit a new invoice for the undisputed amount which will be paid in accordance with paragraph C.2 above. Upon mutual resolution of the disputed amount PROVIDER will submit a new invoice for the agreed to amount and payment will be made in accordance with paragraph C.2 above.
4. No penalty will be imposed on COUNTY if COUNTY fails to pay PROVIDER within thirty (30) calendar days after receipt of a properly documented invoice, and COUNTY will receive no discount for payment within that period.
5. In the event that legal action is taken by COUNTY or PROVIDER based on a disputed payment, the prevailing party shall be entitled to reasonable attorneys' fees and costs subject to COUNTY'S available unencumbered budgeted appropriations for the PROJECT.
6. COUNTY shall subtract from any payment made to PROVIDER all damages, costs and expenses caused by PROVIDER'S negligence, resulting from or arising out of errors or omissions in PROVIDER'S work products, which have not been previously paid to PROVIDER.
7. COUNTY shall not provide payment on any invoice PROVIDER submits after six (6) months from the date PROVIDER performs services, provides deliverables, and/or meets milestones, as agreed upon in Exhibit A, Scope of Work.
8. Invoices shall be submitted via email to: ssrad@clarkcountynv.gov.
9. COUNTY offers electronic payment to all suppliers. Payments will be deposited directly into your bank account via the Automated Clearing House (ACH) network. PROVIDER will be provided information on how to enroll at time of award.

D. COUNTY'S Fiscal Limitations

1. The content of this section shall apply to the entire Contract and shall take precedence over any conflicting terms and conditions and shall limit COUNTY'S financial responsibility as indicated in Sections 2 and 3 below.
2. Notwithstanding any other provisions of this Contract, this Contract shall terminate and COUNTY'S obligations under it shall be extinguished at the end of the fiscal year in which COUNTY fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which will then become due.
3. COUNTY'S total liability for all charges for services which may become due under this Contract is limited to the total maximum expenditure(s) authorized in COUNTY'S purchase order(s) to PROVIDER.

SECTION III: SCOPE OF WORK

Services to be performed by PROVIDER for the PROJECT shall consist of the work described in the Scope of Work as set forth in Exhibit A of this Contract, attached hereto.

SECTION IV: CHANGES TO SCOPE OF WORK

- A. COUNTY may at any time, by written amendment, make changes within the general scope of this Contract and in the services or work to be performed. If such changes cause an increase or decrease in PROVIDER'S cost or time required for performance of any services under this Contract, an equitable adjustment limited to an amount within current unencumbered budgeted appropriations for the PROJECT shall be made and this Contract shall be modified in writing accordingly. Any claim of PROVIDER for the adjustment under this clause must be submitted in writing within thirty (30) calendar days from the date of receipt by PROVIDER of notification of change unless COUNTY grants a further period of time before the date of final payment under this Contract.
- B. No services for which an additional compensation will be charged by PROVIDER shall be furnished without the written authorization of COUNTY.

SECTION V: RESPONSIBILITY OF PROVIDER

- A. It is understood that in the performance of the services herein provided for, PROVIDER shall be, and is, an independent contractor, and is not an agent, representative or employee of COUNTY and shall furnish such services in its own manner and method except as required by this Contract. Further, PROVIDER has and shall retain the right to exercise full control over the employment, direction, compensation and discharge of all persons employed by PROVIDER in the performance of the services hereunder. PROVIDER shall be solely responsible for, and shall indemnify, defend and hold COUNTY harmless from all matters relating to the payment of its employees, including compliance with social security, withholding and all other wages, salaries, benefits, taxes, demands, and regulations of any nature whatsoever.
- B. PROVIDER shall appoint a Manager, upon written acceptance by COUNTY, who will manage the performance of services. All of the services specified by this Contract shall be performed by the Manager, or by PROVIDER'S associates and employees under the personal supervision of the Manager. Should the Manager, or any employee of PROVIDER be unable to complete his or her responsibility for any reason, PROVIDER must obtain written approval by COUNTY prior to replacing him or her with another equally qualified person. If PROVIDER fails to make a required replacement within thirty (30) calendar days, COUNTY may terminate this Contract for default.
- C. PROVIDER has, or will, retain such employees as it may need to perform the services required by this Contract. Such employees shall not be employed by COUNTY.
- D. PROVIDER agrees that its officers and employees will cooperate with COUNTY in the performance of services under this Contract and will be available for consultation with COUNTY at such reasonable times with advance notice as to not conflict with their other responsibilities.
- E. PROVIDER will follow COUNTY'S standard procedures as followed by COUNTY'S staff in regard to programming changes; testing; change control; and other similar activities.
- F. PROVIDER shall be responsible for the professional quality, technical accuracy, timely completion, and coordination of all services furnished by PROVIDER, its subcontractors and its and their principals, officers, employees and agents under this Contract. In performing the specified services, PROVIDER shall follow practices consistent with generally accepted professional and technical standards.
- G. It shall be the duty of PROVIDER to assure that all products of its effort are technically sound and in conformance with all pertinent Federal, State and Local statutes, codes, ordinances, resolutions and other regulations. PROVIDER will not produce a work product which violates or infringes on any copyright or patent rights. PROVIDER shall, without additional compensation, correct or revise any errors or omissions in its work products.
1. Permitted or required approval by COUNTY of any products or services furnished by PROVIDER shall not in any way relieve PROVIDER of responsibility for the professional and technical accuracy and adequacy of its work.
 2. COUNTY's review, approval, acceptance, or payment for any of PROVIDER'S services herein shall not be construed to operate as a waiver of any rights under this Contract or of any cause of action arising out of the performance of this Contract, and PROVIDER shall be and remain liable in accordance with the terms of this Contract and applicable law for all damages to COUNTY caused by PROVIDER'S performance or failures to perform under this Contract.
- H. All materials, information, and documents, whether finished, unfinished, drafted, developed, prepared, completed, or acquired by PROVIDER for COUNTY relating to the services to be performed hereunder and not otherwise used or useful in connection with services previously rendered, or services to be rendered, by PROVIDER to parties other than COUNTY shall become the property of COUNTY and shall be delivered to COUNTY'S representative upon completion or termination of this Contract, whichever comes first. PROVIDER shall not be liable for damages, claims, and losses arising out of any reuse of any work products on any other project conducted by COUNTY. COUNTY shall have the right to reproduce all documentation supplied pursuant to this Contract.
- I. The rights and remedies of COUNTY provided for under this section are in addition to any other rights and remedies provided by law or under other sections of this Contract.

SECTION VI: SUBCONTRACTS

- A. Services specified by this Contract shall not be subcontracted by PROVIDER, without prior written approval of COUNTY.
- B. Approval by COUNTY of PROVIDER'S request to subcontract, or acceptance of, or payment for, subcontracted work by COUNTY shall not in any way relieve PROVIDER of responsibility for the professional and technical accuracy and adequacy of the work. PROVIDER shall be and remain liable for all damages to COUNTY caused by negligent performance or non-performance of work under this Contract by PROVIDER'S subcontractor or its sub-subcontractor.
- C. The compensation due under Section II shall not be affected by COUNTY'S approval of PROVIDER'S request to subcontract.

SECTION VII: RESPONSIBILITY OF COUNTY

- A. COUNTY agrees that its officers and employees will cooperate with PROVIDER in the performance of services under this Contract and will be available for consultation with PROVIDER at such reasonable times with advance notice as to not conflict with their other responsibilities.
- B. The services performed by PROVIDER under this Contract shall be subject to review for compliance with the terms of this Contract by COUNTY'S representative, Danita Osborne-Morris / Paul Roberson, Department of Social Service – RAD Unit, telephone number (702)790-9011 / (702) 455-8671 or their designee. COUNTY'S representative may delegate any or all of his responsibilities under this Contract to appropriate staff members, and shall so inform PROVIDER by written notice before the effective date of each such delegation.
- C. The review comments of COUNTY'S representative may be reported in writing as needed to PROVIDER. It is understood that COUNTY'S representative's review comments do not relieve PROVIDER from the responsibility for the professional and technical accuracy of all work delivered under this Contract.
- D. COUNTY shall assist PROVIDER in obtaining data on documents from public officers or agencies, and from private citizens and/or business firms, whenever such material is necessary for the completion of the services specified by this Contract.
- E. PROVIDER will not be responsible for accuracy of information or data supplied by COUNTY or other sources to the extent such information or data would be relied upon by a reasonably prudent PROVIDER.

SECTION VIII: TIME SCHEDULE

- A. Time is of the essence of this Contract.
- B. If PROVIDER'S performance of services is delayed or if PROVIDER'S sequence of tasks is changed, PROVIDER shall notify COUNTY'S representative in writing of the reasons for the delay and prepare a revised schedule for performance of services. The revised schedule is subject to COUNTY'S written approval.

SECTION IX: SUSPENSION AND TERMINATION

- A. Suspension

COUNTY may suspend performance by PROVIDER under this Contract for such period of time as COUNTY, at its sole discretion, may prescribe by providing written notice to PROVIDER at least ten (10) business days prior to the date on which COUNTY wishes to suspend. Upon such suspension, COUNTY shall pay PROVIDER its compensation, based on the percentage of the PROJECT completed and earned until the effective date of suspension, less all previous payments. PROVIDER shall not perform further work under this Contract after the effective date of suspension until receipt of written notice from COUNTY to resume performance. In the event COUNTY suspends performance by PROVIDER for any cause other than the error or omission of the PROVIDER, for an aggregate period in excess of thirty (30) business days, PROVIDER shall be entitled to an equitable adjustment of the compensation payable to PROVIDER under this Contract to reimburse PROVIDER for additional costs occasioned as a result of such suspension of performance by COUNTY based on appropriated funds and approval by COUNTY.
- B. Termination
 - 1. This Contract may be terminated in whole or in part by either party in the event of substantial failure or default of the other party to fulfill its obligations under this Contract through no fault of the terminating party; but only after the other party is given:

- a. not less than ten (10) calendar days written notice of intent to terminate; and
 - b. an opportunity for consultation with the terminating party prior to termination.
2. Termination for Convenience
- a. This Contract may be terminated in whole or in part by COUNTY for its convenience; but only after PROVIDER is given:
 - i. not less than ten (10) calendar days written notice of intent to terminate; and
 - ii. an opportunity for consultation with COUNTY prior to termination.
 - b. If termination is for COUNTY'S convenience, COUNTY shall pay PROVIDER that portion of the compensation which has been earned as of the effective date of termination, but no amount shall be allowed for anticipated profit on performed or unperformed services or other work.
3. Termination for Default
- a. If termination for substantial failure or default is effected by COUNTY, COUNTY will pay PROVIDER that portion of the compensation which has been earned as of the effective date of termination but:
 - i. No amount shall be allowed for anticipated profit on performed or unperformed services or other work; and
 - ii. Any payment due to PROVIDER at the time of termination may be adjusted to the extent of any additional costs occasioned to COUNTY by reason of PROVIDER'S default.
 - b. Upon receipt or delivery by PROVIDER of a termination notice, PROVIDER shall promptly discontinue all services affected (unless the notice directs otherwise) and deliver or otherwise make available to COUNTY'S representative, copies of all deliverables as provided in Section V, paragraph H.
 - c. If after termination for failure of PROVIDER to fulfill contractual obligations, it is determined that PROVIDER has not so failed, the termination shall be deemed to have been effected for the convenience of COUNTY.
4. Upon termination, COUNTY may take over the work and execute the same to completion by agreement with another party or otherwise. In the event PROVIDER shall cease conducting business, COUNTY shall have the right to make an unsolicited offer of employment to any employees of PROVIDER assigned to the performance of this Contract.
5. The rights and remedies of COUNTY and PROVIDER provided in this section are in addition to any other rights and remedies provided by law or under this Contract.
6. Neither party shall be considered in default in the performance of its obligations hereunder, nor any of them, to the extent that performance of such obligations, nor any of them, is prevented or delayed by any cause, existing or future, which is beyond the reasonable control of such party. Delays arising from the actions or inactions of one or more of PROVIDER'S principals, officers, employees, agents, subcontractors, vendors or suppliers are expressly recognized to be within PROVIDER'S control.

SECTION X: INSURANCE

- A. PROVIDER shall obtain and maintain the insurance coverage required in Exhibit B incorporated herein by this reference. PROVIDER shall comply with the terms and conditions set forth in Exhibit B and shall include the cost of the insurance coverage in their prices.
- B. If PROVIDER fails to maintain any of the insurance coverage required herein, COUNTY may withhold payment, order PROVIDER to stop the work, declare PROVIDER in breach, suspend or terminate Contract.

SECTION XI: NOTICES

Any notice required to be given hereunder shall be deemed to have been given when received by the party to whom it is directed by personal service, hand delivery, certified U.S. mail, return receipt requested or facsimile, at the following addresses:

TO COUNTY:	<u>Clark County Social Service</u>
	<u>Attention: Kristin Cooper</u>
	<u>1600 Pinto Lane</u>
	<u>Las Vegas, Nevada 89106</u>

TO PROVIDER: HELP of Southern Nevada
Attention: Fulala Riley
1640 E. Flamingo Rd. Suite 100
Las Vegas, Nevada 89119

SECTION XII: MISCELLANEOUS

A. Independent Contractor

PROVIDER acknowledges that PROVIDER and any subcontractors, agents or employees employed by PROVIDER shall not, under any circumstances, be considered employees of COUNTY, and that they shall not be entitled to any of the benefits or rights afforded employees of COUNTY, including, but not limited to, sick leave, vacation leave, holiday pay, Public Employees Retirement System benefits, or health, life, dental, long-term disability or workers' compensation insurance benefits. COUNTY will not provide or pay for any liability or medical insurance, retirement contributions or any other benefits for or on behalf of PROVIDER or any of its officers, employees or other agents.

B. Immigration Reform and Control Act

In accordance with the Immigration Reform and Control Act of 1986, PROVIDER agrees that it will not employ unauthorized aliens in the performance of this Contract.

C. Non-Discrimination/Public Funds

The BCC is committed to promoting full and equal business opportunity for all persons doing business in Clark County. PROVIDER acknowledges that COUNTY has an obligation to ensure that public funds are not used to subsidize private discrimination. PROVIDER recognizes that if they or their subcontractors are found guilty by an appropriate authority of refusing to hire or do business with an individual or company due to reasons of race, color, religion, sex, sexual orientation, gender identity or gender expression, age, disability, national origin, or any other protected status, COUNTY may declare PROVIDER in breach of the Contract, terminate the Contract, and designate PROVIDER as non-responsible.

D. Assignment

Any attempt by PROVIDER to assign or otherwise transfer any interest in this Contract without the prior written consent of COUNTY shall be void.

E. Indemnity

PROVIDER does hereby agree to defend, indemnify, and hold harmless COUNTY and their employees, officers and agents of COUNTY from any liabilities, damages, losses, claims, actions or proceedings, including, without limitation, reasonable attorneys' fees, that are caused by the negligence, errors, omissions, recklessness or intentional misconduct of PROVIDER or the employees or agents of PROVIDER in the performance of this Contract.

F. Governing Law

Nevada law shall govern the interpretation of this Contract.

G. Gratuities

1. COUNTY may, by written notice to PROVIDER, terminate this Contract if it is found after notice and hearing by COUNTY that gratuities (in the form of entertainment, gifts, or otherwise) were offered or given by PROVIDER or any agent or representative of PROVIDER to any officer or employee of COUNTY with a view toward securing a contract or securing favorable treatment with respect to the awarding or amending or making of any determinations with respect to the performance of this Contract.
2. In the event this Contract is terminated as provided in paragraph 1 hereof, COUNTY shall be entitled:
 - a. to pursue the same remedies against PROVIDER as it could pursue in the event of a breach of this Contract by PROVIDER; and
 - b. as a penalty in addition to any other damages to which it may be entitled by law, to exemplary damages in an amount (as determined by COUNTY) which shall be not less than three (3) nor more than ten (10) times the costs incurred by PROVIDER in providing any such gratuities to any such officer or employee.

3. The rights and remedies of COUNTY provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

H. Audits

The performance of this Contract by PROVIDER is subject to review by COUNTY to ensure contract compliance. PROVIDER agrees to provide COUNTY any and all information requested that relates to the performance of this Contract. All requests for information will be in writing to PROVIDER. Time is of the essence during the audit process. Failure to provide the information requested within the timeline provided in the written information request may be considered a material breach of Contract and be cause for suspension and/or termination of the Contract.

I. Covenant

PROVIDER covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Contract. PROVIDER further covenants, to its knowledge and ability, that in the performance of said services no person having any such interest shall be employed.

J. Confidential Treatment of Information

PROVIDER shall preserve in strict confidence any information obtained, assembled or prepared in connection with the performance of this Contract.

K. ADA Requirements

All work performed or services rendered by PROVIDER shall comply with the Americans with Disabilities Act standards adopted by Clark County. All facilities built prior to January 26, 1992 must comply with the Uniform Federal Accessibility Standards; and all facilities completed after January 26, 1992 must comply with the Americans with Disabilities Act Accessibility Guidelines.

L. Subcontractor Information

PROVIDER shall provide a list of the Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Physically-Challenged Business Enterprise (PBE), Small Business Enterprise (SBE), Veteran Business Enterprise (VET), Disabled Veteran Business Enterprise (DVET), and Emerging Small Business Enterprise (ESB) subcontractors for this Contract utilizing the attached format (Exhibit C). The information provided in Exhibit C by PROVIDER is for COUNTY'S information only.

M. Disclosure of Ownership Form

PROVIDER agrees to provide the information on the attached Disclosure of Ownership/Principals form prior to any contract and/or contract amendment to be awarded by the Board of County Commissioners.

N. Authority

COUNTY is bound only by COUNTY agents acting within the actual scope of their authority. COUNTY is not bound by actions of one who has apparent authority to act for COUNTY. The acts of COUNTY agents which exceed their contracting authority do not bind COUNTY.

O. Force Majeure

PROVIDER shall be excused from performance hereunder during the time and to the extent that it is prevented from obtaining, delivering, or performing, by acts of God, fire, war, loss or shortage of transportation facilities, lockout or commandeering of raw materials, products, plants or facilities by the government. PROVIDER shall provide COUNTY satisfactory evidence that nonperformance is due to cause other than fault or negligence on its part.

P. Severability

If any terms or provisions of Contract shall be found to be illegal or unenforceable, then such term or provision shall be deemed stricken and the remaining portions of Contract shall remain in full force and effect.

Q. Non-Endorsement

As a result of the selection of PROVIDER to supply goods or services, COUNTY is neither endorsing nor suggesting that PROVIDER'S service is the best or only solution. PROVIDER agrees to make no reference to COUNTY in any literature, promotional material, brochures, sales presentations, or the like, without the express written consent of COUNTY.

R. Public Records

COUNTY is a public agency as defined by state law, and as such, is subject to the Nevada Public Records Law (Chapter 239 of the Nevada Revised Statutes). Under the law, all of COUNTY'S records are public records (unless otherwise declared by law to be confidential) and are subject to inspection and copying by any person. All Contract documents are available for review following the award of the Contract.

S. Companies that Boycott Israel

PROVIDER certifies that, at the time it signed this Contract, it was not engaged in, and agrees for the duration of the Contract, not to engage in, a boycott of Israel. Boycott of Israel means, refusing to deal or conduct business with, abstaining from dealing or conducting business with, terminating business or business activities with or performing any other action that is intended to limit commercial relations with Israel; or a person or entity doing business in Israel or in territories controlled by Israel, if such an action is taken in a manner that discriminates on the basis of nationality, national origin or religion. It does not include an action which is based on a bona fide business or economic reason; is taken pursuant to a boycott against a public entity of Israel if the boycott is applied in a nondiscriminatory manner; or is taken in compliance with or adherence to calls for a boycott of Israel if that action is authorized in 50 U.S.C. § 4607 or any other federal or state law.

IN WITNESS WHEREOF, the parties have caused this Contract to be executed the day and year first above written.

COUNTY:

CLARK COUNTY, NEVADA

By: _____

JESSICA COLVIN
Chief Financial Officer

DATE

PROVIDER:

HELP OF SOUTHERN NEVADA

By: _____

FUILALA RILEY
Chief Executive Officer

DATE

APPROVED AS TO FORM:

STEVEN B. WOLFSON
District Attorney

By: Elizabeth A. Vibert

ELIZABETH A. VIBERT
Deputy District Attorney

Jul 6, 2022

DATE

EXHIBIT A NON-CONGREGATE SHELTER SERVICES SCOPE OF WORK

1.0 Overview

Clark County Social Service provides a variety of services for needy residents of Clark County who are not assisted by other state, federal, or local programs. Social Service is responsible for ensuring that the County meets its health, welfare, and community responsibilities as set forth in the Nevada Revised Statutes and County Ordinances. The Department provides programmatic services targeted at various levels to include emergency shelter, transitional housing, rapid rehousing, permanent supportive housing, and supportive services. Services are designed to meet community needs by addressing the underlying causes of homelessness and to identify the services necessary to support independence. This project is intended to provide non-congregate shelter and housing services to households with one or more of the following conditions:

- Asymptomatic with known exposure or asymptomatic and pending test results (quarantine)
- Asymptomatic and not high-risk
- HR-CDC designated high-risk (high risk)
- Symptomatic with unknown test status (isolation)
- COVID + via test results (isolation)

2.0 Scope of Project

Clark County (COUNTY) will administer funds to HELP of Southern Nevada (PROVIDER) to assist with the cost of operating Non-Congregate Shelter Services (PROJECT) for households who are unable to return home due to a high-risk family member or households identified as “high risk” as defined by the Center for Disease Control (CDC) and/or the Southern Nevada Health District; and are experiencing homelessness. This project will provide the care necessary to address COVID-19 and services will also include a housing-focused environment that promotes engagement in housing-stability planning and service linkages to a variety of resources for clients to further their progress toward attaining stable housing. The PROJECT is aimed at minimizing the spread and negative impact of COVID-19 among the unsheltered homeless in Southern Nevada and is designed to offer services to our homeless households impacted by COVID-19 through the provision of health care, referrals, and emergency shelter.

The PROJECT services shall be provided to COVID-19 households experiencing homelessness free of charge and with reasonable restrictions on the length of stay for the entire contract period. The PROJECT goals are to provide health care and to end homelessness: minimizing an increase in the number of households impacted by COVID-19, permanently resolving housing crisis, facilitating self-resolution, reducing unsheltered homelessness, decreasing the number of frequent users of shelters, creating better system flow, connecting people to coordinated entry, and connecting people to other resources to help stabilize them once housed.

Definitions

Basic Needs are physiological needs such as hunger, thirst, bodily comforts, etc. associated with the lowest level of human need on Maslow’s Hierarchy of Needs.

Bridge Housing is a hybrid of emergency shelter and transitional housing to serve the population that requires short term housing and supportive services to achieve self-sufficiency or to access available Permanent Supportive Housing.

Case Management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client’s health and human service needs that may include:

- Outreach and client identification: to attempt to enroll clients not using traditional or mainstream services
- Assessment: to determine a person’s current and potential strengths, weaknesses, and needs
- Planning: to develop a specific, comprehensive, individualized plan
- Linkage: to transfer clients to necessary services and treatments provided in the community
- Client Advocacy: to intercede on behalf of a specific client or a class of clients to ensure equity and appropriate services
- Crisis Intervention: assisting clients in crisis to stabilize through direct interventions and mobilizing needed supports and services
- Resource Development: attempting to create additional services or resources to address the needs of clients
- Discharge Planning: implementing many of the above functions to help clients plan to transition from one type of setting or service program to another

Clarity Human Services is a software application that is developed for human services client management. It is a web-based program that allows provider agencies to manage and secure client information. This software is used for the Homeless Management Information System (HMIS) for all homeless service providers in Nevada.

Critical Incident Report is a report that covers any "Critical Incident" which is any actual or alleged event or situation creating a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of an individual(s) involved with the emergency shelter or intervention site.

Data Quality Standard is the number (or %) of client records created in HMIS that are complete and accurate. The Data Quality Standard is set at 80% accuracy or better. All U.S. Department of Housing and Urban Development (HUD)-supported projects and all projects receiving grant funds are expected to correctly and completely input data on at least 80% of its client records. This means that no more than 20% of the client files created by an agency in the HMIS system can have inadequate, inaccurate, or incomplete data entered for the client. To achieve a higher data quality rating, agencies must complete all data fields on all clients entered into the HMIS system. All data fields for each data record must be accurate and complete, which is tested each month by Clarity Human Services.

Diversions is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

e-Clmact is a comprehensive grant management software and performance measurement tool that helps an agency foster the relationships critical to their success.

Effort Pledge is a statement that clients sign that acknowledges that they will do their best to work toward accomplishing housing goals outlined in the housing plan.

Emergency Shelter (ES) are sheltering programs that have minimal entry criteria, include time limits (varies by agency) where the duration is typically less than 90-120 days; are located in a structure offering protection from the elements, provide restroom facilities, meals (if appropriate), and drinking water, are supervised, and offer appropriate heating/cooling and proper ventilation. Generally, one hot meal is provided, and no fee is required. ES can include beds, units, temporary spaces, or motel/hotel vouchers available to meet the emergency shelter needs of persons and families who would otherwise be living on the streets. This does not include the programs and services that meet the definition of prevention, transitional housing, or permanent housing.

- **Overflow:** # of mats, beds, or spaces that are temporarily made available in an existing program.
- **Off-Site Lodging:** hotel or motel arrangements (apartment if used in place of a motel or hotel).
- **Shelter:** structure that contains units or beds to meet needs of emergency shelter.
- **Seasonal:** structure that only open during high demand periods.
- **Low Demand:** shelters (usually short-term Emergency Shelter) that have few, if any, behavior or conduct requirements. These shelters focus on providing a safe, secure, violence-free place for homeless individuals to escape the outdoor elements and the uncertainties of life on the streets or in the desert encampments.

Equal Access Rule requires that HUD-assisted funded programs be made available to individuals without regard to actual or perceived sexual orientation, gender identity, or marital status and prohibits inquiries into sexual orientation or gender identity for the purpose of determining eligibility for, or availability of, such housing. The rule has since been expanded to require that service providers give equal access to programs, benefits, services, and accommodations in accordance with an individual's gender identity.

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. This includes any group of people that present together for assistance and identify themselves as a family are considered to be a family and must be served together as such.

Frequent Users are individuals who are the highest users of emergency rooms, jails, shelters, clinics, and other crisis service systems at a large cost to the communities in which they reside.

Harm Reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with alcohol and substance abuse. Refers to policies, programs, and practices that aim to reduce the harms associated with usage; complements approaches that seek to prevent or reduce the overall level of usage.

Homeless can describe a person's situation if they are sleeping in a place not meant for human habitation (e.g. living on the streets) or in an emergency shelter; or a person in transitional housing for homeless persons who originally came from the street or an emergency shelter. Also, a person may be considered homeless if, without the assistance from a service provider, they would be living on the streets. This includes persons being evicted within a week from a private dwelling with no subsequent residence identified and lacks the resources and support networks needed to obtain housing; or being evicted within one week from an institution in which the person has been a resident for more than 30 consecutive days with no subsequent residence identified and he/she lacks the resources and support networks needed to obtain housing.

Homeless Management Information System (HMIS) is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services.

Household consists of one (or more) people who live in the same dwelling and share meals.

Housing First is a best practice model approach used to house and provide services for the homeless. Housing First rests on two premises: 1) the central goal is direct placement into permanent housing for those who are currently homeless, and 2) provision of appropriate individualized services (may include mental health and/or substance abuse treatment) are offered via follow-along services after housing placement to ensure long term housing stability. Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. Programs that use a Housing First approach promote the acceptance of clients regardless of their sobriety or use of substances, completion of treatment, or participation in services.

Housing Navigation Centers are places that provide a place for unsheltered homeless to access housing navigation services as well as provide a respite from the weather during the hottest and coldest times of the year. Navigation Centers' case managers work to connect clients to housing, income, public benefits, and health services to support people in changing their lives by making lasting social service and housing connections. Housing Navigation Centers are different from traditional day shelters in that they have few barriers to entry and provide housing navigation and case management services. Unlike traditional day shelters, people with partners, pets, and possessions are welcome at Housing Navigation Centers.

Housing Services are services that assist persons with obtaining housing. Services may include development of housing plans, recruitment of housing units for homeless clients, assistance with housing placements and lease agreements, preparing clients for successful transition to permanent housing, mediation between landlord and tenant, advocating for tenant rights, providing tenant education, etc. Positions to provide housing services may include housing recruiter, housing harvester, housing specialist, etc., where individual persons are responsible for part, or all of the functions mentioned above.

Housing Stability is measured for short term support by successful exits to stable permanent housing. For permanent housing, maintenance of that housing should be a primary focus of outcomes measured.

Motivational Interviewing is a psychotherapeutic approach that attempts to move an individual away from a state of indecision or uncertainty and towards finding motivation to making positive decisions and accomplishing established goals.

Short-Term Supportive Housing, in connection with Crisis Stabilization, provides an immediate step of supportive housing for continued stabilization and treatment services 24 hours a day, 7 days a week, for a time limited period of 60-90 days.

- **Recovery Housing** is housing in a client-initiated, abstinence-focused, and peer-supported community for people recovering from substance use issues. Typically, residents choose to actively participate together in community activities focused on supporting recovery. The key is that the program participant has sought out this type of program as their preferred choice for supporting their personal commitment to their sobriety and holistic recovery.
- **Transitional Housing** is designed to provide housing in a room, apartment, or comparable setting, and supportive services to facilitate movement to independent living and self-sufficiency.

Long-Term Supportive Housing/Permanent Housing is community-based housing without a designated length of stay and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long and is terminable only for cause.

- **Rapid Rehousing** is defined as tenant-based rental assistance and supportive services, to be provided for up to 24 months, to assist a homeless individual or family with or without a disability to move as quickly as possible into permanent housing and achieve stability in that housing.
- **Permanent Supportive Housing** is defined as tenant-based rental assistance and supportive services, to be provided for an indefinite period of time, to assist a chronically homeless individual or family with a disability to move into permanent housing and assist them in living independently.

Supportive Services address the service needs of homeless persons, such as employment, health, drug abuse treatment, or education, to help homeless persons meet three overall goals: 1) achieve housing stability, 2) increase skill and/or income levels, and 3) obtain greater self-determination. Supportive services may include, but are not limited to: assistance in obtaining permanent housing, assistance in obtaining income supports, medical counseling and supervision, mental health and psychological counseling and supervision, employment counseling, substance abuse treatment and counseling, other services such as child care payments, transportation assistance, job placement or training, outreach, life skills training, and transportation.

Trauma-Informed Care and Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and participants, and that creates opportunities for participants to rebuild a sense of control and empowerment.

3.0 Target Population and Eligibility Criteria

Clients **MUST** be referred from the coordinated entry system by a Non-congregate Shelter (NCS) Matcher. The recipient cannot accept any referrals outside of the coordinated entry system for non-congregate shelter.

The following criteria **may not** be used to determine program eligibility and continued stay:

- Sobriety and/or commitment to be drug-free;
- Participation in religious services or activities;
- Participation in drug treatment services (including NA/AA);
- Payment or ability to pay; nor
- Identification.

4.0 Services

The purpose of this section is to provide a description of the services the PROVIDER is responsible to deliver. The intent of non-congregate shelter assistance is to enable the quick resolution of the immediate health and housing crisis.

The PROVIDER is expected to:

- Provide emergency housing for COVID-19 households who are not able to be reasonably accommodated elsewhere.
- Provide housing navigation services including a range of interventions to end participants' unsheltered status. Required elements may include:
 1. Housing navigation services that focus on creating client-centered housing stability plans with all participants and work to reduce barriers to housing;
 2. Engaging individuals to link to additional services/programs including connection to public benefit programs, health, mental health, and drug treatment services, and job training or employment opportunities;
 3. Maintaining documentation of efforts and participants' choice to accept or refuse resource referrals/opportunities;

All services should:

- Include clear communication regarding project assistance. In some instances, limited case management may continue after financial assistance ends if appropriate or requested by the household.
- Be provided from a client-centered and client-driven service perspective. Clients should be actively engaged in problem solving conversations. A strengths-based approach to empower households should be used.

5.0 Responsibilities of PROVIDER

The purpose of this section is to provide a description of how the PROVIDER is expected to utilize the allocated funding to provide the highest quality of service to meet the necessary service provisions of the grant.

The PROVIDER will:

1. **Ensure the operation of the PROJECT is in accordance with Center for Disease Control (CDC), Nevada Revised Statutes, Nevada Administrative Codes, and all other applicable Federal, state and local regulations.** PROVIDERS are expected remain bound by the terms of this scope of work and PROVIDERS are encouraged to contact the COUNTY regarding unique client issues that may require flexibility with the provisions of this scope of work.
2. **Participate in coordinated entry:** The community modified the coordinated entry system by developing a matching system to meet the needs of persons who are at risk of or are impacted by COVID in order to appropriately match them to a non-congregate shelter facility to best meet their needs. Provider will receive clients through this NCS matching process.
3. **Must comply with the policy and procedures outlined in the Southern Nevada Non-Congregate Shelter for High-Risk Households Experiencing Homelessness Policy and Procedures Manual (See Attachment 3).**
4. **Utilize Trauma-Informed Care and Motivational Interviewing:** A Harm Reduction model, which does not require sobriety and addresses heavy drinking and/or drug use and its consequences, will also be utilized. The system design will effectively serve the target population in a welcoming and solutions-focused environment. PROVIDER shall adhere to all Continuum of Care and performance standards and requirements including recommendations from the regional planning process for creation and improvement of an effective homeless crisis response system.

5. **Comply with Equal Access Rule:** In alignment with the Equal Access Rule, PROVIDERS will provide equal access to programs, benefits, services, and accommodations in accordance with an individual's gender identity and all other provisions of the equal access rule.
6. **Participate in Homeless Management Information System (HMIS):** PROVIDER will enter real time data in a timely manner into HMIS at client entry including the provision of all services and at program exit in alignment with the Nevada HMIS Data Quality Plan.
7. **Additional Responsibilities:**
 1. Employ management, staff, and volunteers with sufficient technical knowledge, skill, and expertise necessary to provide the services while ensuring appropriate staff to client ratios. To provide stabilization to the high-need population being served, and to maximize opportunities to connect individuals to a variety of housing opportunities, higher level case management and housing stabilization positions should be provided.
 2. Be available for consultation regarding the operation and progress of the PROJECT with all parties to the funding agreement and at other reasonable times with advance notice as to not conflict with PROVIDER's other responsibilities.
 3. Establish such fiscal and accounting procedures necessary to ensure the proper disbursement of, and account for funds in order to ensure that all financial transactions are conducted. Maintain financial records pertaining to all matters relative to the contract in accordance with standard accounting principles and procedures and retain all records and supporting documentation applicable for a period of five (5) years upon completion of contract, or termination of contract, whichever comes first. Delineate how multiple funding sources for services are allocated appropriate for its designated intended service. All such records relating to any analysis or audit performed relative to the contract shall be retained for five (5) years after such analysis or audit has been performed and any findings have been resolved. In the event that PROVIDER no longer operates in Nevada, it shall be required to deliver a copy of all records relating to the contract with the COUNTY to be retained by the COUNTY and PROVIDER.
 4. PROVIDER must submit to COUNTY'S authorized representative a monthly invoice with a HMIS Program Funding Source Financial Detail Report by the 15th calendar day of each month for the previous month's services, which includes documentation of services provided via housing census reports from HMIS or comparable DV database for DV shelters, the fee for each unit of service, and the total amount requested to support the Project.
 5. PROVIDER shall provide written notice to COUNTY of any program changes during the lifecycle of the contract for which COUNTY'S funds are allocated under the provisions of contract(s) to be approved and adopted between COUNTY and PROVIDER.
 6. COUNTY is the payee of last resort with Medicaid and other insurance and healthcare providers billed first. It is the PROVIDER'S responsibility to submit to these providers.
8. **PROVIDER will certify to:**
 1. Maintain the confidentiality of records pertaining to any individual or family that is provided domestic violence prevention or treatment services through the PROJECT;
 2. Ensure the address or location of any domestic violence project assisted with grant funds will not be made public, except with written authorization of the person responsible for the operation of such PROJECT;
9. **PROVIDER will perform activities to ensure proper Project administration, including, but not limited to the following:**
 1. Perform all eligibility determination and documentation;
 2. Record all client service transactions, case notes, and supporting documentation as applicable, as close to real-time as possible and in accordance with data quality standards per the Nevada Data Quality Plan;
 3. Track all data and performance results specific to evidenced based practices and client outcomes;
 4. Ensure all appropriate staff are trained in relevant best practices;
 5. Ensure all appropriate staff are trained in and understand HMIS utilization expectations;
 6. Ensure incident management measures are in place to identify, analyze, and correct hazards to minimize adverse impact on operations;
 7. Exit all clients out of HMIS at project exit.

6.0 Performance Outcomes

All outcomes align with the vision of Clark County Social Service, which is self-sufficiency for at-risk people through a variety of services. The performance outcomes may vary depending upon which services are provided and the following is not all inclusive:

Outcome #1 (HOUSING): Clients experience increased housing stability resulting in a reduced likelihood of ongoing homelessness, leading toward self-sufficiency.	
Indicator 1: EXITS TO TRANSITIONAL HOUSING DESTINATIONS	
Major Tasks Necessary to Realize Outcomes (Activities)	Outputs Resulting from Tasks
Staff will assess clients entering shelter for specific needs and work together to search for housing using Housing First and harm reduction methods.	Number of completed assessments
Program will provide low-barrier non-congregate shelter for single adults and/or families.	Number total beds/units for households (unaccompanied individuals) Number of total beds/units for households (families) Number of total unique households served Number of average days (length of stay) for all households existing to any destination Number of average days (length of stay) for all households exiting to a permanent destination Number of total stayer households Number of average days (length of stay) for all stayer households % utilization rate
Target & Indicator: Percentage of households will exit to transitional housing during the operating year.	
Outcome Measurement: HMIS – Percent of total clients that are discharged to transitional housing as indicated in the Program Outcomes Report.	

Outcome: HOUSING: Clients experience increased housing stability resulting in a reduced likelihood of ongoing homelessness, leading toward self-sufficiency.	
Indicator 2: EXITS TO PERMANENT HOUSING DESTINATIONS	
Target & Indicator: Percentage of households will exit to permanent (subsidized or unsubsidized) housing during the operating year.	
Outcome Measurement: HMIS – Percent of total clients that are discharged to permanent housing as indicated in the Program Outcomes Report.	

Outcome: MEDICAL: Clients experience increased medical stability, leading toward self-sufficiency.	
Major Tasks Necessary to Realize Outcomes (Activities)	Outputs Resulting from Tasks
ICM will assess and screen clients for medical needs, make appropriate referrals, and support clients in improving and maintaining their medical stability.	Number of medical services provided Number of referrals to medical services
Target & Indicator: Percentage of clients showing improvement per pre- and post-test assessment, specific to medical stability.	

Outcome: DATA QUALITY: Data quality is improved through complete and accurate client records.	
Indicator 1: HMIS PARTICIPATION AND DATA QUALITY	
Major Tasks Necessary to Realize Outcomes (Activities)	Outputs Resulting from Tasks
Staff will enter program participant information into HMIS as completely and as timely as possible, completing all data fields possible. Staff will exit clients out of HMIS at project exit.	Number of completed client profiles (complete data fields) Number of project exits.
Target & Indicator: 20 of 25 (80%) possible points scored in HMIS Participation and Data Quality section of HMIS Performance Monitoring Report.	
Outcome Measurement: HMIS – Points scored per scoring logic associated with HMIS Participation and Data Quality section of Performance Monitoring Report.	

7.0 Quality Assurance

1. Monthly and quarterly reports describing the Project's progress and activity are being required by the funder. Reports will be generated using information entered into HMIS. Special reports may be required in addition to HMIS generated reports.
2. PROVIDER shall implement a quality assurance plan component to facilitate client feedback on quality of services, which must include at least one of the following: client satisfaction surveys during and at the completion of service delivery; development of a client advisory council which has the ability to meet on a regular basis to discuss service delivery issues; and/or regularly scheduled opportunities to meet with agency leadership to discuss programs. PROVIDER will submit a written procedure for implementing the client feedback mechanism(s), and report on its progress when requested. Provider shall also have a grievance and complaint process that every client is made aware at program entry.
3. CCSS will evaluate the PROVIDER'S performance under this contract on a regular basis. Such evaluation shall include assessing the PROVIDER'S compliance with all contract terms and performance standards and may occur monthly, quarterly, and/or semi-annually.
4. Client outcomes (measures of what happens to participants after receiving the service) will be reported with focus on the service provision areas; outcomes that address stability in the areas of housing, income, medical, mental health, substance treatment, and/or overall self-sufficiency; and the performance outcomes described in the previous section.
5. PROVIDER is expected to strive for and maintain a 100% HMIS participation and data quality standard.

8.0 Performance Requirements

1. Enter **real-time** client service information in the Homeless Management Information System (CMIS/HMIS) database;
2. Number of clients who were provided and/or referred and linked to health, including mental health, substance abuse treatment or other supportive services, and the status of these services and referrals/linkages for these clients;
3. Number of ongoing clients served by the PROVIDER;
4. Number of new clients served by the PROVIDER;
5. Number of clients self-selected out of the program, including the number of days in services and the reason(s) why they did not continue to participate;
6. Other items determined to be pertinent to the assessment of the program.

ATTACHMENT 1

ELIGIBLE EXPENDITURES BY HELP OF SOUTHERN NEVADA FOR NON-CONGREGATE SHELTER SERVICES

The following items may be paid with Non-Congregate Shelter Funds, not to exceed the contracted amount:

- Observation beds
- 24/7 on-site supervision
- On-call nurse practitioner home health care visits, as needed
- Pharmacy delivery service
- Medication Oversight
- (3) meals per day and (2) snacks
- Laundry services
- Shower facilities
- Hygiene products
- Transitional housing services
- Housing navigation services
- Referrals to other appropriate providers to meet specific needs
- Other essential services and approved items

ATTACHMENT 2

COVID Triage Screen

The COVID Triage Screening Tool is accessed in HMIS. Please note that as you respond to these initial questions, additional questions may appear. These responses will also identify the recommended next steps for client entry into a NCS specific path such as isolation or quarantine.

Screening/Triage Date:	06/17/2020
Are you an essential worker who cannot currently return home due to your potential exposure?	No
Are you being discharged from a hospital?	No
Do you need a doctor or ambulance right now?	No
Where do you typically sleep?	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus
Do you have flu like symptoms, difficulty breathing, fever, or cough?	No
Have you been exposed to someone who had the symptoms that were discussed above?	No
Have you been tested for COVID-19?	No
Do you have a location where you can safely isolate/quarantine yourself?	No
Are you 65 yrs old or older and/or do you need additional care or have underlying conditions like diabetes, asthma, or have high blood pressure?	No

REFERRAL DIRECTIVE:

ADVISE CLIENT TO UTILIZE A COMMUNITY EMERGENCY SHELTER AND MAKE A REFERRAL TO CATEGORY GRAY: ASYMPTOMATIC AND NOT HIGH-RISK

CLIENT WILL BE CONTACTED THROUGH THE FOLLOWING PHONE NUMBER. PLEASE COMMUNICATE ANY NECESSARY INFORMATION THROUGH THE NOTES IN THE UPCOMING REFERRAL.

Client Phone Number: XXX-XXX-XXXX

The categories are:

- Blue: Q-Asymptomatic with known exposure or asymptomatic and pending test results
- Gray: Asymptomatic and not high-risk
- Green: HR-CDC designated high-risk
- Pink: I-Symptomatic with unknown test status
- Red: DI-COVID + via test results



Attachment 3

**SOUTHERN NEVADA'S
BRIDGE (NON-CONGREGATE SHELTER)
FOR HIGH RISK HOUSEHOLDS
EXPERIENCING HOMELESSNESS**

Clark County Social Service Resource and Development
March 2, 2022

Version 2.0

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Bridge (Non-Congregate Shelter) Policy – Why do we use this strategy?

Bridge housing is the term used for emergency sheltering of households that provide accommodations in a way that provides private space for guests. A complementary program to Southern Nevada’s Emergency Shelter program, both bridge and emergency shelter are intended to be **short-term solutions** (ideally less than 30 days and no longer than 90 days) and offer **case management services** to clients as they work on their **exit strategy** to permanent housing. While emergency shelters offer congregate settings with shared spaces, bridge housing is generally provided via hotel/motel rooms and became a predominant strategy to house unsheltered homeless who were symptomatic, asymptomatic, and/or at high risk for infection or complications from infections during the COVID-19 pandemic. People experiencing homelessness are disproportionately older, have high levels of chronic medical and behavioral health conditions, and have limited ability to stay home, wash hands, and practice social distancing; putting them at greater risk for infections and complications from infections consistent with the novel coronavirus. The distinct and private space offered by bridge housing has been identified as a best practice strategy designed to limit the spread of COVID-19 among people experiencing homelessness and can be applied to other situations and populations as needed. Here and throughout this document, this type of housing will be referred to as Bridge (NCS).

Written Standards – What are the minimum requirements?

During the COVID-19 pandemic, Clark County Social Service (CCSS) secured hotel and motel rooms to provide safe housing for people experiencing homelessness who are over the age of 65 or otherwise at high risk for severe illness from COVID-19. Sites were also identified for first responders and other essential employees who were unable to quarantine in their home due to risk of transmission to vulnerable individuals in their household.

The four categories of Southern Nevada’s Bridge (NCS)* have been defined as follows:

1. Bridge (Isolation) (NCS ISO) – for clients who have tested positive for the COVID-19 virus
2. Bridge (Non-Congregate Shelter Quarantine) (NCS Q) – for clients presumptively positive due to recent exposure or awaiting test results and are best served in a quarantine situation to prevent the spread of infection
3. Bridge (Non-Congregate Shelter High Risk) (NCS HR) – for clients who have one or more vulnerabilities that put them at higher risk for infections and/or complications if they contracted the COVID-19 virus
4. Bridge (Non-Congregate Shelter Families) (NCS F) – for households with children and families with non-traditional dynamics, where one or more members of the households have vulnerabilities that put them at higher risk for infections and/or complications if they contracted the COVID-19 virus.



*These four categories will be referred to throughout this document. Look for this designation for strategies and concepts that are unique to one or more of the four categories.

It is important to note the following components of Bridge (NCS):

- Bridge (NCS) is a short-term option for all household types including individuals, families, and unaccompanied youth.
- The decision to utilize Bridge (NCS) is based on a set of criteria. These criteria may change based on updated data and resources. Program staff should be aware of best practice, federal recommendations, impact of non-congregate housing on the homeless system or care, and funding options.
- Agencies should have a plan for transitioning clients out of Bridge (NCS) into safe, stable permanent housing. Clients should be informed of their options and play an active role the determination of next steps and all case planning.

Guidance – What are the recommended practices?

Near the onset of the COVID-19 pandemic, Clark County Social Service (CCSS) put agreements into place with hotels/motels and non-profit organizations to support the housing needs of households with members at high risk for complications from illness associated with COVID-19. CCSS also contracted with community partners to provide case management and supportive services to clients residing in Bridge (NCS) settings.

It should be noted that Bridge (NCS) settings are not designed for programs to use to support quarantine prior to entering a housing or other program. Each housing program is encouraged to develop protocol, based on CDC and local guidelines, to monitor for signs and symptoms, maintain social distancing, and provide hygienic spaces for those individuals and households that need to be separated from the general population for the safety of themselves and others prior to their acceptance into housing and other programs.

This document will serve as a sample of Bridge (NCS) Housing procedures. Each organization contracted to do this work is expected to have specific policies, procedures, and protocol related to this work, the type of clients served by the organization, and the medical needs of the clients. Templates and examples of documents are provided in the appendices of this document and can be utilized by agencies to develop and formalize their own set of documents.

Additional References:

The resources listed below were created based on guidance from U.S. Department of Housing and Urban Development (HUD), Centers for Disease Control and Prevention (CDC), and the Southern Nevada Health District (SNHD). Understanding that COVID-19 is a new disease and that more and more is learned about this virus every day, it is recommended that providers check with HUD, the CDC, and SNHD on a regular basis for any updates or revisions to this information. Should Bridge (NCS) be used for other situations, each agency should refer to the proper resources to guide their program.

Guidance for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html>

Interim Guidance on People Experiencing Unsheltered Homelessness:
<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

Non-Congregate Approaches to Sheltering for COVID-19 Homeless Response:
<https://files.hudexchange.info/resources/documents/Non-Congregate-Approaches-to-Sheltering-for-COVID-19-Homeless-Response.pdf>

Re-Housing Individuals Experiencing Homelessness from COVID-Specific Non-Congregate Shelter:
<https://www.usich.gov/tools-for-action/webinar-re-housing-individuals-experiencing-homelessness-from-covid-specific-non-congregate-shelter/>

Definitions for terms such as bridge housing, transitional housing, permanent housing, and others can be found at <https://helphopehome.org/glossary-of-terms/>

Bridge (NCS) Procedures

Referral Criteria for Households Experiencing Homelessness

When a household experiencing homelessness is engaged by a provider whether in an office or in a place not meant for human habitation, they are assessed for immediate needs and housing options.

Current residential status must be one of the following:

- Living on the street/place not meant for habitation;
- Congregate Emergency Shelter where social distancing is not practical;
- Shared or Congregate Transitional Housing Program for individuals experiencing homelessness where social distancing is not practical;
- Exiting a health care or other institution with no identified residence at time of discharge; or
- In a congregate living situation with no way to self-isolate AND homeless prior to entry.

AND

Clients will be prioritized based on the severity of their medical needs, underlying medical conditions, and risk factors.

Per the CDC guidelines at the time of the writing**, adults of any age with one or more of the following conditions **are at an increased risk of severe illness** (hospitalization, admission to the ICU, intubation or mechanical ventilations, or death) from the virus that causes COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Severe obesity (BMI ≥ 40 kg/m²)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

Adults of any age with one or more of the following conditions **might have an increased risk of severe illness** from the virus that causes COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis

- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m², but < 30 kg/m²)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Children with the following conditions **might have an increased risk for severe illness:**

- Obesity
- Medical complexity
- Severe genetic disorders
- Severe neurologic disorders
- Inherited metabolic disorders
- Sickle cell disease
- Congenital (since birth) heart disease
- Diabetes
- Chronic kidney disease
- Asthma and other chronic lung disease
- Immunosuppression due to malignancy or immune-weakening medications.

***As variants have become known to communities, each with slightly different signs, symptoms, and impact, this list may change. It is important to update regularly based on relevant information.*

Eligibility Prioritization

In addition to determining whether individuals meet the public health criteria threshold for program eligibility listed above, establishing prioritization guidelines for entry into the Bridge (NCS) location ensures the utilization of the program aligns with our goal to reduce COVID-19 spread and protect vulnerable individuals from infection.

The Southern Nevada Homelessness Continuum of Care (SNH CoC) extracted client-level data based upon the CDC risk factors to pre-identify households who have been in contact with the service delivery system in the previous six months prior to implementation of self-quarantine guidelines in Nevada. This Be-On-the-Lookout (BOLO) list was shared with homeless service providers, especially those that provide street outreach, day shelter, and emergency shelter services to assist in locating these households for possible Bridge (NCS) referrals. This BOLO list classified clients based on their acuity gathered at their initial assessment and was used throughout the COVID-19 pandemic

In the event there are high risk clients that present for assistance and are eligible, they can be provided prioritization for referral based on the SNH CoC's Coordinated Entry Services Working Group guidance. They voted on and issued direction titled COVID-19 Pandemic Priority Exception (PPE) for Coordinated Entry on May 19, 2020. Memorandums were issued initially to capture the intention of the PPE and were updated as new guidance was released by the CDC related to COVID-19 risk factors (Appendix A).

Notwithstanding an individual's place in the prioritization scheme, an individual should **not** be referred to Bridge (NCS) if he or she:

1. Does not agree to abide by the participant agreement to protect the health and safety of the community;
2. Demonstrates suicidal ideation;
3. Has an active restraining order, protective order or other court order preventing the referred individual from being within a certain distance of a person or population currently sheltered at the site; or
4. Is an unaccompanied minor.

Each agency's training coordinator will provide guidance on approved protocol if someone meets the criteria above.

Referral Process

When a household fitting the eligibility prioritization criteria is located, Referring Agencies contact the SNH CoC Coordinated Entry Matchers (the Matchers) at CoordinatedEntry@HELPSONV.org between the hours of 7:00 am to 5:00 pm to make a referral for the appropriate Bridge (NCS) setting.

When a referral for Bridge (NCS) is received, the Matchers, referring agency, or HELP of Southern Nevada's Homeless Resource Team (HRT) will do a brief screening, obtain a written consent from the client¹ for the Homeless Management Information System (HMIS), if one is not on file, and review the Code of Conduct with the client to determine the household's ability to remain at the site. The Matchers will then identify an available room and initiate the reservation and complete the referral entry to the community queue for program matching. The Matchers will then arrange transportation to the site and notify the vendor of the incoming household. The Matchers may alternatively contact the referring agency for that agency to arrange transportation to the site.

¹ *When unable to obtain written consent, verbal consent is acceptable to continue matching efforts. Verbal consent should be updated with written consent as soon as possible.*



NCS ISO	Matchers place with verified COVID positive test result
NCS Q	
NCS HR	
NCS F	Families are matched to hotels and motels via providers that serve this population

Transportation

Responsibilities of Transport Team assigned to HELP of Southern Nevada. Each agency may have a slightly different protocol. Safety precautions should be taken by all agency team members.

Prior to providing transportation to a client:

1. Ensure that Transport Team consists of:
 - One (1) driver; and
 - When additional support is needed for individuals being transported, the referring agency will identify an appropriate person to accompany the household and transport team.
2. Ensure all individuals in Transport Teams have received the following:
 - Negative 2-step TB test OR QuantiFERON test (within the past 12 months, or updated within the past 12 months); and
 - Is offered a recent flu shot (within the past 12 months).
 - Team members have the right to refuse the flu shot. Agencies will document when flu shots are offered and if team members have received or refused them.
3. Provide training to Transport Teams on:
 - Use of Personal Protective Equipment (PPE);
 - Hand hygiene practices;
 - Decontamination practices;
 - How to handle client belongings;
 - Hand-off procedures;
 - Communication procedures; and
 - Intake and documentation processes.
4. Prepare vehicles as follows:
 - Vehicles used for transport must ensure that social distancing procedures are adhered to – i.e., six (6) feet between the driver and clients.
 - Based on the size of the vehicle, determine the maximum number of people who may be transported. Consideration should be given to the number of seats available, the quantity of belongings to be transported and the space required to maintain appropriate distance.
 - Install plastic seat covers when practicable;
 - When this is not practicable, ensure seats have been properly sanitized prior to clients entering the vehicle.
 - Stock with cleaning and disinfecting supplies based on Environmental Protection Agency (EPA) guidance;
 - Designate a space in the vehicle for clients' belongings; and
 - Confirm that at least one (1) vehicle is wheelchair accessible when practicable.

- Identify other modes of transportation for occasions when special transportation needs arise.
5. Establish and perform cleaning and sanitizing procedures for vehicle:
 - Wear disposable gloves during cleaning and dispose after each use.
 - Clean vehicle surfaces that are accessible to passengers with a sanitizing spray, soap and water solution, EPA-registered hospital grade disinfectant, or equivalent sanitizing solution, including fronts and backs of seats, arm rests, console, seat belts, windows, etc.;
 - Disinfect with solution recommended for the specific material; and
 - Initiate cleaning protocols and precautions for bed bugs, lice, and other nuisances.
 - After transporting the client, leave the rear doors of the transport vehicle open to allow sufficient time for air changes to remove potentially infectious particles.
 - The time to complete transfer of the client to the receiving facility and complete all documentation should provide sufficient air changes.
 - Ensure vehicles are sanitized on a daily basis when in use by staff and clients.
 6. Establish and perform cleaning and sanitizing procedures for Transport Team:
 - Wash hands with soap and water for 20 seconds before and after each trip. If soap and water are not available, use recommended alcohol-based hand sanitizer.
 - Transport workers should avoid touching their eyes, nose, and mouth with unwashed hands, and should avoid close contact with people who are sick.
 7. Establish and adhere to transportation protocols:
 - Before transporting an individual or household, the driver must confirm the identity of the household with the Referring Agency. (Verbal confirmation is acceptable; photo ID is not required.) Ensure that temperature checks and the COVID-screening is conducted.
 - Ensure that the number of people identified for transportation and their belongings allow for the maintenance of appropriate social distancing and safety needs.
 - Driver and passengers should wear surgical masks or other types of cloth masks that cover the nose and mouth of the passenger during transport.
 - The driver should open outside-air vents in the driver compartment when transporting clients.
 - On arrival, clients, driver and any additional staff should wash hands with soap and water according to the CDC standards or use alcohol-based hand sanitizer if sinks are inaccessible.
 - When the driver arrives at the NCS, they will call the on-site manager or NCS location designee.

Responsibilities of the Referring Provider/Facility/Encampment/Shelter Pick-Up

- It is the responsibility of the Referring Agency to prepare client(s) to be transported when feasible.
- Assist clients with obtaining immediate and necessary medication and/or durable medical equipment from medical providers or insurance; clothing and pet food or supplies (if applicable); and other essential items. Clients are encouraged to limit belongings to one (1) large container of belongings. If the client has additional belongings, other transportation modes may be identified

for these items. The Referring Agency is responsible for supporting clients in defining essential items and preparing and packaging belongings that are safe for transport.

- Developing a plan for items that will not be transported, including safe-keeping or transportation of those items to another location pursuant to relevant city, county, and agency policies on storage.
- Screening belongings for bed bugs and removing any items that are infested (for cleaning or disposal, as appropriate)
 - Referring agency may follow protocol for scheduling service by Clark County’s “mobile hot box” or similar process to minimize bed bug infestations.
- Screening for prohibited items.
 - Each agency is expected to provide all team members with essential training on effective client management strategies, appropriate to each team members’ role and level of engagement with clients. These may include, and are not limited to, topics such as motivational interviewing, de-escalation, communication styles, and conflict resolution strategies.
 - It is important to balance client safety with the safety of staff. Effective team members are able to build rapport with clients to improve the safety of all passengers and housing residents.
 - Weapons are not permitted in any of the Bridge (NCS) options and clients will document their understanding that they are not permitted to have prohibited items in their housing unit as part of the participant agreement process.
 - While random room checks may be conducted, acknowledgement of weapons on their person, are based on client self-reports.
 - If a client will surrender prohibited items during transport and while in Bridge (NCS), it will be stored for them.

For all clients being transported, the Referring Agency – not the Transport Team – is responsible for developing a plan for the client’s belongings that are not being transported and will support the client in defining “essential items” that fit within the limit on transportable belongings.

Please note that there is no storage for belongings on site at the Bridge (NCS) location. Clients are responsible for any personal belongings they bring with them. If storage is needed for the client, the Referring Agency should arrange this with the client prior to the client’s transport to the Bridge (NCS) location.

When additional support is needed for individuals being transported, the Referring Agency will identify an appropriate person to accompany the household and driver. The accompanying staff person will support clients during transport (e.g., ensuring they don’t move seats, support pet needs, make sure

belongings don't fall, etc.). The accompanying staff person will count toward the total number of individuals in the vehicle. Transportation will need to be arranged the Referring Agency to ensure the accompanying staff person is transported back to the initial location. While the Transport Team may be available to assist with the return trip, their first priority are client needs.

The acceptance of companion animals is determined by the Bridge (NCS). It is the responsibility of the referring agency to assist the client with securing foster care or other shelter care for their companion animals prior to their transport to the Bridge (NCS) location

Intake Process

When clients arrive at the Bridge (NCS), the transport team will call the on-site designee to assist the client with checking-in.

The Transport Team can escort the clients into the Bridge (NCS) or if the on-site designee prefers, they can meet them at the vehicle.

1. Required participant documents

A. In general, most of these forms will be completed prior to transport. During the intake process, team members will confirm that these steps have been completed. Please note that samples of all documents may be found in Appendix C and that each contracted organization may have their own forms that include, at a minimum, the ones listed below. Alternative form names are included in the descriptions.

- Consent Form – for inclusion in HMIS; also known as Release of Information
- COVID Triage screening – used to prioritize clients and match with appropriate Bridge (NCS) or other housing option
- Participant Agreement or Admission Form – this includes rules or expectations set by the housing provider
- Grievance Policy

B. Determined by the needs of the client, it may be appropriate to wait until the following day to complete the following documents. It is important to assess the time of day and attentiveness and comfort of the clients before proceeding with these steps.

- Needs Assessment Tool - this will be used to develop a case plan for the client and may include housing, medical, mental health, addiction, mainstream benefit needs and much more.
- Progressive Discipline Policy – ensure clients understand the expectations of the program and the termination policy related to disciplinary actions.

2. Review meal and break schedules with client, if applicable

- For clients able to leave the facility, ensure they know where they can purchase groceries and ensure they know what is available through the program and locally

3. Escort clients to assigned room with belongings

- Give client their room key, hygiene bag with cloth mask or other personal protective equipment, hand sanitizer, basic supplies as needed, and information flyer

4. Ensure clients know how and when to contact on-site designees and off-site case managers

5. Give clients tour of facilities

6. Inform clients of Bridge (NCS) location policies, as applicable:

- Smoking: If client has been assigned to a smoke-free unit, then staff will need to explain where clients can smoke and that they need to maintain social distancing of 6 feet from other clients not housed with them when smoking.
- Phone use
- TV use

- Room amenities
- Cleaning schedules
- Importance of social distancing with other guests
- How to properly use personal protective equipment and how to access additional hygiene supplies and equipment as needed

Please note that all staff working on site or directly with clients will receive training prior to working at the hotels. Personal protective equipment will be provided to all staff working directly on-site or transporting clients on an as needed basis.

Visitors

No overnight guests are permitted in any of the Bridge (NCS) locations. Housing units are provided for designated clients only.

Please note that medical personnel are not guests and are not restricted for visits. Clients in NCS are to be treated as any other residents of the location, and therefore pre-approval of visitors is to help clients make good choices related to their housing.




NCS ISO	To reduce the transmission of the COVID-19 virus, visitors are not permitted
NCS Q	To reduce the transmission of the COVID-19 virus, visitors are not permitted
NCS HR	Visitors should be pre-approved by on-site designee and case manager
NCS F	Visitors should be pre-approved by on-site designee and case manager

Visits Off-Property

Clients residing at the Bridge (NCS) units are there in order to protect their own health and contribute to mitigating the spread of COVID-19 by allowing them to maintain social distance. They should maintain 6 feet of social distance from any other person and wear a mask or face covering if they are outside their room. They should never enter the room of another guest.

Clients will receive education, training, and support in order to comply with social distancing guidelines. Staff will remind clients to take as few trips outside of the hotel as possible to minimize the risk of exposure of transmission of COVID-19.



NCS ISO	Clients may not leave property without permission; Case manager should be contacted for any needs
NCS Q	Clients may not leave property without permission; Case manager should be contacted for any needs
NCS HR	Essential errands to doctors, pharmacies, shopping for necessities, etc. are permitted.
NCS F	Essential errands to doctors, pharmacies, shopping for necessities, etc. are permitted.

If a client does not adhere to the Referral Information and Participation Agreement requirements, the following are the progressive consequences:

- If a hotel client (including household members) allows someone into their room or refuses to maintain social distance requirements, they will be verbally warned and reminded of the agreement. The visitors will be asked to leave. Staff will document the warning.
- If this happens again, they will be given a written warning that they have violated the order and will be reminded of the agreement and they will be asked to leave upon their next violation. Staff will document the warning.
- If there is a third infraction, the client (including household members) will be asked to leave

If a client leaves the premises, staff will first notify the Referring Agency to seek assistance with re-engaging the individual, engaging outreach teams as needed. If the person does not return within 48 hours, they will be considered to have abandoned the program and their unit will be offered to someone else. If a client who departed wishes to return, they will need to meet the eligibility criteria and be re-referred for NCS.

When units have been abandoned, the responsible agency will implement the procedure for storage of client personal belongings while they attempt to contact the client. In general, client items may be stored for up to 90 days while the agency attempts to locate them. This time frame may be longer under special known circumstances.

Behavior Management

Engagement strategies:

All team members are expected to respond to clients with respect and compassion, even when clients violate program guidelines. Techniques for behavior management should include a blend of rewards (e.g., verbal acknowledgment of prosocial behavior, program incentives when available) for positive behavior, neutral approaches (i.e., redirection, verbal engagement, consultation with outside provider) for violations that do not pose an immediate safety risk, and accountability measures for behaviors (e.g., involuntary discharge) that put the client, program, or staff at significant risk. If you are unsure whether a client's behavior could put anyone at risk, consult with program senior staff for direction on how best to respond.

Managing conflict: "The 5 D's":

All clients and staff deserve to be treated with respect and dignity regardless of what program they are in, what choices they make, who they are, and/or where they come from. Working in low-barrier residential programs can be difficult when clients act in challenging ways. When you feel frustrated or angry on the job, remember the 5 D's:

- *Delay:* Take a five-minute breather, and encourage everyone else involved to do so, too. When you feel calmer, circle back and re-visit the issue to find a solution. Repeat as often as necessary until you can come to a solution without feeling out of sorts. Help clients who are feeling defensive to do the same.
- *Distract:* Find an alternative activity to get your brain focused on something other than what is causing you to feel frustrated/angry. If a client is becoming dysregulated, suggest an activity to refocus his or her energy toward something else.
- *De-escalate:* Be aware of how your language, posture, and position in a room may be perceived as threatening to someone who is already feeling frustrated, defensive, or upset. Use a calm, even tone and neutral language, sticking to factual observations of behavior instead of accusations or value-loaded language. Be alert to cues from a client that you may be within their personal space and avoid a position in the room that blocks a client's access to exits.
- *Depersonalize:* Focus on helping clients identify their needs. If a client makes a personal attack on you, focus on the emotional or material need that the client is trying to communicate and ignore the added statements. Communicate with clients in a way that avoids labels or personalizing language.
- *Detach:* Avoid becoming caught up in an emotional whirlwind. If a client is shouting or insistent, slow down and identify first whether their request is an actual emergency. If it is not, help de-escalate the client, calmly and respectfully assert appropriate boundaries, and then assist the client with what is actually necessary, urgent, and within your power to do. Refrain from getting caught up in or enabling drama.

Harm Reduction

Consistent with the principles of harm reduction, clients will receive education, support, and coaching in regard to adhering to shelter-in-place guidelines and minimizing the harm associated with substance use, in order to protect their health and the health of the community.



NCS ISO	Consider client needs and provide support as needed
NCS Q	Consider client needs and provide support as needed
NCS HR	Clients may leave property; encourage clients to follow safety precautions as they attend to their needs.
NCS F	Clients may leave property; encourage clients to follow safety precautions as they attend to their needs.

Nicotine or Nicotine cravings (suggested harm reduction strategies for NCS ISO & NCS Q)

- Offer nicotine patches or lozenges onsite – over the counter (OTC)
- Offer cigarettes
- Amount:
 - Patch:
 - 21mg patch x 14 if ≥ 10 cigarettes/day
 - 14mg patch x 14 if < 10 cigarettes/day
 - Instructions: apply 1/day (remove at night if nightmares)
 - Lozenge/Gum:
 - 4mg gum/lozenge x 100 if first cigarette w/in 30 minutes of waking
 - 2mg gum/lozenge x 100 if first cigarette greater than 30 minutes of waking
 - Gum instructions: chew and park 1 gum every 1-2 hours (do not swallow)
 - Lozenge instructions: let dissolve slowly in mouth. 1 piece every 1-2 hours (do not chew, bite or swallow)

A few harm reduction resources:

- [San Francisco Interim Guidance](#)
- NHCHC- [Reducing Harm for People Using Drugs & Alcohol During the COVID-19 Pandemic: A Guide for Alternate Care Sites Programs](#)
- Alameda County- [Alcohol Management Pilot](#)
- Alameda County- [Withdrawal Protocols and Medication Support](#) (starts on page 21 of Handbook)

Case Management

Clients will be assigned to a case manager or team to assist with client navigation of supportive services in preparation for Bridge (NCS) discharge. The goal with all clients is to help them exit to stable housing. A variety of housing options may be available to all clients. It is important to explore these options with clients, including but not limited to shared housing, supportive housing, affordable housing, etc.

Housing Plan

A case manager will work with the client to develop a housing plan within 7 days of Bridge (NCS) program admission. The housing plan includes discharge from Bridge (NCS).

Public Benefits

Within 48 hours of arrival, program staff will conduct a pre-screening for client need for mainstream benefits.

- If clients are interested in applying for mainstream benefits, staff will assist clients with online applications.

Meals

Three meals are provided per person, per day at select Bridge (NCS) locations.

Nutrition support can be provided throughout the day or deliveries may be made in groups if clients are able to store and reheat their food appropriately (individual access to refrigerators and/or microwaves). Clients should be made aware of all food options, including going off-site to purchase their own food.

When distributing food or handling any client items, team members must wear gloves and face coverings to protect from the spread of germs. This is for both the staff and client's protection.

When food is distributed to clients, the team member will knock on the client's door and place the food on a cart or tray rather than handing it to the client. Clients will take their food from the tray, thereby minimizing personal contact. To the extent possible, if clients don't answer the door, food may be stored in another safe and secure location. Communication with the client will let them know where and when they can pick it up. Depending on the location and client capacity, this may be a note left on the door, a voice mail message, text message, or other means of communication.

Mental Health

Mental Health Counseling and Support

Clients will be screened at intake for mental health needs. For clients identified at intake as needing mental health support, the case manager will create a Mental Health Monitoring Plan for regular mental health check-ins and counseling by mental health professionals during the client's stay at the hotel.

Mental health services can include telepsychiatry, and other telephonic resources for crisis support and peer support. Designated mental health professionals will communicate with individuals who need behavioral health care support for any identified issues and compliance with program requirements.

Peer/Social Support

Peer/Social Support Staff will develop and implement a phone- and videoconferencing-centered engagement plan to keep all Bridge (NCS) clients socially engaged and supported throughout their stay at the hotel. Peer/Social Support Staff will introduce themselves to all clients during or shortly after the intake process and review the forms of social support available to them. Activities in the engagement plan can include but not be limited to: group welcome and introduction of new clients over videoconferencing, opportunities for peer chat groups or yoga/movement sessions facilitated through videoconferencing, regular one-on-one social check-ins from peer/social support staff, advance notice/reminders of scheduled room release, weekly client meet-ups through videoconferencing, etc.

If the client has personal relationships within their own social network or personal safety net with whom they wish to maintain communication during their hotel stay, team members will work with the client and their identified support network to establish avenues for regular communication via phone and videoconferencing. Team members should collect contact information for selected safety net contacts in addition to emergency contacts during intake.

Client Welcoming and Relationship-Building Protocols

Onsite Agency staff will develop and implement a protocol for all intake staff to welcome new clients to the Bridge (NCS) location, including by-name introductions of all staff involved in the Bridge (NCS) process, overview of forms of mental health and social support available, and points of contact to access this support. Case managers will develop strategies to build positive, trusting and caring relationships with clients.

Wellness Checks

In addition to other services arranged by the staff or case managers, there should be periodic and regular wellness checks. Depending on the medical status of the clients will determine the frequency of scheduled check-ins.

- A. Unless other procedures have been established by the agency, the following process may be followed:
- Staff should knock on the resident's door and announce themselves.
 - Staff should have an in-person, socially distant interaction with the resident to confirm that the client is physically and mentally well.
 - Questions to ask may include, and are not limited to:
 - Are you feeling feverish today?
 - Are you coughing today? If yes, is it worse than normal?
 - Are you having trouble breathing today? If yes, is it worse than normal?
- B. When clients have been unresponsive to requests for contact and/or unwilling to allow staff to enter the unit for more than one-week or if there is cause for concern, the following process may be followed:
- Staff will contact the property owner, manager, or landlord
 - Engage security staff at the time of entry and request that security staff document the entry
 - Staff should not have keys or entry codes to client units.
 - Staff may enter the property to check on the safety and well-being of clients

Medications required for pre-existing conditions will be kept with the client who will self-administer as directed by their prescriber. If the client enters quarantine status with less than 30 days of ongoing medication, begin communication with client upon intake as to the client's medical needs. Assist the client through communication with medical provider or pharmacy to ensure there is no lapse of medication.

If someone experiences a medical or psychiatric emergency, staff on duty should call 9-1-1.

Sanitation of Client Rooms During Client Stays

Clients will be provided cleaning supplies at the beginning of their stay to maintain cleanliness of their own rooms and informed of their responsibility to maintain cleanliness of their rooms. Bridge (NCS) staff will not enter the client rooms during client stays without permission except for wellness checks as described in the section above.

Clients should be given clear instructions as to the collection of dishes, uneaten food, bagged trash and recycling that needs to be disposed of on a daily basis. While housekeeping services may be provided at certain locations on a regular basis, instructions should be provided as to the need for laundering and exchange of any towels or linens.

Please note that each Bridge (NCS) location may set their own protocol. It is the responsibility of the on-site designee to inform the clients of sanitation expectations.



May be different for each location and type of non-congregate shelter.

Termination

Involuntary discharge (termination) should be used rarely as only a last resort for cases of significant risk to the physical health or safety of other clients, staff, or the program. Some examples of behavior that could result in immediate termination are:

- On-site distribution of prescription or recreational drugs, alcohol, weapons, or drug-related paraphernalia.
- Threatening, violent, bullying, or abusive behavior toward other clients or staff.
- Creating a racially or sexually hostile environment through slurs; discriminatory or sexually lewd behavior, speech, or gestures; and/or incitement of others to participate in discriminatory acts.
- Fire-setting or other significant and intentional damage to hotel property.
- Abandoning a bed for over 48 hours without notice of good cause to staff.
- Repeated violations of undesirable behaviors that have been addressed by the staff.

All staff should make every effort to resolve issues and disputes and reserve involuntary discharge as a last resort, using de-escalation techniques (“the 5 D’s”) to help the client self-regulate. Staff will work to mediate, rather than dismiss, from the program. In the event a client acts in an aggressive or threatening manner toward other residents or staff, the on-site manager will advise staff on next steps.

Hotel staff have the absolute right to ask a client to leave the hotel. While staff may try to mediate and de-escalate, hotel staff have the final say.

If a client’s Bridge (NCS) stay must be terminated, explore if the client has a safe alternative to shelter. If no other alternative living situation can be identified, work to find space at a local shelter for the client. Every effort will be made to shelter the household but cannot be guaranteed.

Discharge Plan

When discharging, clients will work with case managers and/or housing navigators to explore post-discharge options. Clients will be given an exit date at least three days prior to discharge in order to support discharge planning. A calendaring system will track each client’s stay informing staff when appropriate to provide a 3-day warning for check out and to guide the checkout process.

All discharges will be recorded in HMIS.

For clients that have reached self-sufficiency and have the means to exit the program but are unwilling to discharge from the program, a 30-day exit plan will be made with the client to find alternative housing and community-based assistance for those that require it. The case manager will help the client find and secure another housing unit when appropriate.

Grievance Procedure and Client Input

The grievance procedure will be explained to all clients during the intake process. (See Appendix C - Forms)

Appendix A – Pandemic Priority Exception for Coordinated Entry

SNH CoC Memorandum related to Pandemic Priority Exception for CE and Referral Process for Essential Personnel



MEMORANDUM Southern Nevada Homelessness Continuum of Care Coordinated Entry Services Working Group

Michele Fuller-Hallauer
Kelly Robson
Co-Chairs

TO: Southern Nevada Continuum of Care (SNHCoC) Providers and Stakeholders
FROM: Michele Fuller-Hallauer, Clark County Social Service & Kelly Robson, HELP of Southern Nevada
CC: Coordinated Entry Services Working Group
DATE: July 14, 2020
SUBJECT: COVID-19 Pandemic Priority Exception for Coordinated Entry

With the onset of Coronavirus Disease 19 (COVID-19) public health crisis, the Centers for Disease Control and Prevention (CDC) identified that those 65 or older or any age with underlying health conditions are at higher risk of serious complications or death if they were to contract COVID-19. Those that are unsheltered or living in congregate settings are more vulnerable, due to the lack of social distancing in these settings.

On May 19, 2020, the Coordinated Entry System Working Group voted to enact a Pandemic Priority Exception (PPE) to be used in conjunction with housing assessments for prioritization on and referral from the Coordinated Entry Community Queue. The PPE will be applied to the client's prioritization for services based upon ages 65 or older or any of the following CDC identified [high-risk factors](#), which includes conditions added on June 25th:

Conditions that are at risk

- [Chronic kidney disease](#)
- [COPD \(chronic obstructive pulmonary disease\)](#)
- [Immunocompromised state \(weakened immune system\) from solid organ transplant](#)
- [Obesity \(body mass index \[BMI\] of 30 or higher\)](#)
- [Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](#)
- [Sickle cell disease](#)
- [Type 2 diabetes mellitus](#)

Conditions that may pose a risk

- [Asthma \(moderate-to-severe\)](#)
- [Cerebrovascular disease \(affects blood vessels and blood supply to the brain\)](#)
- [Cystic fibrosis](#)
- [Hypertension or high blood pressure](#)
- [Immunocompromised state \(weakened immune system\) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines](#)
- [Neurologic conditions, such as dementia](#)
- [Liver disease](#)
- [Pregnancy](#)
- [Pulmonary fibrosis \(having damaged or scarred lung tissues\)](#)
- [Smoking](#)
- [Thalassemia \(a type of blood disorder\)](#)
- [Type 1 diabetes mellitus](#)

Qualification for the exception will be assessed during the housing assessment in a COVID-19 Risk Assessment section, which will be available by July 24th. Before referring to the queue, assessors will add a note in HMIS with the referral to apply the exception. Clients already on the queue may also be reassessed for the COVID-19 Risk Assessment. The exception will be applied during the matching process. This PPE prioritization will remain in effect for the duration of the COVID-19 health crisis.

Appendix B – Referral Process for Essential Personnel to Non-Congregate Sheltering



Southern Nevada Continuum of Care Response to Coronavirus Disease 19 (COVID-19) Referral Process for Essential Personnel to Non-Congregate Sheltering

Essential Personnel who cannot return home due to possible exposure to COVID-19 and do not want to risk exposure of others in their household are eligible for temporary sheltering in select non-congregate sheltering sites that are available with some local motel/hotel sites. Following is the step-by-step process for someone who is identified as an eligible **Essential Worker** for one of these sites.

Essential Personnel are Referred to Matchers from HELP of Southern Nevada (HOSN) for Non-Congregate Sheltering

Essential Personnel are provided an **Essential Worker Referral Line** at **(702) 420-8219** to reach a HOSN Matcher *24 hours a day, 7 days a week*.

HOSN Collects Data from the Essential Worker

Upon contact with the Essential Worker, the HOSN Matcher will request basic data to enter the Essential Worker into the CMIS (Community Management Information System). This includes:

- A Release of Information (this can be provided verbally)
- A COVID-19 Triage Screening Tool verifying they are an Essential Worker

HOSN Refers the Essential Worker to the Appropriate Site for Essential Personnel

The HOSN Matcher may need to put the Essential Worker on hold to contact one of the following sites for room availability:

- **Diamond Group** (Essential Worker will need to provide their name, an email address, and a credit card for a refundable \$1 charge to the Diamond Group prior to check in)
- **Four Points**

The Essential Worker will be directed where they should go, including the name of the hotel/motel, address, a contact person, and the contact person's telephone number.

Essential Worker Checks Out of the Non-Congregate Sheltering Site

Upon check-out, the Essential Worker must contact the HOSN Matcher at **(702) 420-8219**. The HOSN Matcher will then exit the Essential Worker from the project in the CMIS.

Appendix C – HMIS Release of Information / Consent form

Nevada Community Management Information System (CMIS) Client Consent for Data Collection and Release of Information

What is the CMIS?

The CMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the CMIS for the CoCs within the state of Nevada. The purpose of the CMIS is to improve services that support people who are homeless or at risk of homelessness to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

What is the purpose of this form?

With this form, you can give permission to have information about you collected and shared with Partner Agencies that help Nevada provide housing and services. A current list of Partner Agencies is available at <http://nvcmis.bitfocus.com/>.

BY SIGNING THIS FORM, I AUTHORIZE the state of Nevada and Bitfocus to share CMIS information with Partner Agencies. The CMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:

- Name, date of birth, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, veteran services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- Bitfocus and Partner Agencies will keep my CMIS information private using strict privacy policies. I have the right to review their privacy policies.
- I can receive a copy of this Consent and the Client Information Sheet
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 5 years from my last CMIS recorded activity.

I may revoke this Consent earlier at any time by returning a completed Revocation of Consent form, available at <http://nvcmis.bitfocus.com/>, to nevada@bitfocus.com.

- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.
- My CMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, and The Department of Health and Human Services. I understand that the list of auditors and funders may change over time.
- My CMIS information may be shared to coordinate referral and placement for housing and services.
- My CMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.
- My CMIS information will be used to help evaluate the quality of social services.
- My CMIS information may be used for research; however, my identity will remain private.

SIGNATURE:

Signature of Patient/Client or Representative

Date

PRINTED NAME

Refusing Consent and De-Identification of Information

If you refuse consent to have your information shared with Partner Agencies, the following information will be entered into the system for your profile and will be deemed as anonymous or "de-identified".

1. Your Social Security Number will be entered as all 0s and the Social Security Number Data Quality field will be set to Client Refused;
2. Your Date of Birth will be entered as 01/01/[year of birth] and the Date of Birth Data Quality field will be set to Approximate or Partial DOB Reported;
3. Your First Name will be entered as Anonymous;
4. Your Last Name will be entered as the Unique Identifier automatically assigned by Clarity Human Services; and
5. The Name Data Quality field will be set to Client Refused.

FOR AGENCY USE ONLY:

Client Opted Out (Refused Consent) _____ (*Staff/Agency Initials*)

Witness Staff & Agency

Date

Appendix D – COVID Triage Screen

The COVID Triage Screening Tool is accessed in HMIS. Please note that as you respond to these initial questions, additional questions may appear. These responses will also identify the recommended next steps for client entry into a NCS specific path such as isolation or quarantine.

Screening/Triage Date:	06/17/2020
Are you an essential worker who cannot currently return home due to your potential exposure?	No
Are you being discharged from a hospital?	No
Do you need a doctor or ambulance right now?	No
Where do you typically sleep?	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus)
Do you have flu like symptoms, difficulty breathing, fever, or cough?	No
Have you been exposed to someone who had the symptoms that were discussed above?	No
Have you been tested for COVID-19?	No
Do you have a location where you can safely isolate/quarantine yourself?	No
Are you 65 yrs old or older and/or do you need additional care or have underlying conditions like diabetes, asthma, or have high blood pressure?	No

REFERRAL DIRECTIVE:

ADVISE CLIENT TO UTILIZE A COMMUNITY EMERGENCY SHELTER AND MAKE A REFERRAL TO CATEGORY GRAY: ASYMPTOMATIC AND NOT HIGH-RISK

CLIENT WILL BE CONTACTED THROUGH THE FOLLOWING PHONE NUMBER. PLEASE COMMUNICATE ANY NECESSARY INFORMATION THROUGH THE NOTES IN THE UPCOMING REFERRAL.

Client Phone Number: XXX-XXX-XXXX.

Appendix E – Pre-Engagement Form

CRISIS TEAMS PRE-ENGAGEMENT

Outreach Worker:	Date:	Location:
Location Description & Conditions:		
DEMOGRAPHICS		
Client Name:	DOB:	Age:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> TGMF <input type="checkbox"/> TGFM <input type="checkbox"/> Refused <input type="checkbox"/> Other: _____		
Full SSN:	Race:	UI:
Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other: _____ <input type="checkbox"/> Refused		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Status: HON OTH BCD DHD
Branch: ARMY NAVY USAF USMC USCG	Year Entered:	Year Discharged:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Living with partner		
Sexual Orientation: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Other: _____	Educational level:	
Phone:	Email:	
Emergency Contact:		
Do you have an ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of ID:	State:
If client had a Nevada ID before, is it expired?	Client's identifying characteristics if no photo in HMIS:	
Income: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Source:
Experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently fleeing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last occurrence:
Zip code of last address:	Current length of homelessness:	Times homeless in the last three years:
Reason for homelessness: _____		
BENEFITS		
SNAP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Type: <input type="checkbox"/> Anthem <input type="checkbox"/> HPN <input type="checkbox"/> Silver Summit <input type="checkbox"/> Other: _____		Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No

HISTORY			
Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Medical assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Declined Medical: <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported to ER: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical History:		Medical Treatment needed:	
SA History: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last time used drugs/alcohol:	Drug of choice:	
MH History: <input type="checkbox"/> Yes <input type="checkbox"/> No		Diagnosis:	
Last time you took your medication:			
Legal Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No	Warrants: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, reason for warrant/legal issues:	Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Year arrived in SONV:	Prior city/state:	Reason:	Staying: <input type="checkbox"/> Yes <input type="checkbox"/> No
SERVICES/REFERRALS			
Shelter Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	Substance Abuse Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did CT accept referrals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for refusing referral: _____ _____ _____			
Food #:	Hygiene #:	Clothing #:	Bus passes:
Housing assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Score:	Follow-up needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>if transported, where to?</small>
Metro/CPS/EMS called? <input type="checkbox"/> Yes <input type="checkbox"/> No		Event number if emergency services were called:	
Notes: _____ _____ _____			

DATA ENTRY		
<input type="checkbox"/> Pre-engagement Note	<input type="checkbox"/> Added on Daily Tracking Sheet	<input type="checkbox"/> Added to Daily Report
<input type="checkbox"/> Services Logged in HMIS		

Appendix F –Participant Agreement / Admission Form Sample

Participant's Name (Print): _____ Date: _____

I, _____, understand the following:

1. My room is subject to random room checks by staff and must remain clean and orderly.
2. Hot plates and electric griddles are not allowed and I agree not to use them while a guest at Rita Suites.
3. I agree that if I have school-aged children, they must be enrolled in school.
4. I agree that I will adhere to a "no guests" and "no overnight visitors" policy.
5. I agree to have no illegal activity in my unit.
6. I agree to not dig through the dumpster at Rita Suites.
7. I agree that if there is any damage to the unit I will be asked to leave the property.
8. I agree that I will maintain and use all linens and terries (as well as bath towels, face towels and washcloths) for their intended purposes. I am aware that I can exchange these items one-for-one with the staff as needed. I agree to not discard, damage, destroy or use these items for anything other than their intended purpose (i.e., They are not to be used to clean the apartment, dishes, etc.).
9. I agree that I will not leave any washed items outside of the unit (hanging on a/c units, railings, etc.) to dry.
10. I agree that I will not leave any items outside of the unit for any reason.
11. I agree that I will not have any pets in my unit at any time. Documented service animals are allowed and must remain with the owner at all times. Service animals provide a service and will not be allowed to remain in their rooms unaccompanied. I agree that if I have a service animal that I am responsible for cleaning up after it at all times. Cleaning up after service animals is not housekeeping's responsibility.
12. All rooms at Rita Suites are nonsmoking. I understand that no smoking is allowed inside the rooms. I agree to not make or use homemade ash trays (cups, cans, etc.) and will only use proper ash trays located around the property.
13. I understand that if I am evicted from my unit for any reason, I will not receive further shelter assistance from HELP. I agree to vacate the unit provided to me by HELP.
14. Any items left in the unit after a program exit or abandonment will be discarded after fourteen days. Exceptions will be considered on a case-by-case basis in the event of a hospitalization or an incarceration.
15. I agree to contact security at Rita Suites before calling 911 regarding issues with neighbors or the general community.
16. I must vacate the room when requested and allow Rita staff to service it.
17. I will not approach workers at the vehicle or while they are interacting with other guests at Rita Suites. Workers will meet clients at their rooms.
18. I will be respectful to staff and other guests on property. Behaviors like yelling or insulting others are not acceptable. Attempts to intimidate or stare down staff or guests will not be tolerated.
19. I will not interfere with staff in anyway to impede their ability to do do their jobs.
20. I understand that this is a shelter program that is temporary. Even if there is not a specific date that services end, I understand that I must work towards securing a permanent place to stay and exit the program.
21. I understand I am not permitted to have weapons of any kind on the property; and that failure to abide will result in my termination from the program immediately.

I agree that if I violate terms of this agreement I may be asked to leave property without notice and may be discharged from the program.

Rita Suites Participant

Date

MCIT Staff Member

Date

Appendix G – Grievance Policy Sample

Southern Nevada Non-congregate Shelter Grievance Procedure*

If you have a complaint about the performance of _____ staff, program decisions, and/or you feel you have been treated unfairly, the following are the steps you should take to have your complaint heard.

1. Talk privately to the person with whom you have the problem. We encourage you to try first to work out the problem in an open and informal way.
2. If you do not feel comfortable talking with the person with whom you have the concern with, or you do speak with them and are not satisfied with the outcome, you may make an appointment to speak with or submit a written complaint (which may be in your own language) to the Manager/Director of the program you are currently in. The Manager/Director shall meet with you or provide you with a written response to your written complaint within five (5) working days of the meeting or receipt of your written complaint.
3. If you are still unsatisfied with the decision made, you may make an appointment to speak with or submit a written complaint (which may be in your own language) to _____ Executive Director or his/her designee. The Executive Director or his/her designee shall meet with you or provide you with a written response to your written complaint within five (5) working days of the meeting or receipt of your written complaint.
4. Or, if you prefer, you may bypass the above steps and immediately contact the funding agency below:

Clark County Social Service

1600 Pinto Lane

Las Vegas, NV 89106

Attn: Assistant Director

(Phone #)

WRITTEN GRIEVANCE FORMS CAN BE FOUND POSTED ON THE BULLETIN BOARD IN THE LOBBY.

_____	_____	_____	_____
Participant Signature	Date	Staff Signature	Date

**Agencies may provide and follow their own grievance policy.*

Appendix H - Information Flyer

Temporary Hotel Placement Program

Expectations Regarding Your Hotel Placement

Welcome! You have been provided with a hotel voucher to help you minimize your exposure to Coronavirus (COVID-19).

It is **STRONGLY** recommended that you remain in your room as much as possible during your stay and limit your interaction with other clients. Getting fresh air and exercise, like walking, is suggested. When interacting with other people, try to maintain a distance of 6 feet at all times and please wear a face covering whenever possible when you are outside of your room or are unable to maintain a distance of 6 feet of space between yourself and another person.

Hotel Placement Guidelines

The following basic rules are important to keeping everyone in the hotel as safe as possible:

- The use or possession of illegal drugs, alcohol, drug paraphernalia, and/or weapons on-site is prohibited.
- Open flames of any kind are not allowed in the hotel. This prohibits the use of candles or incense and burning of any items.
- Violent and abusive language are not allowed in the hotel. Behavior which frightens or threatens other clients or hotel staff is not allowed. This includes physical violence, threats, name calling, discrimination, sexually explicit language, bullying, and other types of offensive language or actions.
- Your hotel room is for you and the roommate you have been placed with. Guests are not permitted unless prior authorization has been approved for their visit.
- Please keep all of your belongings in your designated room or space. The hotel and homeless service providers are not responsible for the loss of any personal belongings.
- The hotel **DOES / DOES NOT** (circle one) serve breakfast from _____. If the hotel does serve breakfast, please be considerate of other clients. You may take what you need for that day's breakfast only in order to allow for others to also get what they need for that meal.
- Lunch and Dinner will be provided to you during your stay. Meals will be delivered to you. It is your responsibility to store these meals in the fridge provided in your room, if available.
- Residents may self-administer medication, as needed.
- You must return to the hotel and use your bed each night while at the hotel. If you leave your hotel room for one night without notice to us and we are unable to contact you, we will terminate your stay at the hotel.
- In case of an emergency or evacuation, please follow hotel staff directives to help maintain the safety and security of everyone in the building.

- When your room is no longer paid for by providers, you must leave the hotel, or pay for your own room.

Who to Contact

- There is “hotel shelter” staff available to you 24/7 in room _____.
- If you need medication services, they will be available in room ____.
- If you develop a fever or persistent cough please contact any staff person. We have plans for how to assist individuals who begin to show symptoms.
- If you experienced increased shortness of breath, and are struggling to breathe, please call 911.
- If there is any other type of emergency, such as a fight, other health emergency, etc. please call 911.
- Our hope is that you will remain in contact with your case manager at the Referring Agency and that you will find housing that you can afford, a studio apartment or roommate, that you can exit to as soon as possible. There is security deposit assistance available for you! Please contact your case manager for more information. You can reach them by calling the staff person below:

Staff contact information

Name:

Phone Number:

Appendix I – Participant Agreement Sample #2

Agreement to Abide by the COVID-19 Hotel Guidelines – Sample

(Each NCS location may have their own program agreement based on the immediate and long-term health needs of the client(s) and the requirements set forth by the landlord/property owner/property manager. The form below is to serve as a guide.)

Please initial next to each row below to indicate you agree to the following:

Hotel Name and Address:

_____	I am responsible for following the rules at the hotel, this includes not being disruptive to other clients and being respectful to the person sharing my room.
_____	I will not hire or engage in prostitution at the hotel.
_____	I will not use drugs of any kind at the hotel.
_____	I will not smoke in my room, or I will be <u>charged a \$250 cleaning fee.</u>
_____	I will not drink in excess and cause disturbances to others.
_____	I will not open the door or walk in common spaces unless appropriately clothed.
_____	I will respect the space and keep my room clean and place my dirty linens outside of my door.
_____	Lunch and Dinner may be provided to me during my stay. Two meals may be delivered at once, and weekend meals will likely be delivered on weekdays. It is my responsibility to store these meals in the refrigerator provided in my room.
_____	Breakfast is provided on site from 6a-10a. If I miss the hotel breakfast, nothing else will be provided.
_____	I am responsible for <u>paying for any damages</u> I cause to my room.
_____	I understand that if I am asked to leave by hotel staff that I will not be placed in another hotel and will have to return to the shelter I came from or the overflow shelter (if it is still open and has space).
_____	When my room is no longer paid for by providers, I must leave the hotel, or pay for my own room.

_____	Hotel staff and/or service provider staff has the right to ask you to leave for disruptive behavior. You are not guaranteed space in your original shelter if you are asked to leave.
_____	I will alert staff if I feel sick (fever, cough, shortness of breath) VIA PHONE. If you feel sick, do not leave your room.

By signing below, I acknowledge that I have received, read, and agree to abide by the rules and guidelines stated above.

Printed Name

Signature

Date

Witness Name

Appendix J – Release of Information

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

I, _____, DOB _____ hereby authorized Program Name to release information to and obtain information from: _____ Telephone# _____ . I further release Program Name from all liabilities that may arise from this authorization.

Information to be released and/or obtained:

___ Income/Employment Status – Verification

___ Results of alcohol and/or drug testing

___ Medical History to include to HIV/AIDS status

___ Psychological/Psychiatric Features/Symptoms

___ Evaluation for Disability Claim – Disability Verification

___ In-Patient/Outpatient Substance Abuse Treatment History

___ Attendance/Participation in Case Management/ Counseling

___ Results of Mental Status Examination

___ Medical/ Psychiatric History/Treatment/Medication/Follow-Up/Hospitalizations

___ Transitional and/or Permanent Housing: ___ History, ___ Services, ___ Search

___ Other: _____

I understand that only the above mentioned information will be released or obtained for the following reasons(s):

_____ and that my records are protected under federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent automatically expires six months from this date. My signature below indicates I have read the above contents, understand that I have a right to receive a copy of this authorization upon request and agree to the conditions stated herein. I also authorize the use of a telefax or photocopy of this form for the release of the information described above

Authorizing Signature

Date

Signature of Staff Witness

Date

This information has been released /obtained from confidential records which are protected by law. Federal regulations prohibit making any further disclosure of it without specific consent of the person to whom it pertains, or otherwise permitted by such regulations. General authorization is not sufficient for this purpose.

Appendix K – Help Hints for Managing Stress during a Pandemic

Getting through this.

- Focus on what's in your control.
- Acknowledge your thoughts and feelings. Make notes of the positives throughout the day with a picture or by journaling.
- Come back to your body. Try the meditation steps below or go for a walk outside.
- Stay connected and talk to others at a safe distance or over the phone.
- Structure your day. Find comfort in routine and a schedule.
- Make notes of the positives throughout the day, either with a picture or by journaling.
- Join an online group, read something new, transform yourself, great creative.

Meditation:

- Be present. Take a deep breath. Name 5 things you can see; 4 things you can touch; 3 things you can hear; 2 things you can smell; 1 thing you can taste. Take a deep breath.
- Be present. You are safe. What country do you live in? What state? What county? What town?
- Stay present. Inhale for 4 seconds. Exhale for 5 seconds. What is your full name? When were you born? How old are you? What gender are you? What color is your hair? What color are your eyes? Which hand do you write with? Breathe.

EXHIBIT B
NON-CONGREGATE SHELTER SERVICES
INSURANCE REQUIREMENTS

TO ENSURE COMPLIANCE WITH THE CONTRACT DOCUMENT, PROVIDER SHOULD FORWARD THE FOLLOWING INSURANCE CLAUSE AND SAMPLE INSURANCE FORM TO THEIR INSURANCE AGENT PRIOR TO PROPOSAL SUBMITTAL.

- A. **Format/Time**: PROVIDER shall provide COUNTY with Certificates of Insurance, per the sample format (page B-3), for coverage as listed below, and endorsements affecting coverage required by this Contract within **ten (10) business days** after COUNTY'S written request for insurance. All policy certificates and endorsements shall be signed by a person authorized by that insurer and who is licensed by the State of Nevada in accordance with NRS 680A.300. All required aggregate limits shall be disclosed and amounts entered on the Certificate of Insurance and shall be maintained for the duration of the Contract and any renewal periods.
- B. **Best Key Rating**: COUNTY requires insurance carriers to maintain during the Contract term, a Best Key Rating of A.VII or higher, which shall be fully disclosed and entered on the Certificate of Insurance.
- C. **Owner Coverage**: COUNTY, its officers and employees must be expressly covered as additional insured's except on Workers' Compensation. PROVIDER'S insurance shall be primary with respect to COUNTY, its officers and employees.
- D. **Endorsement/Cancellation**: PROVIDER'S general liability and automobile liability insurance policy shall be endorsed to recognize specifically PROVIDER'S contractual obligation of additional insured to COUNTY and must note that COUNTY will be given thirty (30) calendar days advance notice by certified mail "return receipt requested" of any policy changes, cancellations, or any erosion of insurance limits. Either a copy of the additional insured endorsement, or a copy of the policy language that gives COUNTY automatic additional insured status must be attached to any certificate of insurance. ***Policy number must be referenced on endorsement, or the form number must be referenced on certificate.***
- E. **Deductibles**: All deductibles and self-insured retentions shall be fully disclosed in the Certificates of Insurance and may not exceed \$25,000. *If the deductible is "zero" it must still be referenced on the certificate.*
- F. **Aggregate Limits**: If aggregate limits are imposed on bodily injury and property damage, then the amount of such limits must not be less than \$2,000,000.
- G. **Commercial General Liability**: Subject to Paragraph F of this Exhibit, PROVIDER shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury (including death), personal injury and property damages. Commercial general liability coverage shall be on a "per occurrence" basis only, not "claims made," and be provided either on a Commercial General Liability or a Broad Form Comprehensive General Liability (including a Broad Form CGL endorsement) insurance form. Policies must contain a primary and non-contributory clause and must contain a waiver of subrogation endorsement. ***A separate copy of the waiver of subrogation endorsement must be provided. A separate copy of the additional insured endorsement is required and must be provided for Commercial General Liability. Policy number must be referenced on endorsement, or the form number must be referenced on certificate.***
- H. **Automobile Liability**: Subject to Paragraph F of this Exhibit, PROVIDER shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage to include, but not be limited to, coverage against all insurance claims for injuries to persons or damages to property which may arise from services rendered by PROVIDER and **any auto** used for the performance of services under this Contract. ***A separate copy of the additional insured endorsement is required and must be provided for Automobile Liability policies. Policy number must be referenced on endorsement, or the form number must be referenced on certificate.***
- I. **Workers' Compensation**: PROVIDER shall obtain and maintain for the duration of this Contract, a work certificate and/or a certificate issued by an insurer qualified to underwrite workers' compensation insurance in the State of Nevada, in accordance with Nevada Revised Statutes Chapters 616A-616D, inclusive, provided, however, a PROVIDER that is a Sole Proprietor shall be required to submit an affidavit (Attachment 1) indicating that PROVIDER has elected not to be included in the terms, conditions and provisions of Chapters 616A-616D, inclusive, and is otherwise in compliance with those terms, conditions and provisions.
- J. **Failure to Maintain Coverage**: If PROVIDER fails to maintain any of the insurance coverage required herein, COUNTY may withhold payment, order PROVIDER to stop the work, declare PROVIDER in breach, suspend or terminate the Contract.
- K. **Additional Insurance**: PROVIDER is encouraged to purchase any such additional insurance as it deems necessary.
- L. **Damages**: PROVIDER is required to remedy all injuries to persons and damage or loss to any property of COUNTY, caused in whole or in part by PROVIDER, their subcontractors or anyone employed, directed or supervised by PROVIDER.

- M. **Cost:** PROVIDER shall pay all associated costs for the specified insurance. The cost shall be included in the price(s).
- N. **Insurance Submittal Address:** All Insurance Certificates requested shall be sent to the Clark County Purchasing and Contracts Division, Attention: Insurance Coordinator at 500 South Grand Central Parkway, 4th Floor, Las Vegas, Nevada 89155
- O. **Insurance Form Instructions:** The following information must be filled in by PROVIDER'S Insurance Company representative:
1. Insurance Broker's name, complete address, phone and fax numbers.
 2. PROVIDER'S name, complete address, phone and fax numbers.
 3. Insurance Company's Best Key Rating
 4. Commercial General Liability (Per Occurrence)
 - (A) Policy Number
 - (B) Policy Effective Date
 - (C) Policy Expiration Date
 - (D) Each Occurrence (\$1,000,000)
 - (E) Personal & Advertising Injury (\$1,000,000)
 - (F) General Aggregate (\$2,000,000)
 5. Automobile Liability (Any Auto)
 - (G) Policy Number
 - (H) Policy Effective Date
 - (I) Policy Expiration Date
 - (J) Combined Single Limit (\$1,000,000)
 6. Worker's Compensation
 7. Description: CBE Number and Name of Contract (must be identified on the initial insurance form and each renewal form).
 8. Certificate Holder:

Clark County, Nevada
c/o Purchasing and Contracts Division
Government Center, Fourth Floor
500 South Grand Central Parkway
P.O. Box 551217
Las Vegas, Nevada 89155-1217
 9. Appointed Agent Signature to include license number and issuing state.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 1. INSURANCE BROKER'S NAME ADDRESS	CONTACT NAME:	
	PHONE (A/C No. Ext):	BROKER'S PHONE NUMBER
	FAX (A/C No.):	BROKER'S FAX NUMBER
	E-MAIL ADDRESS: BROKER'S EMAIL ADDRESS	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 2. PROVIDER'S NAME ADDRESS PHONE & FAX NUMBERS	INSURER A:	3.
	INSURER B:	Company's
	INSURER C:	Best
	INSURER D:	Key Rating
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
4.	GENERAL LIABILITY	X		(A)	(B)	(C)	EACH OCCURRENCE	\$(D) 1,000,000
				PERSONAL & ADV INJURY	\$(G) 1,000,000			
				GENERAL AGGREGATE	\$(H) 2,000,000			
	POLICY X PROJECT LOC			DEDUCTIBLE MAXIMUM	\$ 25,000			
5.	AUTOMOBILE LIABILITY	X		(J)	(K)	(L)	COMBINED SINGLE LIMIT (Ea accident)	\$(M) 1,000,000
	X ANY AUTO			BODILY INJURY (Per person)	\$			
	ALL OWNED AUTOS			BODILY INJURY (Per accident)	\$			
	SCHEDULED AUTOS			PROPERTY DAMAGE (Per accident)	\$			
	HIRED AUTOS				\$			
	NON-OWNED AUTOS			DEDUCTIBLE MAXIMUM	\$ 25,000			
6.	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	N/A					WC STATUTORY LIMITS	OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	E.L. EACH ACCIDENT						\$	
	E.L. DISEASE - E.A. EMPLOYEE						\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							E.L. DISEASE - POLICY LIMIT	\$

7. CB E NO. 606138-22; NON-CONGREGATE SHELTER SERVICES.**8. CERTIFICATE HOLDER****CANCELLATION**

CLARK COUNTY, NEVADA
C/O PURCHASING AND CONTRACTS DIVISION
GOVERNMENT CENTER, FOURTH FLOOR
500 S. GRAND CENTRAL PARKWAY
P.O. BOX 551217
LAS VEGAS, NV 89155-1217

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

9. AUTHORIZED REPRESENTATIVE

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POLICY NUMBER: _____

COMMERCIAL GENERAL AND AUTOMOBILE LIABILITY

CBE NUMBER AND CONTRACT NAME:

THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY
ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY AND AUTOMOBILE LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

CLARK COUNTY, NEVADA
C/O PURCHASING & CONTRACTS DIVISION
500 S. GRAND CENTRAL PKWY 4TH FL
PO BOX 551217
LAS VEGAS, NEVADA 89155-1217

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

CLARK COUNTY, NEVADA, ITS OFFICERS, EMPLOYEES AND VOLUNTEERS ARE INSURED WITH RESPECT TO LIABILITY ARISING OUT OF THE ACTIVITIES BY OR ON BEHALF OF THE NAMED INSURED IN CONNECTION WITH THIS PROJECT.

ATTACHMENT 1

AFFIDAVIT

(ONLY REQUIRED FOR A SOLE PROPRIETOR)

I, _____, on behalf of my company, _____, being duly sworn,

(Name of Sole Proprietor)

(Legal Name of Company)

depose and declare:

1. I am a Sole Proprietor;
2. I will not use the services of any employees in the performance of this Contract, identified as CBE No. 606138-22, entitled NON-CONGREGATE SHELTER SERVICES;
3. I have elected to not be included in the terms, conditions, and provisions of NRS Chapters 616A-616D, inclusive; and
4. I am otherwise in compliance with the terms, conditions, and provisions of NRS Chapters 616A-616D, inclusive.

I release Clark County from all liability associated with claims made against me and my company, in the performance of this Contract, that relate to compliance with NRS Chapters 616A-616D, inclusive.

Signed this _____ day of _____, _____.

Signature _____

State of Nevada)
)ss.
 County of Clark)

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____,

by _____ (name of person making statement).

Notary Signature

STAMP AND SEAL

**EXHIBIT C
SUBCONTRACTOR INFORMATION**

DEFINITIONS:

- **MINORITY OWNED BUSINESS ENTERPRISE (MBE):** An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.
- **WOMEN OWNED BUSINESS ENTERPRISE (WBE):** An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.
- **PHYSICALLY CHALLENGED BUSINESS ENTERPRISE (PBE):** An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.
- **SMALL BUSINESS ENTERPRISE (SBE):** An independent and continuing **Nevada** business for profit which performs a commercially useful function, is **not** owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.
- **VETERAN OWNED ENTERPRISE (VET):** A Nevada business at least 51% owned/controlled by a veteran.
- **DISABLED VETERAN OWNED ENTERPRISE (DVET):** A Nevada business at least 51% owned/controlled by a disabled veteran.
- **EMERGING SMALL BUSINESS (ESB):** Certified by the Nevada Governor's Office of Economic Development effective January, 2014. Approved into Nevada law during the 77th Legislative session as a result of AB294.

It is our intent to utilize the following MBE, WBE, PBE, SBE, VET, DVET and ESB subcontractors in association with CONTRACT:

1. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE VET
 DVET ESB

2. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE VET
 DVET ESB

3. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE VET
 DVET ESB

No MBE, WBE, PBE, SBE, VET, DVET, or ESB subcontractors will be used.

**INSTRUCTIONS FOR COMPLETING THE
DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM**

Purpose of the Form

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners (“BCC”) in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

General Instructions

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

Detailed Instructions

All sections of the Disclosure of Ownership form must be completed. If not applicable, write in N/A.

Business Entity Type – Indicate if the entity is an Individual, Partnership, Limited Liability Company, Corporation, Trust, Non-profit Organization, or Other. When selecting ‘Other’, provide a description of the legal entity.

Non-Profit Organization (NPO) - Any non-profit corporation, group, association, or corporation duly filed and registered as required by state law.

Business Designation Group – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), Physically-Challenged Business Enterprise (PBE), Veteran Owned Business (VET), Disabled Veteran Owned Business (DVET), or Emerging Small Business (ESB) . This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.

- **Minority Owned Business Enterprise (MBE):** An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.
- **Women Owned Business Enterprise (WBE):** An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.
- **Physically-Challenged Business Enterprise (PBE):** An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.
- **Small Business Enterprise (SBE):** An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.
- **Veteran Owned Business Enterprise (VET):** An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51 percent owned and controlled by one or more U.S. Veterans.
- **Disabled Veteran Owned Business Enterprise (DVET):** A Nevada business at least 51 percent owned/controlled by a disabled veteran.
- **Emerging Small Business (ESB):** Certified by the Nevada Governor's Office of Economic Development effective January, 2014. Approved into Nevada law during the 77th Legislative session as a result of AB294.

Business Name (include d.b.a., if applicable) – Enter the legal name of the business entity and enter the “Doing Business As” (d.b.a.) name, if applicable.

Corporate/Business Address, Business Telephone, Business Fax, and Email – Enter the street address, telephone and fax numbers, and email of the named business entity.

Nevada Local Business Address, Local Business Telephone, Local Business Fax, and Email – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

Number of Clark County Nevada Residents employed by this firm. (Do not leave blank. If none or zero, put the number 0 in the space provided.)

List of Owners/Officers – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation or non-profit organization, list all Corporate Officers and Directors only.

For All Contracts – (Not required for publicly-traded corporations)

- 1) Indicate if any individual members, partners, owners or principals involved in the business entity are a Clark County full-time employee(s), or appointed/elected official(s). If yes, the following paragraph applies.

In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in subsections 2, 3, and 4.

- 2) Indicate if any individual members, partners, owners or principals involved in the business entity have a second degree of consanguinity or affinity relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 2 for definition). If YES, complete the Disclosure of Relationship Form. Clark County is comprised of the following government entities: Clark County, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District. Note: The Department of Aviation includes all of the General Aviation Airports (Henderson, North Las Vegas, and Jean). **This will also include Clark County Detention Center.**

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

Signature and Print Name – Requires signature of an authorized representative and the date signed.

Disclosure of Relationship Form – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:						
Corporate/Business Entity Name:						
<i>(Include d.b.a., if applicable)</i>						
Street Address:				Website:		
City, State and Zip Code:				POC Name:		
				Email:		
Telephone No:				Fax No:		
Nevada Local Street Address: (If different from above)				Website:		
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
_____	_____	_____
_____	_____	_____
_____	_____	_____

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

Yes No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature	Print Name
Title	Date

DISCLOSURE OF RELATIONSHIP

List any disclosures below:
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT

* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

“Consanguinity” is a relationship by blood. “Affinity” is a relationship by marriage.

“To the second degree of consanguinity” applies to the candidate’s first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

For County Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

- Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
- Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

Signature

Print Name
Authorized Department Representative