

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

*In response to:*  
**Notice of Funding Opportunity (NOFO)  
Final Submission Date and Time:  
July 26, 2024 at 3p.m. PDT**  
*Our application is respectfully submitted as follows:*

<b>Company Name:</b>	Clark County Social Service
<b>Primary Business Address:</b>	1600 Pinto Lane, Las Vegas, NV 89106
<b>Mailing Address: (If different)</b>	same as primary business address
<b>Phone:</b>	(702) 455-4270
<b>Executive Director/CEO:</b>	Abigail Frierson, Deputy County Manager
<b>Primary Contact for Proposal:</b>	Brenda Herbstman, Senior Grants Coordinator
<b>Primary Contact Email Address:</b>	HerbstmB@ClarkCountyNV.gov

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

**Signed:** 

**Date:** ~~Jul 25, 2024~~ enter a date.

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**Print Name:** Abigail Frierson

**Title:** Deputy County Manager

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

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

- x Public Agency
  501(c)(3) Nonprofit
  Private
  Higher Education
  Tribal  
 Other Click or tap here to enter text.

**B. GEOGRAPHIC AREA OF SERVICE**

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

<input type="checkbox"/> CITY, OR ZIP CODE	Click or tap here to enter text.
<input checked="" type="checkbox"/> x COUNTY	Clark County
<input type="checkbox"/> REGION	Click or tap here to enter text.
<input type="checkbox"/> STATEWIDE	Click or tap here to enter text.

**C. APPLICANT ORGANIZATION**

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

<b>ORGANIZATION NAME</b>	Clark County Social Service	
<b>MAILING ADDRESS</b>	1600 Pinto Lane	
<b>PHYSICAL ADDRESS</b>	same	
<b>CITY</b>	Las Vegas	<b>NV</b>
<b>ZIP (9-DIGIT ZIP REQUIRED)</b>	89106-4184	
<b>FEDERAL TAX ID #</b>	DUNS - 083782953	
<b>UEI NUMBER</b>	DF4MDGFTJB4	

**D. PROGRAM POINT OF CONTACT**

PROGRAM CONTACT IS INDIVIDUAL WHO WILL BE RESPONSIBLE FOR ACTIVITIES OF THE GRANT.		
<b>NAME</b>	Brenda Barnes	
<b>TITLE</b>	Assistant Manager	
<b>PHONE</b>	(702) 301-3175	
<b>E-MAIL</b>	MartinBV@ClarkCountyNV.gov	
<b>SAME MAILING ADDRESS AS SECTION C? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, USE BELOW ADDRESS INFORMATION</b>		
<b>ADDRESS</b>	Click or tap here to enter text.	
<b>CITY</b>	Click or tap here to enter text.	<b>NV</b>
<b>ZIP (9-DIGIT ZIP REQUIRED)</b>	Click or tap here to enter text.	

**E. FISCAL OFFICER**

FISCAL CONTACT IS INDIVIDUAL RESPONSIBLE FOR THE BUDGET AND REIMBURSEMENT REQUESTS.		
<b>NAME</b>	Ashley Peterson	
<b>TITLE</b>	Departmental Fiscal Services Administrator	
<b>PHONE</b>	702-455-4168	
<b>EMAIL</b>	Ashley.Peterson@ClarkCountyNV.gov	
<b>SAME MAILING ADDRESS AS SECTION B? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO, USE BELOW ADDRESS INFORMATION</b>		
<b>ADDRESS</b>	500 S Grand Central Parkway	
<b>CITY</b>	Las Vegas	<b>NV</b>
<b>ZIP (9-DIGIT ZIP REQUIRED)</b>	<b>89155-4502</b>	

**F. KEY PERSONNEL (ADD ROWS IF REQUIRED)**

<b>KEY PERSONNEL ARE DIRECTLY RESPONSIBLE FOR PROJECT DELIVERABLES.</b> Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide proposed services. The Project Manager is required.		
NAME	TITLE	LICENSED?
Amy Roukie	Project Manager (Mandatory Field) If licensed, License Type: License Number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Trish Prestigiacomio	Executive Director of Clinical Services License: LCSW 5133-C	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Kate Westfall	Director of Program Development Certification: Psychology; Addiction Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>A RESPONSE OF YES MEANS YOU ARE CURRENTLY ENROLLED AS A PROVIDER AND NOT THAT YOU ARE IN THE PROCESS.</b>	
Are you currently a registered provider with the Division of Health Care Finance and Policy (DHCFP) – Nevada Medicaid?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you currently registered as a provider with Health Plan of Nevada?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you currently registered as a provider with United Health Care?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you currently registered as a provider with Blue Cross/Blue Shield Anthem?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you currently registered as a provider with Silver Summit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please identify any other third-party payors billed (e.g., insurance companies) your organization is registered with as a provider type for billing purposes.  n/a	

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

#### H. CERTIFICATION OF PROVIDER

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

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

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

<i>Example: State Opioid Response Grant</i>	<i>Grant</i>	<i>September 2024</i>	<i>\$100,000</i>
Non-Congregate Sheltering program	AB309 funds	ongoing	varies based on housing needs of clients
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**J. CAPACITY AND SUSTAINABILITY**

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

Clark County focuses on sustainability of successful projects through local, state, federal, and philanthropic funding sources. Clark County is well positioned to identify and secure alternative funding sources after this grant ends. This includes examining the diversion of funds due to successful outcomes and cost effectiveness of this program. The financial return on investments allows flexibility for program budgets. Clean-up costs incurred when individuals experiencing homelessness remain unsheltered and reside in streets, in flood channels, and in other areas not meant for human habitation cost more than \$5 million dollars per year. In comparison, more than 274 individuals and families can be housed and provided full wrap-around services including mental health treatment for the same fiscal investment, not only providing a fiscal return, but a human return as these individuals and families become productive members of Clark County. As such, the benefits to our community include these individuals and families paying taxes, making purchases, and providing a positive economic impact as they become independent of services and maintain self-sufficiency and permanent housing.

**K. TARGET POPULATION (SELECT ONLY ONE).**

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

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

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

**M. PROJECT ABSTRACT**

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

**NAME OF PROJECT:** Non-Congregate Shelter SUD Supportive Services

The growing population of people experiencing homelessness in Southern Nevada cannot be fixed with a quick solution. Many of these individuals lack the resources they need to obtain and maintain housing stability. Additionally traditional housing services have not included a focus on services designed to support clients reach sobriety and stable mental health. This program (NCS-SUD) commits to provide sheltering, connections to long-term housing, and assessments resulting in full wrap-around services related to SUD and mental health needs. On-site case managers support the clients 24/7 with medical, clinical, and social support that match the housing options leading to self-sufficiency. While programming is individually designed to meet the specific needs of each client, options include prescription distribution, medicated assisted treatment, counseling, outpatient treatment, group therapy, peer support advocacy, and access to a therapist. These services are offered in a client-centered trauma-informed manner to engage individuals and provide them with the tools necessary to continue on their path to self-sufficiency. Space has been reserved for up to 120 clients, generally for a stay of up to 6 months. If clients are working toward their goals, they may remain in the program until a housing program vacancy opens and the client can be given a warm-handoff to that program. Clients who need to take a step-back will be offered a warm-hand off to a facility that can better meet their needs while their space is reserved so they can continue progressing on their individualized case management plan.

<b>Priority Area</b>	4. Provide Behavioral Health Treatment
<b>Estimated Budget Year One (Pull from Budget)</b>	\$750,000
<b>Estimated Budget Year Two (Pull from Budget)</b>	\$750,000



## N. ORGANIZATIONAL CAPACITY DESCRIPTION

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

Since 1972, Clark County Social Service (CCSS) has provided a wide variety of services to indigent residents throughout Clark County who are not assisted by other federal, state, or local programs. CCSS leadership manages an annual operating budget of more than \$662 million and currently administers approximately \$61 million in grant funding. CCSS provides support to low-income, at-risk, and high-risk populations in attaining self-sufficiency. This includes providing rental assistance, emergency housing assistance to families and seniors, and permanent housing with supportive services. Since 2010, CCSS has operated Step Up, a homeless prevention and economic self-sufficiency program for youth who have aged out of the foster care system. Throughout and since the COVID Pandemic, Clark County has been instrumental in ensuring the safety of individuals and families in our community, including the distribution of basic needs assistance, engagement in evictions mitigation processes to support client stability, utility assistance, and landlord engagement and recruitment. Clark County management and staff have reacted quickly to community needs and responded with the full implementation of programs that serve clients in a variety of ways. Clark County has served a variety of subpopulations including seniors, adults without children, families, and unaccompanied youth through many different types of programs that result in safe and stable housing, access to supportive services, and long-term self-sufficiency. Consistent data collections and monthly and quarterly programmatic reviews has allowed for programs to adapt to the needs of clients and make changes in a timely manner.

County teams are dedicated to increasing resources in the community and have staff dedicated to monitoring all grants and contracts. Team members research all applicable laws and requirements of awarded grants to ensure compliance. Team members have worked to develop stringent monitoring tools and compliance standards including monthly submissions of data and quarterly face-to-face meetings to discuss programmatic developments and progress along with needed improvements. Clark County has the needed experience and expertise to implement programs and ensure that all program requirements are met.

The CC Department of Finance ensures the fiscal integrity and stability of the County through financial and risk management services. They have developed procedures and fiscal management practices that are aligned with generally accepted accounting principles. The systems in place ensure that CCSS is successful serving as the fiduciary and monitoring agent for a variety of federal and state grant programs that are sub-granted to local non-profits for program implementation.

Due to the formatting issues of this PDF, please accept this response for #5 in the section below.

NCS-SUD operates utilizing several evidence-based practices including but not limited to:

- Medication Assisted Treatment (MAT) which provides medications in combinations with counseling and behavioral therapies for the treatment of SUD.
- Trauma Informed Care which acknowledges the impact of trauma on a client's path and provides support to avoid re-traumatization throughout the healing process
- Motivational Interviewing is a non-confrontational conversational strategy that helps people make their own decisions to change their behavior.
- Cognitive Behavioral Therapy helps clients identify and challenge negative thoughts so they can respond to challenging situations more effectively.
- Dialectic Behavioral Therapy helps clients develop skills for managing intense emotions, negotiating social relationships, and curbing self-destructive impulses.

## O. PROJECT DESIGN AND IMPLEMENTATION

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

**1. Describe how the project will address *Target Population*.** The target population includes individuals experiencing homelessness who are involved with the criminal justice, juvenile justice, and child welfare system. Clark County Social Service is uniquely positioned to provide services to this population as they engage with other Departments within the Clark County Government agency. Clark County Social Service staff meet regularly to develop, implement, and ensure continuation of quality services to the cross sector of clients who are experiencing homelessness as well as system engagement. This includes The Harbor with Department of Juvenile Justice to support youth diversion from the criminal justice system, Step Up which provides case management services to youth who have exited the child welfare system with Department of Family Services, and STAR Rapid Rehousing and STAR Permanent Supportive Housing for individuals who are also frequent users of the criminal justice system. While these programs focus on long-term housing, the NCS-SUD program would support initial stability of clients as they await housing program vacancies and ensure they are ready to move into long-term housing when those options become available.

**2. Describe the program activities and how they relate to the overall objectives, opioid abatement, goals of the project, and how the objectives will be achieved.** Upon entry into the NCS-SUD program, clients are given an assessment to determine if this is an appropriate program for them to enter. Clients more appropriate for other programs or in-patient treatment options are provided with resources, linkages, and a warm-handoff to other programs. Clients appropriate for NCS-SUD meet with a QMHP to conduct assessments and connect to a provider that can meet the clinical needs of the client. Program options, based on the client's needs include medical assisted treatment (MAT), counseling, licensed clinical coordination, and chemical dependent intensive outpatient (CDIO), programming. Overall goals of the program include connecting clients to services which support opioid abatement and sobriety which leads to job preparation and employment which will result in long-term stable housing. These are further described in the Scope of Work section below.

**3. Describe how many individuals will be served monthly and annually.** 120 clients will be served on any given night. With an average length of stay of 6 months, that equates to approximately 240 clients annually.

**4. Describe how the project design and implementation will meet the priority service area targeted.** Clients are connected to the program through referrals by partnering agencies including Las Vegas Metropolitan Police Department, Las Vegas Metropolitan Police Department Detention Services Division, Department of Family Services, and Department of Juvenile Justice. This ensure that the priority service area is targeted and prioritized for these services.

**5. Define the evidence-based practice(s) or promising practice(s) being utilized.** Due to formatting of this PDF, please see response listed on p. 10.

**6. Describe how the project meets the requirements for the targeted program.** The main goal of NCS-SUD is to provide shelter opportunities that partner with medical support to help clients reach sobriety and obtain and maintain long term housing stability. By providing a full range of services to clients during their shelter stay, clients are positioned to maintain their sobriety and treat mental health disorders in a way that preserves their dignity and encourages them to continue their journey to self-sufficiency. This project lays the foundation for those who want to improve their well-being and supports those ready to take the next steps towards wellness.

**7. Describe how proposed services meet the requirements of being culturally inclusive and what activities will be done to reach underserved priority populations.** While telehealth is available for all clients, it is not appropriate for all. NCS-SUD provides on-site visiting doctors and clinicians to reduce barriers for clients. This includes services with translation options for those who speak another language, interpretation services for hearing impaired clients, rooms based on gender identity and options to support the safety needs of transgender clients. NCS-SUD staff are diverse in race, ethnicity, gender, religion, sexual orientation, and several have lived experience of mental health and SUD or have similar experiences that make them relateable to clients.

## P. CAPABILITIES AND COMPETENCIES

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

CCSS is intentional in the development of program outputs and outcomes so that programs truly meet the needs of clients and funder standards. Outcomes from many federal grants have far exceeded the goals of the program. The intended subrecipient of the grant, WCHHealth, mirrors the expectations of CCSS and has goals that align with the program objectives. Key staff include: Trish Prestigiacomo, Exec Director of Clinical Services; LCSW; 5 years with company; Experience: State MH Agency and Mojave Mental Health. Clinical Supervisor for WCHHealth Social Work intern program. Role: Responsible for managing all aspects of clinical care in the state. This includes supervision of 25 staff /interns, Case Management and the Intensive Outpatient and Therapy programs. She is also the lead on the SAPTA agency certification process.

Amy Roukie, Executive Director of Compliance, BS/MBA, minor in Healthcare Management; 6 years with company ;Experience: Behavioral Health roles for 40 years including at the State as she was the Administrator of the Division of Public and Behavioral Health. Provided direct care and oversight for inpatient and outpatient substance use disorders (SUD) and dual diagnosis populations. She has operated residential substance use disorders (SUDs) treatment programs, managed multiple projects working with the SUDs populations. Role: She is responsible for agency audits, reports, compliance with Medicaid and SAPTA.

Kate Westfall, Director of Program Development and Success, Bachelor's degree in psychology, minor in Addiction Treatment, 5 years with company; Experience: Lead Case Manager serving those with dual diagnosis including substance use and mental health disorders. Assisted with those entering Crisis Services, including housing placement and treatment linkages. Provision of data analytics to ensure metrics including HEDIS measures are being met. Medicaid direct supervisor and assisted in program development of the SUDS program. Former Family Advocate for Women's Long-term Rehabilitation program providing programming and PSR. Role: Director of Program Development and Success, plan and help to develop new and existing programs in collaboration with the team, collect and analyze data of the programs and services we offer statewide.

Dr. Daniel Park, Medical Director, Psychiatric Services, Psychiatrist; 8 years with company; Experience: Working with Behavioral Health patients since 2011. Medical directorships including of Chemical Dependency program at a Behavioral Health hospital. Role: Provision of oversight and direct services to our patients and staff in clinically managing the populations of those with a dual diagnosis. Guides treatment ensures clinical competencies and supports practice in areas of staff development, quality and compliance and treatment.

Delsa Fortich, Director of Housing, High School, 9 years with company; Experience: In 2015 built the Housing programs ensuring compliance with all local and state regulations, certified the Community Based Living Arrangements (CBLA) homes with the State Healthcare Quality and Compliance Bureau. Role: Director of Housing is responsible for the day-to-day operations of all housing programs which currently serve nearly 1,000 formerly homeless individuals daily. She offers guidance in staffing schedules, resource allocation and ordering, manages licensure and certification and ensures quality in the care provided to all.

Ana Macias, Director of Case Management, BS, Criminology/QMHA; 14 years with company Experience: MH/SMI/SUD field for 28 years working with at-risk youth, adults in the Mental Health facilities, and persons experiencing homelessness with mental health issues. Role: Manage a team of 26 Case Managers, the operations of housing for 135 members, gathers metrics to solidify services, and resolve issues. Coordinate seamless discharges, driving initiatives to reduce excess days, and staff training and evaluation.

## Q. DATA COLLECTION

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

The Homeless Management Information System (HMIS) is the portal of record to collect unduplicated client level data, the number of services provided, and the costs associated with these services. HMIS is a secure online database that stores data on all housing services that are provided in the State of Nevada. This data is used to improve the ability of local organizations to provide access to housing and related services. HMIS offers a robust catalog of reporting tools that allow program staff to interact with the data, understand trends and patterns in data, and apply continuous quality improvement to strategies that ensure programs operate at an optimal level. HMIS adheres to all established standards and best practices and complies fully with the latest federal HMIS Data Standards as established by the US Department of Housing and Urban Development and its federal partnering agencies. CCSS staff serve as the statewide HMIS lead and multiple funding streams provide the sustainability for this data collection tool. Program level staff are responsible for collecting the data and inputting it into HMIS within a 48 hour turn around period. Key personnel conduct monthly desk reviews along with quarterly in-person reviews to ensure that relevant data drives programmatic decisions. Analysis of performance measures helps guide the direction of the program including any modifications identified to improve client outcomes.

WCHealth, the subrecipient also collects electronic health records so notes can be shared. They use two customized platforms: EHR Your Way and WC Care Connect . Both systems protect all client level data, provide reports for easy program evaluations and case managers each have their own log-in and passwords to further protect client data.

**R. SCOPE OF WORK**

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

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

**Goal 1:** Improve access to services those with a Substance Use Disorders in Clark County

Objective	Activities   Strategies	How Data Collected/ Documentation
1. Serve underinsured and uninsured clients experiencing homelessness and SUD	1. Provide access to intensive outpatient groups, therapy, case management, psychiatry, and primary care as needed. Provide access to medications including MAT, psychotropic medications and engage clients in all phases of treatment	1. Through EHR by exporting activities, medications, response to treatment, and other summaries of service

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

**Goal 2:** Improve enrollment in healthcare benefits for uninsured clients

Objective	Activities   Strategies	How Data Collected   Documentation
Ensure that clients have access to medical resources	Assist clients with applications for Medicaid and Welfare	HMIS entries for all enrollments and services associated with applications and enrollments.

**Goal 3:** Maintain sobriety for 30 days

Objective	Activities   Strategies	How Data Collected   Documentation
1. Clients will remain engaged in services while maintaining sobriety 2.	1. provide education, information, and motivation. All clients are assessed for and offered MAT services; monitor behaviors; conduct testing; provide access to services if sobriety is not maintained 2.	1. EHR including results of drug screens 2.

**Goal 4:** Click or tap here to enter text.

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

**Add additional Goals as required.**

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

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

Name: Amy Roukie

Title: Executive Director of Compliance, (Program Manager)

Certification/Education: BS/MBA, minor in Healthcare Management

Experience: She has worked in Behavioral Health roles for 40 years including at the State as she was the Administrator of the Division of Public and Behavioral Health. She has provided direct care as well as managing programs for inpatient and outpatient substance use disorders (SUD) as well as the dual diagnosis populations, in Nevada. She has operated residential substance use disorders (SUDs) treatment programs, managed multiple projects working with the SUDs populations throughout her career including working for private organizations defining and developing programs. She is responsible for reporting and managing many local and state projects and will be accountable for this program.

Role: She is responsible for agency audits, reports, compliance with Medicaid and SAPTA. She also drives growth, writes grant applications and proposals as well as managing many County and State contracts.

Years with the company: 6



## **T. Budget Excel Template & Instructions**

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

### **Budget Narrative Template Attached**

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

## U. GENERAL PROVISIONS OF GRANT ACCEPTANCE OR AWARD

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

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

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

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

### **Audit Requirements**

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

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

### **Year-End Financial Report**

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

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

### **Limited Scope Audits**

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

The Audit Report must be sent to:

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

### **Amendments**


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

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

**Remedies for Noncompliance**

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

Agreed to:

Signature:  \_\_\_\_\_

Date: Click here to enter a date. **Jul 25, 2024**

Printed Name: Click here to enter text. Abigail Frierson

Title: Click here to enter text. Deputy County Manager

## V. FINANCIAL AND INTERNAL CONTROLS QUESTIONNAIRE

### ORGANIZATION FINANCIAL INFORMATION (for nonprofit organizations only)

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

YES       NO

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

YES       NO

### ACCOUNTING

3. Briefly describe your organization's accounting system and accounting processes, including:

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

- B. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?  
Through subledgers using various document types like invoices, cash journals, and journal vouchers.

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

- 1) By what date must any Partner Organizations submit reimbursement requests to your agency (e.g., Partner Organizations must submit their reimbursement request, General Ledger report, and supporting documentation to us no later than the 10<sup>th</sup> of each month)?

That is on a contract by contract basis

- 2) By what date do you close the General Ledger (e.g., GL is closed no later than the 10<sup>th</sup> of each month)?

There is no specific date

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

transactions are in SAP. Financial reports are produced from the system

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

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

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

YES       NO

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

YES       NO

6. Does your accounting system identify and segregate:

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

YES       NO

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

YES       NO       NOT APPLICABLE

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

YES       NO

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

YES       NO

## GENERAL ADMINISTRATION AND INTERNAL CONTROLS

10. Does your organization have written personnel policies?

YES       NO

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

YES       NO

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

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

certification of time worked.

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

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

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

YES     NO

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

YES     NO

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

YES     NO

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

YES     NO

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

Approved by:

Signature: \_\_\_\_\_

Date: 07/03/24

Printed Name: Colleen Boyle

Title: Accounting Manager

**Colleen Boyle** Digitally signed by Colleen Boyle  
Date: 2024.07.03 15:14:03 -07'00'



## W. CERTIFICATION BY AUTHORIZED OFFICIAL

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

**Name (type/print):**

Abigail Frierson  
Click or tap here to enter text.

**Phone**

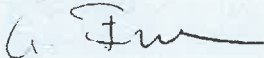
(702) 455-7297  
Click or tap here to enter text.

**Title**

Deputy County Manager  
Click or tap here to enter text.

**Email**

Abigail.Frierson@ClarkCountyNV.gov  
Click or tap here to enter text.

**Signature****Date**

Jul 25, 2024  
Click or tap to enter a date.







# DO-Application-Form\_State Plan NOFO 2024-FINAL Clark County 07.23.2024

Final Audit Report

2024-07-25

Created:	2024-07-24 (Pacific Daylight Time)
By:	Catherine Benson (CBENSON@ClarkCountyNV.gov)
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