

**State of Nevada Department of Health and Human Services
Division of Public and Behavioral Health
Bureau of Behavioral Health Wealth and Prevention**

In response to:

Notice of Funding Opportunity (NOFO)

Rolling Deadline and Evaluation with Final Submission Date and Time:

December 23, 2021 at 5:00 p.m. PST

Our application is respectfully submitted as follows:

Company Name:	Washoe County Department of Alternative Sentencing
Clinic Address:	1530 E. 6th St., Reno, NV 89512
Mailing Address: (If different)	N/A
Phone:	775-399-0265
Executive Director/CEO:	Chief Alternative Sentencing Officer: Justin Roper
Primary Contact for Proposal:	Andrew Sherbondy, Sergeant
Primary Contact Email Address:	asherbondy@washoecounty.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: 12/21/2021

Print Name: Andrew Sherbondy

Title: Sergeant

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.**

- 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"/> COUNTY	Washoe 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 DUNS/UEI NUMBER, YOU WILL BE DISQUALIFIED.

ORGANIZATION NAME	Washoe County Dept. of Alternative Sentencing	
MAILING ADDRESS	1530 E. 6th St.	
PHYSICAL ADDRESS	1530 E. 6th St.	
CITY	Reno	NV
ZIP (9-DIGIT ZIP REQUIRED)	89512	
FEDERAL TAX ID #	88-6000138	
DUNS/UEI NUMBER	07-378-6998	

D. PROGRAM POINT OF CONTACT

PROGRAM CONTACT IS INDIVIDUAL WHO WILL BE RESPONSIBLE FOR ACTIVITIES OF THE GRANT.		
NAME	ANDREW SHERBONDY	
TITLE	SERGEANT	
PHONE	775-399-0265	
E-MAIL	ASHERBONDY@WASHOECOUNTY.GOV	
SAME MAILING ADDRESS AS SECTION C? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, USE BELOW ADDRESS INFORMATION		
ADDRESS	N/A	
CITY	N/A	NV
ZIP (9-DIGIT ZIP REQUIRED)	N/A	

E. FISCAL OFFICER

FISCAL CONTACT IS INDIVIDUAL RESPONSIBLE FOR THE BUDGET AND REIMBURSEMENT REQUESTS.		
NAME	MEGHAN BARRETT	
TITLE	ADMINISTRATIVE SECRETARY SUPERVISOR	
PHONE	775-221-8404	
EMAIL	MBARRETT@WASHOECOUNTY.GOV	
SAME MAILING ADDRESS AS SECTION B? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, USE BELOW ADDRESS INFORMATION		
ADDRESS	N/A	
CITY	N/A	NV
ZIP (9-DIGIT ZIP REQUIRED)	N/A	

F. KEY PERSONNEL (ADD ROWS IF REQUIRED)

KEY PERSONNEL ARE DIRECTLY RESPONSIBLE FOR PROJECT DELIVERABLES. Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide proposed services. The Project Manager is a required.		
NAME	TITLE	LICENSED?
Andrew Sherbondy	Project Manager (Mandatory Field) If licensed, License Type: POST CAT I License Number: 34754	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Justin Roper	Chief Alternative Sentencing Officer POST CAT I License Number: 14470	<input checked="" type="checkbox"/> Yes <input 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
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

A RESPONSE OF YES MEANS YOU ARE CURRENTLY ENROLLED AS A PROVIDER AND NOT THAT YOU ARE IN THE PROCESS.	
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	

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

H. CERTIFICATION OF PROVIDER

ANSWERS ARE SPECIFIC TO THE ORGANIZATION CERTIFICATION AT THE TIME OF THE SUBMITTAL AND NOT ANY TEAM MEMBER CERTIFICATIONS.	
Are you JCAHO (Joint Commission) Certified?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you SAPTA Certified under Nevada Revised Statute (NRS) 458, and Nevada Administrative Code (NAC) 458	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will you be able to become SAPTA Certified within six months of award in compliance with Nevada Revised Statute (NRS) 458, and Nevada Administrative Code (NAC) 458	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please identify any additional certifications your organization (not individuals) hold: Partner agencies hold all of these certifications.	

I. CURRENT FUNDING (FEDERAL, STATE, AND PRIVATE FUNDING).

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.			
Funding	Type	Project Period End Date	Current or Previous Amount Awarded (\$)
<i>Example: Mental Health Block Grant Funding</i>	<i>Grant</i>	<i>April 2020</i>	<i>\$100,000</i>
N/A	N/A	N/A	N/A

Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			

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.

N/A. The Department of Alternative Sentencing is not utilizing any grant funding at this time.

K. TARGET POPULATION (SELECT ONLY ONE).

- (A) Adults
- (Y) Youth/Adolescents
- (B) Both, must demonstrate capacity and capability in application

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.

- A. Adult Mobile Crisis Teams or Crisis Response Teams
- B. Assertive Community Treatment or Forensic Assertive Community Treatment
- C. Hospital/Crisis Stabilization Units
- D. Expansion Peer Recovery Support Services and Workforce Development
- E. Adult or Juvenile Criminal Justice Deflection and Diversion
- F. Assisted Outpatient Treatment
- G. Community Based Treatment for Children, Youth and Families
- H. Prevention Programming
- I. Set-Aside Services for Pregnant Women and Women with Dependent Children
- J. Early Serious Mental Illness (ESMI)

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: SUPPORT IN TREATMENT, ACCOUNTABILITY, AND RECOVERY (STAR)

To provide probationers and pretrial releasees supervised by the Department of Alternative Sentencing (DAS) with the wrap-around support necessary to successfully address foundational causes of opioid use disorder, as well as underlying criminogenic behaviors. Through the course of the Support in Treatment, Accountability, and Recovery (STAR) program, participants will engage in Medication Assisted Treatment (MAT), proctored in partnership through the Northern Nevada HOPES clinic, to include one-on-one counseling services, as well as weekly programming with a team composed of an Alternative Sentencing Probation Officer, a licensed, in-house mental health clinician, two peer Support Specialists, and a case manager. Programming will be curriculum driven, utilizing the Courage to Change interactive, evidence-based journaling series. The 12-month, phase-based program will include community guest speakers, job recruiters, and open forum discussions between participants and the STAR team to promote positive support and connection between law enforcement, treatment providers, and the participants. The assigned STAR probation officer and clinician dyad will be responsible for field-oriented supervision and intervention, meeting program participants in their homes and in the community to ensure sustained program compliance, as well as to provide individualized support and crisis intervention at ground-level.

Priority Area

Adult Criminal Justice
Deflection/Diversion

Estimated Budget Year One (Pull from Budget)

\$532,573

Estimated Budget Year Two (Pull from Budget)

Click or tap here to enter text.

N. ORGANIZATIONAL CAPACITY DESCRIPTION

The Organization Description must include an overview of your organization demonstrating not less than two (2) 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.)

The Washoe County Department of Alternative Sentencing (DAS) was established in December of 2005 and approved by the Board of County Commissioners under the authority of Nevada Revised Statute 211A (<http://www.leg.state.nv.us/NRS/NRS-211A.html>). DAS was designed to provide supervision to people whose sentences have been suspended and who meet criteria during criminal proceedings which indicate supervision and case management are key to the person successfully completing the requirements of the court.

The following is a list of the common possible requirements for individuals in DAS programs, depending on court orders and individual needs based on risk and need assessments. Failing to comply with court orders or program requirements may result in more stringent supervision, extended term of probation, community service, a bench warrant being issued, incarceration, or revocation of the suspended sentence.

- Defendants must be under court order to participate. Probation is a condition of a suspended sentence or an order for pretrial supervision.
- Participants must complete an orientation which includes an explanation of the court conditions and probation and testing requirements.
- Personal check-ins are required on a set schedule, which include random alcohol and drug tests through our Sober 24 program.
- Participants are required to pay monthly supervision fees and/or testing fees.
- Some court orders include a number of community service hours.
- Payment of all court-ordered fines, fees, and restitution are required.
- Participants of our program are subject to search and seizure and officers conduct random visits to their homes and places of employment.
- Counseling for domestic violence cases or driving under the influence cases is usually required.
- Electronic monitoring is sometimes required.
- Victim Impact Panels are often ordered by the courts.
- DAS requires probationers to be employed or in school and must provide proof of employment or proof of job searching.

DAS seeks to continue to reduce the revolving door effect of incarceration by utilizing best practices in proactive supervision. By increasing the number of defendants with alternative sentencing, we will continue to reduce the jail population and increase positive outcomes for participants.

In addition to alternative sentencing case management, DAS runs Washoe County's Sober 24 program. In July of 2016, Sober 24 was created with the collaborative efforts of the Sheriff's Office, Human Services, and Catholic Charities. The program's goal is to provide drug and alcohol testing services based on evidence-based practices to ensure that program participants maintain sobriety. Since DAS uses Sober 24 as part of its probationer management protocol, the County Manager tasked DAS with leading the Sober 24 program countywide.

During the first year of operation in 2017, there were over 2,100 participants in the Sober 24 program and just over 35,000 tests were conducted. This included mostly DAS probationers, adults being tested under the authority of Child Protective Services, and some courtesy cases from other local courts. Since then, we have contracted with District Court Specialty Courts, Pre-Trial Services, and several other agencies. In 2020, Sober 24 conducted more than 71,600 tests.

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 Washoe County Department of Alternative Sentencing (DAS) provides community supervision services for probationers granted a suspended sentence, as well as individuals on pretrial supervision, pending adjudication. DAS, while a law enforcement entity, is inherently rehabilitative in nature, and through the Support in Treatment, Accountability, and Recovery (STAR) program, an in-depth, treatment focused approach to addressing addiction and mental health concerns, as well as criminogenic thinking can be achieved. The program model will streamline services to include housing, counseling, medication assisted treatment (MAT), and curriculum driven classroom instruction proctored through the STAR team. Individuals identified as high risk for opioid use disorder will be immediately enrolled in the program and assigned to the STAR team for supervision for the duration of the 12-month program. Through MAT and counseling services, paired with the evidence-based Courage to Change interactive journaling curricula and tailored probation supervision model, root causes of addiction and criminality can be identified and overcome.

2. Describe the program activities and how they relate to the overall objectives and goals of the project, and how the objectives will be achieved.

Program activities will include structured classroom-based instruction utilizing interactive journaling, as well as MAT services, counseling services, and social services proctored through partnership with CrossRoads transitional living for male participants, The Empowerment Center for female participants, and Northern Nevada HOPES. Additionally, the STAR program will include community guest speakers and presenters during classroom instruction to provide relatable experiences pertaining to addiction and involvement in the criminal justice system and present the subsequent successes achieved through recovery. STAR program participants will work through four phases of programming: Support, Treatment, Accountability, and Recovery. Each phase embraces the following philosophies: teaching participants to recognize their need for help in recovery, understanding what is needed to achieve sobriety and a prosocial lifestyle, and finally, applying the methods taught through the STAR program to maintain recovery. STAR participants will be directly supervised by a probation officer and counselor dyad, who will be responsible for regular home visits to ensure compliance with court and program conditions, as well as to provide on-site crisis intervention when needed. The activities detailed here encompass the overall objective for the STAR program as a ground-level, community-based program where participants will have the opportunity and access to engage in recovery efforts immediately.

3. Describe how many individuals will be served monthly and annually.

Based on positive test data collected through the DAS on-site drug testing lab, we had 73 positive opiate drug tests for the month of November and 603 in 2021. We will use these raw numbers to identify individuals who have legitimate prescripts versus those engaging in illicit

use. Through our risk assessment tools, the Ohio Risk Assessment System (ORAS) and ASAM assessment tool, program staff will target a cohort of approximately 25 individuals for each 12-month program period.

4. Describe how the project design and implementation will meet the priority service area targeted.

Through the utilization of both the Ohio Risk Assessment System (ORAS) and a clinician proctored ASAM assessment, DAS will determine which individuals fall under high risk, high needs for both criminogenic thinking and opioid use disorder. Based on these risk factors, participants will immediately begin the "Support" phase of programming through STAR, including MAT services, intensive outpatient counseling, and sober living, if deemed necessary. Participants will also be assessed for additional barriers to program focus, such as insurance enrollment, medical concerns, transportation issues, etc. Once services are established and stabilization is achieved, the participant will begin the "Treatment" phase, to include classroom-based instruction in addition to the services provided through our collaborations with CrossRoads, The Empowerment Center, and Northern Nevada HOPES. The Treatment phase of STAR will focus on counseling and interactive journaling, with the goal to achieve recognition and understanding of the participant's history with addiction and criminal behavior. The "Accountability" phase of programming will focus on developing recovery and aftercare plans, as well as encouraging participants to demonstrate accountability for applying the tools learned through STAR to achieve sustained recovery and prosocial behaviors. The final phase of programming, the "Recovery" phase, is intended as the application period of independent recovery efforts for participants, with the proverbial safety net of the STAR Team still in place. Participants will have completed classroom-based instruction once in the Recovery phase and will subsequently have increased contact with the STAR Team to ensure a sustained, successful departure from the program. Program graduates will be recommended for early discharge from probation upon completion, with a Diversionary status applied to the original criminal charge. Through the STAR Team, composed of a probation officer, a licensed mental health clinician, a case manager, and two peer support specialists, paired with the community partnerships outlined above, participants will be given the supports necessary to meet conditions of supervision, as well as address underlying addiction issues and criminogenic thinking.

5. Define the evidence-based practice(s) being utilized.

The curriculum being utilized for the STAR program is the Courage to Change interactive Journaling series, published through the Change Companies. As an evidence-based, cognitive-behavioral therapy-based (CBT) curriculum, participants will engage with empirically proven methodologies for addressing addiction and criminogenic thinking. Attached to this application are the pre-test, post-test materials that accompany the Courage to Change curricula for measurement of behavior activation, cognitive restructuring, and overall Courage to Change objectives.

6. Describe how the project meets the requirements for the targeted program.

The STAR program is designed to directly address the needs of individuals in the DAS system who are considered high risk/high need for opioid use and criminogenic thinking. Rehab-based sentence reduction programs have proven to offer a less disruptive alternative to spending time in jail while helping offenders identify and treat the cause of their addiction and criminogenic thinking. Prison alternatives for drug offenders can also ensure that those suffering from addiction will receive the proper medical attention to overcome their addiction.

The overall outcome of this evidence-based approach is reduced recidivism, which leads to a reduction in the costs and consequences of repeated arrests and incarceration for people with mental health and substance use issues.

7. Describe how proposed services meet the requirements of being culturally inclusive and what activities will be done to reach underserved priority populations.

Washoe County has a zero-tolerance policy in place that prohibits discrimination within its staff and program participants. Our goal is to increase safety in the community by reducing recidivism among criminal offenders, through a rehabilitative environment that respects and accommodates diversity and inclusion. The STAR program utilizes cognitive behavioral therapy (CBT) best practices to recognize and affirm the racial/ethnic diversity of participants and overcome the often-significant disparities participants may have faced in previous mental health and substance abuse recovery. Consideration and inclusion of culturally relevant practices within the STAR program curriculum can reduce these disparities. In addition, the community-based model of alternative sentencing and rehabilitation-based programs like STAR involves a larger social safety net, including family members and cultural communities, to support and maintain culturally inclusive relationships with program participants that may be severed with traditional incarceration models.

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.

Current Staff:

Frankie Lemus Jr. – Human Services Program Coordinator. Frankie helped develop Courage to Change and manages the CrossRoads program. He has worked with local and federal law enforcement agencies to provide evidence-based approaches to criminogenic and addiction intervention. Frankie consulted on STAR program development and will coach STAR staff on effective curricula implementation.

Danica Pierce – Medication Assisted Treatment (MAT) Coordinator with Northern Nevada HOPES. Danica has also served as a STAR program development consultant and is responsible for MAT implementation for program participants through HOPES. Danica is a LCSW and has extensive experience with mental health program implementation.

Chief Justin Roper – Washoe County Department of Alternative Sentencing. Chief Roper carries 24 years of law enforcement experience, with expertise in grant management and program implementation. He has also implemented two drug testing labs in the State of Nevada and has positioned the DAS as the premier testing source statewide.

Christy Butler, LCPC, LCADC, MA. Christy is the current Mobile Outreach Safety Team (MOST) Supervisor for the Washoe County Human Services Agency. She coordinates MOST's rapid response mental health crisis unit, staffed by licensed clinicians who deploy with law enforcement on calls where mental health crisis is a key factor. Christy will provide on-going consultation/training for the STAR mental health counselor.

To Be Hired:

Alternative Sentencing Officer: Supervise probationers and pretrial releasees enrolled in the STAR program through routine contacts within the community for the purposes of verification of court-ordered conditions of supervision, as well as compliance with rules and expectations of the STAR program. Participate in the administration of targeted, evidence-based treatment strategies in partnership with the STAR case manager, counselor, peer support specialists, and established community partners.

Mental Health Counselor: Administer evidence-based assessments for the purpose of establishing participant risks and needs related to program-specific scope. Engage in participant visits with the Alternative Sentencing Officer to provide continued supervision and increased accessibility to crisis intervention and mental health services in a proactive capacity. Proctor evidence-based curricula administered through the STAR program to accomplish cognitive restructuring around addiction and criminogenic thinking. Work with participants throughout programming to establish long-term goals, treatment objectives, and sustained recovery plans.

STAR Case Manager: Create, review, and maintain program participant files to track program progression and overall compliance with conditions of participant release. Provide written reports and inquiries to courts of jurisdiction for the purposes of modifying conditions of supervision to meet program objectives. Research and identify participant barriers to program success and provide resources to address areas of need. Maintain communication with

partnering agencies to coordinate resources. Aid participants in the development and organization of long-term goals and objectives, as well as discharge plans related to aftercare and sustained recovery.

Peer Support Specialist (x2): Support program participants through positive, relational rapport from a place of lived experience with addiction recovery. Act as a role-model for participants, providing educational opportunities on addiction and sustained recovery within the STAR model. Provide on-going support once participants have completed programming to ensure sustained recovery.

Grants Coordinator: Compile, prepare and maintain accounting files/records and grant applications. Plan for and coordinate grant reporting processes and prepare and submit required grant performance reports to granting agencies; prepare and review grant closeout materials. Ensure compliance with conditions of grants by assisting with the coordination of agreements, contracts, expenses, activities and federal and state regulations. Coordinate with STAR program manager to participate with the administration of the assigned budget by monitoring expenditures and revenues and determining allowable and unallowable activities and expenses. Monitor and balance grant accounts; may verify availability of funds and/or collaborate on the classification of expenditures. Prepare and analyze fiscal reports, statements and schedules; prepare new-year, mid-year and year-end reports; ensure timely preparation and submissions of various reports as required by grantor. Maintain a variety of files and records related to STAR program activities; prepare financial, statistical and operational reports for compliance with grant requirements.

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.

DAS utilizes an internal case management system called eProbation. The system was designed for DAS specifically by a company called Journal Technologies and houses all client data to include case notes, submitted treatment/medical documentation, court and supervision status, conditions of supervision, victim information for active supervisees, drug testing history, case load statistics, safety protocols for universal precautions, as well as officer/public safety considerations. eProbation will be utilized as the primary system for tracking compliance and program progression for program participants. The STAR Case Manager, in conjunction with the Alternative Sentencing Officer, are tasked with capturing the required statistics and measuring the progress of each program participant. All reporting information is delivered to the project manager who is responsible for retaining and compiling relevant reports. The project manager, in partnership with STAR program staff and consultants, is responsible for performance measurement and utilizing collected data to guide current and future program activities. Along with case management, the primary tool for assessment is the CBTS: The Courage to Change Series instrument: a 43-item, self-report questionnaire that measures current CBT skills use among participants using Interactive Journaling®. It is designed to be completed by participants at two time points: prior to orientation and following completion of The Courage to Change curriculum. All generated data worksheets are securely retained in DAS offices. These tests are designed to measure cognitive restructuring regarding addiction and criminogenic thinking. In addition, regular drug testing via immunoassay lab testing is also a condition of supervision with our department and will be a form of data collection for the purpose of measuring rate of relapse as well as sustained recovery while engaged in the program. Lastly, participant follow-up is conducted after program completion at the 6- and 12-month marks to measure sustained recovery and diversion from the criminal justice system.

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: DAS will identify and enroll 25 individuals under their supervision who are considered high risk/high need for opioid use disorder and/or criminogenic thinking in the STAR program.

Objective	Activities Strategies	How Data Collected
<p>1. To reduce the rate of recidivism in STAR program participants.</p> <p>2. To prevent opioid overdose in STAR program participants.</p>	<p>1. DAS will provide support, resources, and tools to program participants, including structured classroom-based instruction utilizing interactive journaling, as well as MAT services and counseling services.</p> <p>2. DAS will also coordinate and provide social services to program participants through partnership with CrossRoads transitional living and Northern Nevada HOPES.</p>	<p>1. Participants' progress through the phases of the STAR program will be monitored by the alternative sentencing officer, case manager, mental health counselor, and peer support specialists.</p> <p>2. STAR program participants will participate in regular drug testing through DAS' Sober 24 system throughout the program.</p>

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

Goal 2: At least 75% of program participants will demonstrate measurable cognitive restructuring regarding addiction and criminogenic thinking.

Objective	Activities Strategies	How Data Collected
<p>1. To prevent or lessen the impact of participants' involvement in the criminal justice system during and after program participation.</p> <p>2. To improve access to proven behavioral health treatment and supportive services for individuals identified as at-risk.</p>	<p>1. Participants will engage with empirically proven methodologies for addressing addiction and criminogenic thinking through the Courage to Change Curricula over a 12-month period.</p> <p>2. Participants will maintain compliance with drug testing and STAR program progress from "Support" through "Recovery" phases over a 12-month period.</p>	<p>1. Pre-test and post-test materials that accompany the Courage to Change curricula will be utilized to measure behavior activation, cognitive restructuring, and adherence to overall program objectives.</p> <p>2. Court ordered drug testing records as well as intake, discharge and 6- and 12- month post-discharge data documentation will be utilized to measure cognitive restructuring.</p>

Goal 3: DAS will identify gaps in service for STAR program participants to recommend best practices in treatment expansion for the prevention of negative impacts from involvement with the criminal justice system.

Objective	Activities Strategies	How Data Collected
<p>1. To further understand the impact of community-based services and cognitive behavioral therapy on individuals at high risk/high need for opioid use disorder and/or criminogenic thinking.</p> <p>2. To understand and document the gaps in service that can lead high risk/ high need individuals to reenter the criminal justice system.</p>	<p>1. Gaps in service will be documented for each of the 25 program participants to assess patterns of need. This information will inform program design for future implementation.</p> <p>2. Gaps in service will be addressed by STAR program staff to ensure STAR program participants gain access to targeted services for continued success.</p>	<p>1. STAR program participant self-reporting during active program participation. Self-reporting may occur in relationships built with program staff, peer support specialists or social service providers.</p> <p>2. STAR participants self-reporting during 6- and 12-month post-discharge documentation.</p>

Goal 4: Click or tap here to enter text.

Objective	Activities Strategies	How Data Collected
<p>1.</p> <p>2.</p>	<p>1.</p> <p>2.</p>	<p>1.</p> <p>2.</p>

Add additional Goals as required.

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.

Andrew E. Sherbondy received his BA in Criminal Justice from the University of Nevada, Reno in 2015. His credentials include certifications in the following: Ohio Risk Assessment System (ORAS)-Lead Trainer, Field Training Officer (FTO), Effective Practices in Community Supervision (EPICS), Officer Safety Systems-Trainer. He has served as a Sergeant of the Washoe County Department of Alternative Sentencing since February of 2020. In this role, Sgt. Sherbondy is responsible for supervising the activities of the DAS staff, interpreting policies, procedures, and regulations to ensure compliance, maintaining consistency in operations across the staff, acting as a liaison between DAS and community organizations, engaging in community board membership to ensure strong interagency relations, and collecting data to provide justification and make recommendations for the department's budget. His previous work experience includes serving as a Department of Public Safety Officer II with a caseload of approximately 80 parolees and probationers. In this role, Sgt. Sherbondy utilized counseling, monthly reporting, home contacts, and various community partnerships to help offenders successfully reintegrate into prosocial societal membership while maintaining public safety through a variety of law enforcement and investigative practices.

S. 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 located with the NOFO at: [SAPTAGrants \(nv.gov\)](http://SAPTAGrants.nv.gov)

T. GENERAL PROVISIONS OF GRANT ACCEPTANCE OR AWARD

Applicability: This section is applicable to all subrecipients who receive funding from the Division of Public and Behavioral Health. The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.
3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants & / or Projects for Assistance in Transition from Homelessness
4. NRS 218G - Legislative Audits
5. NRS 458 - Abuse of Alcohol & Drugs
6. NRS 616 A through D Industrial Insurance
7. GAAP - Generally Accepted Accounting Principles and/or GAGAS Generally Accepted Government Auditing Standards
8. GSA - General Services Administration for guidelines for travel
9. The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention Policies and guidelines.
10. State Licensure and certification
 - a. The Subrecipient is required to be in compliance with all State licensure and/or certification requirements.
11. The Subrecipient's commercial general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent Sub- grantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
12. To the fullest extent permitted by law, Subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of Subrecipient, its officers, employees and agents.
13. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
14. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
15. The subrecipient will report within 24 hours the occurrence of an incident, following Division policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
16. The subrecipient is required maintain a Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subgrantee serves minors with funds awarded through this sub-grant.
17. Application to 211. As of October 1, 2017, the Subrecipient is required to submit an application to register with the Nevada 211 system.
18. The Subrecipient agrees to fully cooperate with all Bureau of Behavioral Health Wellness and Prevention sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
19. The Subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.

20. The Subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the subgrant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.
21. The Subrecipient acknowledges that if the scope of work is NOT being met, the Subrecipient will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Division staff or specified sub-contractor. The Subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and any other necessary steps.
22. "The Subrecipients will NOT expend Division funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health services Block Grant Funds for any of the following purposes: a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment. b. To purchase equipment over \$1,000 without approval from the Division. c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds. d. To provide in-patient hospital services. e. To make payments to intended recipients of health services. f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS. g. To provide treatment services in penal or correctional institutions of the State.
23. Failure to meet any condition listed within the 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:

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

Year-End Financial Report

26. The non-federal entity must prepare financial statements that reflect its financial position, results of operations or changes in net assets, and, where appropriate, cash flows for the fiscal year.
27. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
28. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
29. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.

30. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
 - a. List individual federal and State programs by agency and provide the applicable federal agency name.
 - b. Include the name of the pass-through entity (State Program).
 - c. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available.
 - d. Include the total amount provided to the non-federal entity from each federal and State program.
31. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.
Behavioral Health, Prevention and Treatment Attn: Management Oversight Team 4126
Technology Way, Second Floor Carson City, NV 89706

Limited Scope Audits

32. The auditor must:
 - a. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS;
 - b. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program;
 - c. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of federal program;
 - d. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding;
 - e. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.
33. The auditor's report(s) may be in the form of either combined or separate reports and may be organized differently from the manner presented in this section.
34. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following:
 - a. An opinion as to whether the financial statement(s) of the federal program is presented fairly in all material respects in accordance with the stated accounting policies;
 - b. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests;
 - c. A report on compliance which includes an opinion as to whether the auditee complied with laws, regulations, and the terms and conditions of the awards which could have a direct and material effect on the program; and
 - d. A schedule of findings and questioned costs for the federal program that includes a summary of the auditor's results relative to the federal program in a format consistent with 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(1), and findings and questioned costs consistent with the requirements of 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(3).
35. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day. The Audit Report must be sent to:
Behavioral Health, Prevention and Treatment Attn: Management Oversight Team 4126
Technology Way, Second Floor Carson City, NV 89706

Amendments

36. The Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of such modifications must be communicated in writing to the Bureau of Behavioral Health

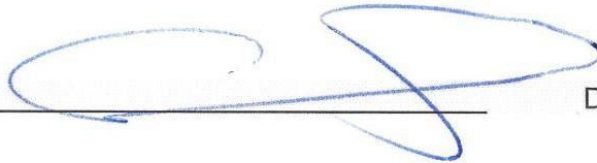
- Wellness and Prevention prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via e-mail.
37. For any budgetary changes that are in excess of 10% of the total award, an official amendment is required. Requests for such amendments must be made to the Bureau of Behavioral Health Wellness and Prevention in writing.
 38. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
 39. Any significant changes to the Scope of Work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all Scope of Work amendments.
 40. The Subrecipient acknowledges that requests to revise the approved subgrant must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
 41. 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

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

Agreed to:

Signature: _____



Date: 12/22/2021

Printed Name: Andrew Sherbondy
Title: Alternative Sentencing Sergeant

J. 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 MHBG 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.
Washoe County utilizes a computerized accounting system called Systems, Applications and Products (SAP).

 - B. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?
Transactions are posted by each department's fiscal compliance personnel into the County's financial software, SAP. Each transaction is then automatically and electronically forwarded to department managerial personnel responsible for reviewing and approving the entry. After this approval, the entry is then forwarded for review and electronic release by either the County Treasurer Department or the County Comptroller Department.

 - C. Your expenditure reports will be due by the 15th of each month. (If the 15th falls on a Saturday, Sunday, or State of Texas holiday, expenditure reports are due the next business day.) To ensure that you submit expenditure reports timely, please respond to the following:
 - 1) By what date must any Partner Organizations submit reimbursement requests to your agency (e.g., Partner Organizations must submit their reimbursement request, General Ledger report, and supporting documentation to us no later than the 10th of each month)?
Partner Organizations must submit their reimbursement request, General Ledger report, and supporting documentation to us no later than the 10th of each month.
 - 2) By what date do you close the General Ledger (e.g., GL is closed no later than the 10th of each month)?
GL is closed no later than the 10th of each month.

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

Transactions that are entered into SAP can be organized in a multitude of ways to meet the necessary reporting needs as well as conformance with financial accounting.

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

4. The MHBG has adopted the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) as the fiscal and administrative guidelines for this grant program. Is the staff who will be responsible for the financial management of your award familiar with these documents?

YES NO

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

YES NO

6. Does your accounting system identify and segregate:

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

YES NO

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

YES NO NOT APPLICABLE

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

YES NO

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

YES NO

GENERAL ADMINISTRATION AND INTERNAL CONTROLS

10. Does your organization have written personnel policies?

YES NO

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

YES NO

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

A. For staff funded 100% by the MHBG 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 MHBG 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: 12/22/2021

Printed Name: Cathy Hill
Title: Comptroller

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 meets all requirements of the legislation governing the State Administrative Manual, 2 CFR Chapter 200, SAMHSA Mental Health/SAPTA Block Grant and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Statement of Grant Award. *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):

Joshua Kautz, on Behalf of Chief Roper

Title

Acting Chief Alternative Sentencing Officer

Signature



Phone

775-530-4547

Email

JRoper@washoecounty.gov

Date

12/22/2021