

NEVADA RECOVERY HOUSING PROGRAM

2021 ACTION PLAN

Nevada Governor's Office of
ECONOMIC DEVELOPMENT
Empowering Success

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Introduction

The Governor's Office of Economic Development (GOED) has received new funding for a Recovery Housing Program (RHP) from the Department of Housing and Urban Development (HUD). The first step in developing this new program, which provides guidance on developing Recovery Housing in the state of Nevada, requires GOED to submit the following Action Plan to HUD for approval. To maximize State and Local resources, and improve access to housing and services, GOED is partnering with multiple State agencies and nonprofits to expand resources for people seeking treatment for substance use.

The State of Nevada has identified a need to improve access to recovery housing to ensure individuals can maintain recovery in a safe, affordable, and supportive environment. To improve access to recovery housing, GOED will award RHP funds to one or more entities to preserve and/or rehabilitate transitional housing. Funds will be made available through an application process to ensure all HUD requirements are met. Through existing cross-sector partnerships, GOED will continue to address the diverse needs of those entering and residing in recovery housing throughout the state.

Definitions

The state of Nevada is currently developing standardized regulatory requirements to govern compliance standards for recovery housing programs consistently throughout the state which are not final at the time of the publication of this RHP Action Plan. Therefore, the definitions that follow are based on current statutes and regulatory requirements for facilities or housing types that are closely aligned with the RHP. While current definitions and statutes may not apply directly to the RHP program outlined in this document, the definitions serve as a foundation to be refined and adopted as the RHP program develops.

The state will adopt all definitions included in the SUPPORT Act and the RHP notice, as defined by Substance Abuse and Mental Health Services Administration (SAMHSA), in addition to relevant definitions per Nevada Revised Statutes (NRS). GOED will adhere to these definitions when carrying out the RHP grant.

Individual in Recovery- An individual engaged in the process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Substance Use Disorder- The recurrent use of alcohol and/or drugs causing clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Summary of Residential Service Types for NAC 449 and Levels of Care Types for NAC 458- A facility for the treatment of alcohol or other substance use disorders is a residential facility under NAC 449. Under NAC 458 Division Criteria, Level 3.1 and 3.5 residential treatment are synonymous with NAC 449 residential treatment facilities.

Facility for the dependent ([NRS 449.0045](#)). **[Effective January 1, 2020.]** “Facility for the dependent” includes:

1. A facility for the treatment of alcohol or other substance use disorders;
2. A halfway house for persons recovering from alcohol or other substance use disorders;
3. A facility for the care of adults during the day;
4. A residential facility for groups;
5. An agency to provide personal care services in the home;
6. A facility for transitional living for released offenders;
7. A home for individual residential care;
8. A peer support recovery organization;
9. A community health worker pool; and
10. A provider of community-based living arrangement services.

Facility for transitional living for released offenders- ([NRS449.0055](#)).

1. “Facility for transitional living for released offenders” means a residence that provides housing and a living environment for persons who have been released from prison and who require assistance with reintegration into the community, other than such a residence that is operated or maintained by a state or local government or an agency thereof. The term does not include a halfway house for persons recovering from alcohol or other substance use disorders or a facility for the treatment of alcohol or other substance use disorders.

2. As used in this section, “person who has been released from prison” means:

(a) A parolee.

(b) A person who is participating in:

- (1) A judicial program pursuant to NRS 209.4886 or 213.625; or
- (2) A correctional program pursuant to NRS 209.4888 or 213.632.

(c) A person who is supervised by the Division of Parole and Probation of the Department of Public Safety through residential confinement pursuant to NRS 213.371 to 213.410, inclusive.

(d) A person who has been released from prison by expiration of his or her term of sentence.

Facility for the treatment of alcohol or other substance use disorders –([NRS 449.00455](#)). “Facility for the treatment of alcohol or other substance use disorders” means any public or private establishment which provides residential treatment, including mental and physical restoration, of persons with alcohol or other substance use disorders. It does not include a medical facility or services offered by volunteers or voluntary organizations.

Halfway house for persons recovering from alcohol or other substance use disorders- ([NRS 449.008](#)) “Halfway house for persons recovering from alcohol or other substance use disorders” means a residence that provides housing and a living environment for persons recovering from alcohol or other substance use disorders and is operated to facilitate their reintegration into the community, but does not provide any treatment for alcohol or other substance use disorders. The term does not include a facility for transitional living for released offenders.

Transitional Housing (Adult and Adolescent) - Services consist of a supportive living environment for individuals who are receiving substance-related treatment in a Substance Abuse Prevention and Treatment Agency (SAPTA)-certified Intensive Outpatient, or Outpatient program and who are without appropriate living alternatives. Individuals admitted to Transitional Housing services must be concurrently admitted to American Society of Addiction Medicine division criteria a Level 1 Outpatient program or to a Level 2.1 Intensive Outpatient program, per an assessment.

Program Summary

The Federal Register Notice No. FR-6225-N-01 as authorized under Section 8071 of the SUPPORT for Patients and Communities Act, entitled Pilot Program to Help Individuals in Recovery from a substance use disorder become stably housed, herein referred to as the Recovery Housing Program (RHP). The pilot program authorizes assistance to grantees (states) to provide stable, temporary housing (up to 2 years) to individuals in recovery from a substance use disorder.

The State of Nevada's RHP Action Plan will guide the use of approximately \$1,620,125 in funding to include \$847,000 in funding from Fiscal Year 2020 and \$773,125 in funding from Fiscal Year 2021 received by the state through the U.S. Department of Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) Program for the period of July 1, 2021 through September 1, 2027. These funds will be administered by Nevada's Governor's Office of Economic Development (GOED) that administers the State's CDBG funding.

GOED will collaborate with the Department of Health and Human Services Division of Public and Behavioral Health (DPBH) which serves as the state's Public Health Authority and Mental Health Commissioner. DPBH has committed to provide \$2,390,613 of Supplemental SAPTA Block Grant II funding, \$2,064,620 of American Rescue Plan Act (ARPA) SAPTA Block Grant III funding, and \$2,497,068 of State Opioid Recovery (SOR) Grant funding to support the RHP for a combined service contribution of \$6,952,301 for residential and transitional support services.

Nevada's Capacity Assessment

In 2019, SAPTA partnered with Social Entrepreneurs Inc. (SEI) and the Regional Behavioral Health Coordinators (RBHC) to conduct regional assessments of the substance abuse prevention and treatment systems, unmet need, hospitalization risk, scope of services and location of existing substance use prevention and treatment services by region, and to identify trends across programs, regions, and the state. The report offers SAPTA capacity building priorities for each region in Nevada along with best and promising practices to support the regional priorities identified.

Methods and Approach

Assessment of Systems Capacity

In order to identify capacity at the regional level, SEI used information gathered from The Calculating and Adequate System Tool (CAST), which was developed for the Substance Abuse and Mental Health Services Administration (SAMHSA). SEI

conducted research from publicly available sources for every county and region in Nevada, based on guidance from the CAST.

Assessment of Community Needs

To assess community needs by region, public data was collected by zip code and region. Additional documents were collected and reviewed to inform the report and provide context for the regional system and its capacity.

CAST Assessment

CAST was developed by an interdisciplinary group of researchers at SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) in 2016. Since this publication, CAST has been updated, and a manual was recently developed which describes the purpose of CAST as follows:

"CAST was created as a method for evaluating the capacity of the substance abuse care system within a defined geographic area. CAST provides users with both a risk assessment of county-level social and community determinants of substance abuse, and an assessment of local service needs across the continuum of care [...] CAST uses social determinants of behavioral health and social disparities in behavioral health outcomes to provide insight into the chronic social conditions that may be contributing to behavioral health outcomes in your community. Most often, CAST has been used to estimate need for a county as the geographic unit, but it can be used for smaller or larger areas, as long as data at those geographic levels is available or could be produced at that scale."

There were two basic goals built into the CAST model, which were to:

- Quantitatively assess the relative risk that a population had for adverse outcomes related to alcohol or drug use.
- Provide a mathematical method for comparing the observed totals of the substance misuse care continuum components that existed within a community to research informed estimates of need for that community.

By providing two distinctive community assessment methodologies, CAST provides information to community leaders about both the people who live in their place and the composition of their SUD care system. When taken together, these elements help to define the demand, need, and current service capacity of a community behavioral health care system related to SUD prevention, intervention, and treatment. The two complimentary assessments that inform the CAST are the Risk Score and the Community Capacity Calculator.

Regional Priorities

Northern region included **Storey, Carson, Douglas, Churchill, Lyon, and Mineral counties**

Promotion: Marketing Advertisements

Increase individual advertisements placed on tv, radio, print, billboards, web, and social media within one year.

Prevention: Housing Vouchers

Increase the number of year-round beds available via a voucher program

Treatment: Short-Term Inpatient Treatment

Increase the number of facilities providing less than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.

Treatment: Long-term Inpatient Treatment

Increase the number of facilities providing 30 days or more of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.

Treatment: Psychiatrists and Psychologists

Increase the number of psychiatrists and psychologists listed as specializing in substance abuse and addiction issues.

Rural region included **Humboldt, Pershing, Lander, Eureka, Elko, White Pine, and Lincoln counties**. The top four (ranked) priorities for the Rural region are:

Recovery Transportation

Increase the availability of transportation services.

Treatment: Outpatient

Increase the availability of outpatient treatment by leveraging technology.

Treatment: Outpatient

Increase the availability of outpatient treatment for co-occurring disorders.

Recovery: Housing Supports

Increase the number of housing supports available.

Southern region included Clark County

The top five (ranked) priorities for **Southern region – Clark County** are:

Promotion: Marketing Advertisements

Increase individual advertisements placed on tv, radio, print, billboards, web, and social media within one year.

Prevention: Housing Vouchers

Increase the number of year-round beds available via a voucher program.

Treatment: Short-Term Inpatient Treatment

Increase the number of facilities providing less than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.

Treatment: Long-term Inpatient Treatment

Increase the number of facilities providing 30 days or more of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.

Treatment: Psychiatrists and Psychologists

Increase the number of psychiatrists in Clark County.

Southern region included Nye and Esmerelda counties

The top five (unranked) priorities for **Southern Rural region** are:

Promotion: Marketing Advertisements

Increase individual advertisements placed on TV, radio, print, billboards, web, and social media within one year.

Promotion: Advocacy Events

Increase events to promote education regarding substance use and misuse.

Prevention: Drug Disposal

Expand prescription drug disposal locations and events to communities that do not currently have them.

Recovery: Transportation

Increase the availability of transportation vouchers available to people seeking treatment.

Other: Training

Increase the frequency of training provided to law enforcement officers to cover mental health as well as the administration of overdose prevention medication.

Washoe region included Washoe County

The top five (unranked) priorities for **Washoe County region** are:

Prevention: School-based Programs

Increase prevention programming in schools targeted to middle school-age youth.

Prevention: Housing Vouchers

Increase the affordable housing options for low-income individuals and families, including transitional housing.

Referral: Case Manager Availability

Increase the number and availability of case managers that are available to assist with care coordination for individuals with behavioral health care needs.

Treatment: Crisis Stabilization, Detoxification, and Rehabilitation

Increase regional capacity to provide crisis stabilization, detoxification services, and short-term (>30 days) residential treatment.

Treatment: Psychiatrists Availability

Increase the number of psychiatrists in Washoe County.

Resources

GOED will make available \$847,000.00 of Fiscal Year 2020 and \$773,125 of Fiscal Year 2021 RHP funding.

DPBH has committed to provide \$2,390,613 of Supplemental SAPTA Block Grant II funding, \$2,064,620 of ARPA SAPTA Block Grant III funding, and \$8,703,943 of SOR Grant funding to support the RHP for a combined service contribution of \$13,159,176 for residential and transitional support services.

The RHP will leverage resources for a comprehensive recovery housing and services needs assessment through funding provided by DPBH's SAPTA SOR grant.

No additional federal, state funding or program income are expected to be available for RHP eligible activities.

Administration Summary

Nevada Governor's Office of Economic Development (GOED) is the administrative agency that will oversee the Program. GOED will rely on existing staff to administer the Program. There is an existing collaboration between the Nevada Department of Health and Human Services' Division of Public and Behavioral Health and the Nevada Housing Division to ensure coordination of funds and to maximize existing federal and state resources to support the Action Plan implementation.

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Use of Funds

Methods of Distribution

FY2020 Total Award \$847,000.00

-3% Technical Assistance \$25,410.00

Total amount to Distribute for Grants \$821,590.00

FY2021 Total Award \$773,125.00

-3% Technical Assistance \$23,194.00

Total amount to Distribute for Grants \$749,931.00

Total available to grant to projects from both allocations: \$1,571,521. As required, 30 percent or \$486,037 must be expended within one year from the date funds become available to the grantee for obligation.

Activities Carried Out Directly

All activities to facilitate the distribution of Recovery Housing funding will be carried out directly by GOED.

Eligible Entities to Apply

The Recovery Housing Program is open for all communities in Nevada to apply, including the state's entitlement communities.

Eligible entities include not-for-profit organizations, including Native American Tribes. Applicants will need to demonstrate experience, or new capacity, to assist individuals in recovery to attain self-sufficiency and individual recovery goals. Additionally, eligible applicants must demonstrate capacity to comply with RHP program requirements as identified in Notice of FY2020 Allocations, Waivers, and Alternative Requirements for the Pilot Recovery Housing Program (Docket No. FR-6225-N-01).

GOED will distribute RHP funds through a competitive Notice of Funding Opportunity (NOFO) process by selecting applications that are submitted by eligible recipients.

GOED will issue a NOFO to eligible applicants and will assign scoring based upon a combination of the required selection criteria adopted by GOED.

All activities identified in the NOFO shall be eligible, GOED will prioritize obligating funds for acquisition and rehabilitation of existing housing units and adaptive re-use of existing buildings. GOED will retain 3% (\$48,603) of RHP funds to provide technical assistance.

National Objective

All projects must meet the Low- and Moderate-Income Limited Clientele national objective which requires at least 51% of the individuals served be at/or below 80% of area median income.

If a project serves individuals that meet the criteria below, they are automatically presumed Low- and Moderate-Income Limited Clientele:

Elderly persons (55 and older

- Persons that meet the federal poverty limits
- Persons insured by Medicaid
- Abused children
- Battered spouses
- Severely disabled persons
- Homeless persons
- Illiterate adults
- Persons living with AIDS
- Migrant farm workers

The Slums and Blight (SB) and Urgent Need (UN) national objectives are not eligible.

Eligible Activities

Activities that are eligible through the RHP include the following:

- **Public Facility Improvements** - Acquisition, construction, reconstruction, rehabilitation or installation of public facilities and improvements for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.
- **Acquisition of Real Property** - For the purpose of providing stable, temporary housing to persons in recovery from a substance use disorder.
- **Rehabilitation and Reconstruction**
 - Single Unit – publicly or privately-owned residential building(s)
 - Multi-Unit up to 2 or more units - publicly or privately-owned residential building(s)
 - Public Housing – owned or operated by a public housing authority.
 - Minimum \$20,000

- **Disposition of Real Property Acquisition** - Disposition through sale, lease, or donation of otherwise real property acquired with RHP funds for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.
 - Legal documented surveys for transfer of Ownership
- **Clearance and Demolition** - Clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites. Eligibility limited to projects where RHP funds are used only for the clearance and demolition.
- **Relocation** - Relocation payments and other assistance for permanently or temporarily displaced individuals and families in connection with activities using RHP funds.
- **New Construction** - Expansion of existing eligible activities to allow RHP funds to be used for new construction of housing. New construction of housing is subject to the same requirements that apply to rehabilitation activities.

Activities that are ineligible to receive RHP funds include operational, staffing and planning costs.

RHP funds may only assist individuals in recovery from a substance use disorder for a cumulative period of not more than 2 years or until the individual secures permanent housing, whichever is earlier.

Evaluation and Criteria

Evaluation Process

Applications are initially reviewed for eligibility by GOED staff members. Other State agencies are asked to provide a technical review of applications, as appropriate. This information is provided to an Advisory Committee for consideration in the allocation process. The Advisory Committee rates, ranks, and recommends applications for funding to the GOED project manager for RHP. The recommendations are then submitted to the Executive Director of GOED final approval.

Criteria

The application must meet HUD's National Objective of serving Low- and Moderate-Income Limited individuals/families. Applications will be awarded following the Advisory Committee review. See scoring sheet in appendix.

Overall analyses of the applications are based on project need, impact and feasibility. Rating criteria and other eligibility factors contribute to the final funding recommendations. All application questions/sections are of equal importance. Ranking criteria contains the following elements:

- Project Sustainability
- Project Impact and Proposed Outcomes
- Project Needs Analysis
- Scope of Work
- Project Budget & Budget Justification Narrative:
- Maturity & Project Readiness

In addition to application scoring, eligible entities are assessed by GOED staff members for Risk Analysis. The applicant review is based on general grant administration capacity, project readiness, and the ability to implement and maintain the proposed project. Each project assisted shall develop and provide model documents for their recovery services provided and recovery plans.

Anticipated Outcomes

As with all projects, the GOED will utilize the monitoring plan while ensuring an ongoing quality improvement process. The GOED RHP project manager will be responsible for data collection and evaluation activities to determine if the program meets the stated goals and objectives. Projects assisted will be required to provide data on the following outcomes:

- Increase number of recovery housing in underrepresented areas and populations
- Number of individuals/families served
- Increase connections to community support services
- Number of individuals/families gaining competitive employment
- Number of individuals/families securing permanent housing

The projections or estimated deliverable for each outcome will be determined by the number of units developed with these funds.

The GOED understands the performance data reporting requirements for this grant and will report performance measures in the online DRGR system. To ensure national objectives are met, a comparison of proposed and actual outcomes measures as well as other performance measures will be included in the annual report.

Expenditure Plan

The GOED will start receiving applications for the Recovery Housing Program in late spring of 2022 with the goal to award the funds by fall of 2022. The GOED will comply with all RHP guidelines and expend at least 30% of the funds within one year of the date of grant agreement executed with HUD, as required. The GOED anticipates spending 100% percent of the RHP funds before the end of the performance period (September 1, 2027) and acknowledges that Section 8071(d)(2) provides that no matching funds are required. Not substantial barriers to spending down the funds expediently and effectively are anticipated. There is no program income anticipated to be received. If program income is generated, it will be used to continue RHP- eligible activities. The GOED is currently tracking staff hours specific to RHP and will include those expenditures under Pre- Agreement Costs.

Pre-Award/ Pre-Agreement Costs

The process of completing the Recovery Housing Program Plan was conducted utilizing a consulting firm with resources provided by allowable RHP technical assistance funding. RHP funds may be used for pre-award/pre-agreement technical assistance and administrative costs of GOED including application and technical assistance to potential subrecipients, development of the RHP Action Plan, to conduct the citizen participation process and related administrative costs.

Citizen Participation Summary

In an effort to solicit broad community feedback and input for the Action Plan a survey was developed and shared with networks that include recovery, affordable housing, homelessness and peer support service providers. See Attachment B for summary and survey results. Four virtual listening sessions were held to allow community members an opportunity to learn about the development of the Action Plan and provide feedback on how the resources might be allocated. Forty-eight (48) participants attended the listening sessions and eleven (11) survey responses were returned.

Participants of the listening sessions and surveys were asked to identify the sectors that best reflected their affiliations. Respondents and attendees were associated with the following sectors:

Affiliated Sector	Percent
Employment	8%
Housing	23%
Peer Support	22%
Recovery Services	25%
Other (responses included “parent”, “social services” and “prisoner re-entry”)	22%

Participants could select more than one sector and others may not have provided additional details about their affiliation.

Before the RHP final Action Plan is submitted the Governor’s Office of Economic Development (GOED) will make available to citizens, public agencies, and other interested parties information that includes the amount of assistance GOED expects to receive and the activities that will be undertaken with these funds.

The public was advised, through Public Notices in three newspapers November 22nd, 2021 through the 26th, depending on publication dates (Elko Daily Free Press, Reno Gazette Journal, and Las Vegas Review-Journal), that the draft report would be available on the GOED website. Copies of the Public Notices are attached to the final report. The Public Comment Period is from December 1st through December 15th, 2021. An in person public hearing will be held on December 8th, 2021 at the GOED office in Carson City with the option to join the meeting through Webex.

GOED will consider any comments in writing, or orally at the public hearing. A summary of these comments will be attached to the RHP final Action Plan.

Partner Coordination

GOED has expanded partnership coordination to support the coordination of RHP funding with other Federal and non-federal assistance programs related to substance abuse, homelessness and at-risk of homelessness, employment, and other wraparound services in order to maximize and leverage RHP resources. The community action planning process solicited feedback through community listening sessions requesting feedback on ways RHP funding can be leveraged and coordinated to support people seeking active recovery.

Feedback was requested by the state's three Continuum of Care (CoC) Programs (NV-500 Las Vegas/Clark County CoC, NV-501 Reno, Sparks/Washoe County CoC, NV-502 Nevada Balance of State CoC), Emergency Solutions Grants (ESG) program, Housing Opportunities for Persons with AIDS (HOPWA) Program, and also HUD-VASH, a joint program between HUD and the U.S. Department of Veterans Affairs (VA).

To support coordination, GOED will partner and coordinate RHP funding with the Nevada Division of Public and Behavioral Health (DPBH) to leverage existing compliance standards related to credentialing and certification of substance use treatment and recovery providers within the state of Nevada that align with providers who qualify for RHP funding. DPBH has committed to provide \$2,390,613 of Supplemental SAPTA Block Grant II funding, \$2,064,620 of American Rescue Plan Act (ARPA) SAPTA Block Grant III funding, and \$2,497,068 of State Opioid Recovery (SOR) Grant funding to support the RHP for a combined service contribution of \$6,952,301 for residential and transitional support services.

Nevada Division of Public and Behavioral Health (DPBH): is part of the Department of Health and Human Services (DHHS), under the Executive Branch of the State of Nevada. DPBH is comprised of the former Health Division and of the former Division of Mental Health and Developmental Services which merged in 2013 in order to protect, promote and improve the physical and behavioral health of the people of Nevada.

As authorized by Nevada Revised Statute (NRS) 433.316, DPBH serves as the state's Public Health Authority and Mental Health Commissioner. The DHHS director appoints both the Single State Authority (SSA) for substance abuse and the Single Mental Health Authority (SMHA); currently, the DHHS Senior Advisor on Behavioral Health serves as both the SSA and the SMHA. This executive staff provides oversight and quality assurance to behavioral health providers statewide; designs, plans, funds, and implements systems of care, including behavioral health prevention, early intervention, treatment and recovery support services; establishes funding priorities for behavioral

health services and supports through close collaboration with communities and stakeholders; evaluates outcomes of behavioral health interventions; and guides policy and financing options across DHHS.

DPBH is organized into five branches, each overseen by a Deputy Administrator: a) Administrative Services, b) Bureau of Behavioral Health Wellness and Prevention, c) Clinical Services, d) Community Services, and e) Regulatory and Planning Services. The Bureau of Behavioral Health Wellness and Prevention includes the departments of Behavioral Health Services Planning, SAPTA, Delegated Authority for SSA and SMHA, Problem Gambling, and Office of Suicide Prevention.

The SAPTA is part of the Bureau of Behavioral Health Wellness and Prevention (BBHP) within the DPBH. Pursuant to NRS 458.025 and the Nevada Administrative Code (NAC) 458, SAPTA has the regulatory authority to govern the substance-related prevention and treatment programs and services. As such, SAPTA serves as the SSA for the Federal Substance Abuse Prevention and Treatment Block Grant. The role of the SSA with respect to the delivery of substance use disorder services includes: 1) formulation and implementation of a state plan for prevention, early intervention, treatment, and recovery support; 2) statewide coordination and distribution of all state and federal funding (tax dollars, general fund, and grants) for community-based public and nonprofit organizations; 3) development and publication of standards for certification, such as the requirement that certified programs adopt evidenced-based programs and practices; and 4) certification of facilities, programs, and services.

Certification of Alcohol and Substance Use Treatment Programs

The State of Nevada has a comprehensive process to oversee the statewide substance use prevention and treatment programs. Programs receiving any state or federal funding through DPBH must be certified by the Division as required in NRS 458/NAC 458, which relates to operational; personnel; programmatic; and clinical services. In addition, Medicaid Chapter 400 requires any programs seeking reimbursement for substance use treatment and/or co-occurring treatment under Provider Type 17-215 be certified through SAPTA under NAC 458 and Division Criteria established through NAC 458. SAPTA, through its contractor, the University of Nevada, Reno's Center for the Application of Substance Abuse Technologies (CASAT) certifies the coalitions, prevention, and treatment programs based on the types of services they provide. SAPTA maintains an on-line, searchable database for treatment services with quality indicators to assist individuals in locating treatment programs across the state.

Nevada Revised Statutes (NRS) 458.025 requires that any alcohol and drug abuse program that receives state and/or federal funds through the Substance Abuse Prevention and Treatment Agency (SAPTA) must be certified by SAPTA. Nevada

Administrative Code (NAC) 458 outlines the requirements necessary to obtain program certification, and allows SAPTA or its designated contractor to inspect each program that is certified to determine if state certification should be continued. In addition to NAC 458, and Division Criteria, programs are eligible to bill SAPTA if approved through a Notice of Funding Opportunity (NOFO) process which specifies the type of services to be provided and places specific requirements upon those programs receiving funding. Additionally, Providers who bill Medicaid under Provider Type 17 must be certified by SAPTA.

State Certification is available to any alcohol and drug use program, which meets the requirements for certification identified in NAC 458. Certification can be for a period of up to two years. State Certification determines if a program has met minimum requirements related to service delivery. Certification is mandatory for all programs receiving SAPTA grant funding through the NOFO process and programs that bill Medicaid under Provider Type 17. Other than for DUI Evaluation Centers and Opioid Treatment Programs, certification is optional for programs that do not receive SAPTA funding or bill Medicaid under Provider Type 17. Certification determines if a program has the necessary organizational structure and staff to provide a specified service.

Administrative Programs

Programs receiving SAPTA funding, both directly and indirectly, are required to participate in compliance monitoring. This function is regulatory in nature and focuses on administrative, programming, and fiscal activities of a program. All administrative programs are mandated to participate in any evaluation process that is required by their funding sources. Funded and certified agencies must comply with all evaluation requirements set forth by both the state and the federal evaluators. Certified, Funded, Programs SAPTA currently certifies and funds 20 agencies for a total of 50 adult substance use treatment programs and a total of 21 certified adolescent substance use treatment programs.

Certified, Non-Funded, Programs

With the exception of Driving Under the Influence (DUI) Evaluation Centers and Opioid Treatment Programs, certification is optional for programs not receiving SAPTA funding or not billing Medicaid under Provider Type 17-215. DUI Evaluation Centers located within counties with populations of 100,000 or more are not funded by SAPTA but must be certified. Agencies that are not funded often choose to become certified in order to obtain Medicaid, to meet third-party requirements, to better compete for grants, or to meet the requirements from drug courts and other types of courts that will only work with certified providers even though certification for those programs is not required in statute and regulations. SAPTA currently certifies, but does not fund, 69 agencies for a

total of 81 adult substance use treatment programs and a total of 26 adolescent substance use treatment programs.

Licensure of Alcohol and Drug Treatment Facilities

In addition to certification, any residential substance use treatment program (regardless of funding source) is required by NRS/NAC 449 to be licensed as an Alcohol and Drug Treatment Facility. Pursuant to NAC 449, licensed residential substance use treatment facilities are overseen by the Nevada Bureau of Health Care Quality and Compliance (HCQC), which focuses on the health and safety aspects of licensing. Under NAC 449, programs using methadone for the treatment of an opioid use disorder must be licensed as a Narcotic Treatment Program by HCQC and must be certified by SAPTA as Ambulatory Withdrawal Management and Level 1 Outpatient. CASAT and HCQC work closely together to provide oversight and quality improvement of certified and licensed programs.

Monitoring

To ensure that all statutory and regulatory requirements are being met for activities with HUD funds, the State will use existing monitoring standards and procedures. The monitoring process includes three-steps: 1) Risk Analysis, 2) Desk Monitoring, 3) On-Site Monitoring. Risk Analysis is conducted annually on all grantees and open files. The second step of monitoring is Desk Monitoring, which occurs throughout the life of the grant. Daily, weekly, and on-going technical assistance is offered prior to application submission, during project implementation, and through close out of the grant.

Monitoring continues with the Draw Down Process. All requests must have the correct supporting documentation; requests are reviewed by two staff members. Monthly and Quarterly Reports provide additional updates on the progress of each project. The GOED project manager for RHP conducts reviews of the single audits to determine compliance with applicable accounting regulations. On-Site Monitoring is a structured review conducted at the location where the project activities are carried out or where project records are maintained.

Close-Out of Grants: Once a grant file has been monitored for closing, it is closed in DRGR.

Grant Maintenance: In addition to monitoring, GOED staff review reporting formats used by sub-recipients to ensure ease of use, while gathering the required data and information.

424 and 424D Forms & Certifications

Standard Form 424 and 424D are attached. All required certifications can be found in the Appendix.

Appendices

ATTACHMENT A

Recovery Housing Program Certifications

Each grantee must make the following certifications with its RHP Action Plan:

- (1) The grantee certifies that it has in effect and is following a residential anti-displacement and relocation assistance plan in connection with any activity assisted with funding under the RHP program. The grantee certifies that it will comply with the residential anti-displacement and relocation assistance plan, relocation assistance, and one-for-one replacement housing requirements of section 104(d) of the Housing and Community Development Act of 1974, as amended (42 USC § 5304(d)) and implementing regulations at 24 CFR part 42, as applicable, except where waivers or alternative requirements are provided.
- (2) The grantee certifies its compliance with restrictions on lobbying required by 24 CFR part 87, together with disclosure forms, if required by part 87.
- (3) The grantee certifies that the RHP Action Plan is authorized under state and local law (as applicable) and that the grantee, and any entity or entities designated by the grantee, and any contractor, subrecipient, or designated public agency carrying out an activity with RHP funds, possess(es) the legal authority to carry out the program for which it is seeking funding, in accordance with applicable HUD regulations and the grant requirements. The grantee certifies that activities to be undertaken with RHP funds are consistent with its RHP Action Plan.
- (4) The grantee certifies that it will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601 *et seq.*), and implementing regulations at 49 CFR part 24, except where waivers or alternative requirements are provided.
- (5) The grantee certifies that it will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR part 75.
- (6) The grantee certifies that it is following a citizen participation plan adopted pursuant to 24 CFR 91.115 or 91.105 (as imposed in notices for its RHP grant). Also, each unit of general local government receiving RHP assistance from a state must comply with the citizen participation requirements of 24 CFR 570.486(a)(1)

through (a)(7) for proposed and actual uses of RHP funding (except as provided in *Federal Register* notices providing waivers and alternative requirements for the use of RHP funds).

- (7) The grantee certifies that it is complying with each of the following criteria: (1) funds will be used solely for allowable activities to provide individuals in recovery from a substance use disorder stable, temporary housing for a period of not more than 2 years or until the individual secures permanent housing, whichever is earlier; (2) with respect to activities expected to be assisted with RHP funds, the RHP Action Plan has been developed so as to give the maximum feasible priority to activities that will benefit low- and moderate-income individuals and families; (3) the aggregate use of RHP funds shall principally benefit low-and moderate-income families in a manner that ensures the grant amount is expended for activities that benefit such persons; and (4) the grantee will not attempt to recover any capital costs of public improvements assisted with RHP grant funds, by assessing any amount again properties owned and occupied by persons of low- and moderate - income, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless: (a) RHP grant funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than RH or (b) for purposes of assessing any amount against properties owned and occupied by persons of moderate income, the grantee certifies to the Secretary that it lacks sufficient RHP funds (in any form, including program income) to comply with the requirements of clause (a).
- (8) The grantee certifies that the grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations, and that it will affirmatively further fair housing.
- (9) The grantee certifies that it has adopted and is enforcing the following policies, and, in addition, must certify that it will require local governments that receive grant funds to certify that they have adopted and are enforcing: (1) a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and (2) a policy of enforcing applicable state and local laws against physically barring entrance to or exit from a facility or location that is the subject of such nonviolent civil rights demonstrations within its jurisdiction.
- (10) The grantee certifies that the grant will be conducted and administered in conformity with the requirements of the Religious Freedom Restoration Act (42

U.S.C. 2000bb) and 24 CFR 5.109, allowing the full and fair participation of faith-based entities.

- (11) The grantee certifies that it (and any subrecipient or administering entity) currently has or will develop and maintain the capacity to carry out RHP eligible activities in a timely manner and that the grantee has reviewed the requirements of the grant.
- (12) The grantee certifies that its activities concerning lead-based paint will comply with the requirements of HUD's lead-based paint rules (Lead Disclosure; and Lead Safe Housing (24 CFR part 35)), and EPA's lead-based paint rules (e.g., Repair, Renovation and Painting; Pre-Renovation Education; and Lead Training and Certification (40 CFR part 745)).
- (13) The grantee certifies that it will comply with environmental review procedures and requirements at 24 CFR part 58.

- (14) The grantee certifies that it will comply with applicable laws.

Signature of Authorized Official

Title

ATTACHMENT B

Listening Sessions & Community Survey Summary

Participants

Participation Type	#
Listening Sessions	36
Survey	11
Overall Total	47

Affiliated Sector	%
Employment	8%
Housing	23%
Peer Support	22%
Recovery Services	25%
Other	22%

*Participants could select more than one

Discussion Question Themes

The following themes and responses are based on the results from the four virtual listening sessions and the online survey:

1. Given *eligible costs*: what should the grant be spent on? (pick top 3)

Eligible cost	%
Lease, Rent and Utilities	30%
Rehab/Reconstruction of Multi- Unit Residential building	19%
Acquisition	13%
Rehab/Reconstruction of Public Housing	13%
New Construction	8%
Public Facilities and Improvements	8%
Rehab/Reconstruction of Single Unit Residential building	8%
Relocation	2%
Disposition of Real Property	1%

2. How do you recommend the State distribute RHP funds? Through:

Eligible Distribution Activities	%
Grantee Agency or Partner Agency will carry out activities	43%

Agency will award to Subrecipient	33%
Don't Know	10%
Entitlement Communities	7%
Method of Distribution to Non-entitlement Communities	3%
Other (type in chat)	2%
Tribes	2%

3. How can this funding be maximized in Nevada?

- For communities/populations with limited resources.
 - Housing for Families, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, and the countless affirmative ways in which people choose to self-identify (LGBTQIA2S+), parenting adults and rural communities.
 - For persons who are homeless, stabilize in housing and help them sustain the housing during their recovery/treatment.
 - Long term group living for people who prefer not to live alone
 - Need a place for reentry folks and in Medication-Assisted Treatment (MAT) – can't use current assets because they don't meet standards/requirements
 - People don't have resources when they exit inpatient/prison - rental support could help
- Expand Substance Abuse Prevention and Treatment (SAPTA) approved and other housing options
 - In support of existing sober living facilities, expansion of those facilities and transitional services to assist successful graduates of these programs to secure long-term stable housing.
 - Secure more space for agencies currently offering these programs
- Quick access to affordable housing or bridge housing.
 - People cannot afford housing
 - Current resources need to be quickly accessible (e.g. rent vouchers have a two month wait list)
 - Immediacy is needed: house the person while they are willing/want recovery services
 - Structured living facilities and partner with existing sober living facilities. Early recovery you need guidance.
- Utilize the funding for rent
 - Assist individuals with specific needs (rent, treatment, resources) rather than using for construction or building renovations.
 - Increase the amount of people we service using a master service contract
 - Leasing can treat and house more people
- Understand gaps and accountability
 - Activities should be measurable

- Non-duplicated
- Serve the greatest number of individuals in the target population
- Collaboration and partnerships and leveraging existing resources.
 - Utilize current low-income housing, nonprofits and public agencies to increase vouchers and rental payments.
 - Improving/Rehabbing existing multi-unit buildings
 - Purchase multifamily complexes or rehab existing blighted stock.

4. What are the opportunities for integrating RHP with existing resources?

- Pair with state and federal resources
 - VASH: Connect to VASH and assist with keeping people connected to services and sustain their housing, can add a layer of accountability for folks in the system
 - Work with existing Medicaid programs to support a person in recovery
 - Corona Relief Funds (CRF) and American Rescue Plan Act (ARPA) resources to support folks being able to transition in place (TIP) how would folks sustain when Recovery Housing Program (RHP)/CRF/ARPA runs out?
 - Ensure that the eligibility is maintained for other programs (e.g. keep chronicity)
- Transition in place (TIP): for folks who want to live in the community, then they resume the lease at the end of the subsidy
- Evaluate current landscape
 - Develop a list of all existing sober living programs/properties
 - Define quality and success (target outcomes)
 - Monitoring/ continuous evaluation of services
- Enhancement of current services.
- Make sure low barrier housing is provided

5. How can this seed quality RH across the state?

- Invest in rehab and improving existing programs so they meet state standards/regulations
- Ensure it is low barrier
 - No discharge for relapse
 - No requirement for continuous sobriety as a condition of housing
 - No denial due to no income
- No overcrowding
- Building community organizations, partner with other organizations
- Equitably distribute the resources across the state
 - Use as pilot to inform a plan that can be utilized across the state
 - Building new programs in rural areas
- Assist in expanding inventory by adding to continuum of housing options

- Increase quality recovery housing
 - More safe options for housing
 - National Alliance for Recovery Residences (NARR) certification.
 -
- Support gaps in resources
 - Case management
 - Peer support, etc.

6. How would you define quality RH? What are some “must haves” in evaluating current and potential RH programs?

- Align with quality services and case management
 - Peer or support services 24/7
 - Structured programming, routines
 - Onsite skill building for coping & daily living skills such as money management, life skills, parenting class, anger management, job skills
 - Few people to each room
 - Accountability/Keeping an eye on a person and a livable situation
 - Transportation
 - Basic needs
 - Guidance and community of support for their recovery
 - Proper staff training and staffing models
- Suitable for individuals and family complexes
- Onsite management
 - Accountability, schedules, housing manager/staff
- Meets regulatory requirements
 - What are the current compliance policies?
 - Certification body that oversees it meets standards
 - NARR certification
 - Govern similarly to transitional living facilities
 - Established track record, past successes, life skills, employment and sobriety as a requirement of the program.
- Innovative, accessible and functional design
 - Shower, places to put your food, bed, kitchen
 - Meditation room area where people can think
 - Laundry facilities
 - Computer room and technology access to meet with counselors
 - Detox room on site, if doing massive quantity.
 - Communal areas friendly to promote shared meals to help prevent isolation, open kitchens and not cramped if shared.
 - Extracurricular Areas (i.e. exercise, gardens, chickens (for eggs), etc.)
 - Outdoor space
 - Fitting fire proofing
 - Creating a relapse room.

- Accessible and safe locations
 - Near a bus route to access employment and services
- Client driven program
- Make sure low barrier housing is provided
 - No discharge for relapse
 - Ongoing behavioral health programming

7. How can we make sure people are connected to long term housing, after RH?

- Partnerships with permanent housing resources
 - Public Housing Authorities (PHAs) for long term vouchers
 - Working with other non-profits that are focused on housing
 - Contract with existing programs like Foundation for Recovery to sustain recovery and transition to supportive housing successfully
 - By supporting permanent supportive housing (PSH) and project-based vouchers (PBV) housing.
- Quality services/case management
 - Prioritize long term planning from the beginning and develop realistic goals.
 - Landlord engagement
 - Connections to low income properties and landlords that will house the population
 - Educate tenants on how to fix any issues that exist between the landlord or the landlord's property and the tenant.
 - Assist with budgeting, support for recovery and mental health care, transportation etc.
- Connect households to benefits and resources
 - People on fixed income Social Security Income (SSI) will need an ongoing subsidy or low-income housing options that don't put their recovery at risk
 - Connect them with resources while they are residents
- Vocation/Employment services
 - Work with employment partners so that people are able to achieve income
 - Connection to employment/supportive employment
- Understand potential barriers
 - Options after transitional housing (TH) are limited.
 - Expand potential locations –limited housing locations that are not triggering (i.e. substances are readily available)
- Conduct assessment, gather more information
 - Send out surveys
- Use of Peer support service.
 - From street outreach to rehab or recovery housing
 - Find a recovery path, sponsor in that path,
 - Assist in job search, budgeting, transportation, etc.

8. Notes/themes

- Great need for low barrier recovery housing
- Need to improve current programs
- Lack of resources funding for new programs
- Need to ensure that people have access to permanent housing
- One of the greatest challenges we have seen at Life Changes is the lack of funding to implement new programs designed to assist the target population and then transition from supported sober living to independence.