

As City of North Las Vegas has experienced technical difficulties with JustGrants showing documents as uploaded, the full application package was combined into one PDF to ensure all required and suggested elements are transmitted upon submission.

APPLICATION SECTION CHECKLIST
Proposal Abstract
Proposal Narrative
Plan for Early Identification of Potential Veterans
Time Task Plan
Memorandum of Understanding - Key Veterans Treatment Court Team
Letter from Court in Support of Project
Partner Letters
Memorandum of Understanding - Fiscal Agent
State Substance Abuse Agency Director Letter
Budget / Budget Narrative
Indirect Cost Rate
Financial Management Questionnaire
Disclosure of Process Related to Executive Compensation - Not Applicable
Research and Evaluation Independence and Integrity
Applicant Disclosure of Duplication in Cost Items for Pending Applications
Applicant Disclosure and Justification - DOJ High Risk Grantees

ABSTRACT

Category of funding requested: Category 1: Planning and Implementation

Pre- or post-adjudication: Post-Adjudication with a stay of adjudication placed on all charges.

Veterans-related services that will be implemented The proposed City of North Las Vegas (CNLV) Community Approach to Rehabilitation and Engagement (CARE) Veteran Treatment Court (CARE VTC) will provide Case Management to navigate through available and relevant medical treatment and benefit connections in order to assure access to substance abuse assessment and counseling linked with Detox with Medically Assisted Treatment (MAT) as indicated, mental health assessments and counseling, anger management/domestic violence counseling, and a continuum of relevant and culturally responsive services and resources to sustain recovery and stability, including safe and affordable housing referrals through HUD/Veterans Affairs Supportive Housing (VASH), peer support, education and training oriented to employment placement, and record sealing.

Name, location, and address for the court:

North Las Vegas Municipal Court
2332 Las Vegas Blvd. North Suite 100
North Las Vegas, NV 89030

Names and contact information:

VTC Judge: Chris Lee, leeck@cityofnorthlasvegas.com
Telephone number: 702-633-1130

Court Administrator: Erin Tellez, telleze@cityofnorthlasvegas.com
Telephone number: 702-633-1148

State the total federal amount requested for the duration of the grant: \$699,468.25

Total number of participants to receive services over the life of the grant period: 150

Minimum/Maximum/Average Length of Program Participation: 12-24 Months

Target population/Jurisdiction's Access to MAT: All genders of Veterans who engage in high-risk, illegal behaviors, experience substance use disorders (SUD), post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI), and/or Military Sexual Trauma (MST), and other co-occurring chronic conditions, as a result of Military service, will be eligible for evidence-based SUD treatment, included Medication Assisted Treatment (MAT) mandatory drug testing, incentives and sanctions, which are supported by transitional services and recovery-based resources.

Briefly describe the plan to provide treatment and services to address opioid, stimulant, and other substance use disorders: Through a partnership with the local Veterans Administration and collaborative community partners, the proposed VTC will provide Medically Assisted Treatment for SUD and OUD as prescribed, other supportive appropriate addiction

treatment and behavioral health interventions as prescribed, referral to primary and integrative forms of healthcare as needed, outreach and navigation to facilitate and secure benefits for remuneration of services, Evidence-Based Practices, and essential, culturally responsive community connections and resources to include transitional, sober, and supported housing, employment assistance, psychiatric counseling, peer mentoring, family counseling, and essential resources to address obstacles in access to physical, mental, and economic stabilization.

NADCP Adult Drug Court Best Practice Standards will be addressed and the page numbers where each item is discussed in the application: VTC will address all NADCP Adult Drug Court Best Practice Standards as evidenced by an actionable plan provided on pages 11-12 of the Project Narrative. Additionally, the City of North Las Vegas identified how it will apply the 10 Key Principles of Veterans Treatment Courts on page 4-5 of the Plan for Early Identification (Attachment).

Indicate whether the jurisdiction is leveraging any other federal funding sources: NA

Which priority consideration is being sought: 1(A). Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

What page(s) in the program narrative provide documentation of the applicant's plan to respond to the priority consideration: Documentation/description of the plan to respond to the Priority Consideration 1(A) is located in Resources Table 2; Section B, pages 8-9 in the Project Description/Narrative; and in the Budget/Budget Narrative in JustGrants.

For applicants seeking priority consideration 1(B), who is the proposed sub-awardee to receive the funding and the amount of funds proposed: Not applicable

A. DESCRIPTION OF ISSUE

In keeping with the purpose of the Veterans Treatment Court Discretionary Grant Program, the City of North Las Vegas (CNLV) Community Approach to Rehabilitation and Engagement (CARE) Veteran Treatment Court (CARE VTC) request for support focuses on effective integration of an adjudicated and supervised court setting designed specifically to address needs of all genders of veterans who engage in high-risk, illegal behaviors, experience substance use disorders (SUD), post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), or Military Sexual Trauma (MST). CARE VTC will implement evidence-based SUD treatment, mandatory drug testing, incentives and sanctions, supported by transitional services and recovery-based resources. CARE VTC will focus on ameliorating obstacles experienced by marginalized military populations in order to increase equitable access to benefits and services and improve stability and outcomes, thereby augmenting its existing Adult Drug Court (ADC). **Inability to Fund VTC without Grant:** NV Judiciary's 2022-2025 strategic plan focuses on the need to develop and implement specialty courts due to the existence of only 65 throughout the state for which the Judiciary has identified specialty court funding. However, due to current budget deficits, support for planning and implementation phases is not available, and therefore federal assistance is essential to establish the VTC. **Veterans SUD/ Criminal Justice Challenges:** In CNLV, as reported through the local Veterans Administration (VA) and Veterans Commission, Military veterans suffer from SUD, OUD, alcohol addiction, and co-occurring mental illness and chronic health conditions, including PTSD, anxiety, and an array of post-combat trauma, including TBI, most often exacerbated through the absence of structure, camaraderie, and embedded employment present through military service. Research links veterans' SUD with service-related mental illness, and collectively, *untreated*, these conditions increase the likelihood of involvement with the justice system.ⁱ Relevant, national statistics confirm 81% of

Community Approach to Rehabilitation and Engagement-CARE Veterans Treatment Court

justice-involved veterans presented with SUD prior to incarceration, and 25% were identified as mentally ill.ⁱⁱ Additionally, veterans with SUD often experience co-occurring medical conditions, including obesity, sleep disturbance, physical injury, chronic pain, and other complicating issues, including lower overall quality of life, poorer quality relationships, and higher levels of aggression compared to veterans with mental health diagnoses but no SUD diagnosis.

Accordingly, impacts of SUD for veterans include loss of employment and estrangement from family and relevant safety nets, which result in financial instability, homelessness, co-occurring complications, stigma, desperation, leading to check fraud, shoplifting, trespassing, and vagrancy. Although veterans currently participate in the CNLVADC system, establishment of the proposed VTC will enhance opportunities to connect with an array of services responsive to intense needs such as those in *Table-1*:

TABLE-1	SPECIFICS OF ARRESTEE POPULATION
<i>Race:</i> 49% Black; 38% White; 1% Asian; 1% American Indian <i>Ethnicity:</i> 8% Hispanic/Latinx	
<i>Gender:</i> 8.1% Female/91.8% Male; <i>Ages:</i> 18-84 (avg.); <i>Military Service Yrs:</i> 5-9 (avg.)	
<i>Arrest Volume:</i> 436 weekly calls for DUI, drug, disturbance, other Misdemeanor offenses	
<i>Crime Patterns:</i> 6% Battery; 9% Illegal Drug; 8% Disturbance; 15% DUI; 15% DV; 24% Trespass; 33% Larceny/Nuisance/Traffic/Other Misdemeanors	
Court records from March 21, 2021-March 21, 2022 showed 74 veterans admitted to ADC;	
<i>Est. eligible for VTC:</i> 23% of all arrestees; <i>Arrestees expected to be screened for VTC:</i> 100%	
<i>Veteran arrestees screened and expected to be admitted into VTC program:</i> 30%-50%	

Problems with Court’s Response to SUD Cases: Although CNLV ADC currently provides services to a population that includes veterans, there are no explicit court interventions to address the unique obstacles related to PTSD, TBI, MST, intense combat/military service impacts, and adverse social and physical determinants of health, unique to veterans. Moreover, additional stigma, challenges, and barriers experienced by historically underserved races, ethnicities, and women and family members within the veteran population returning to CNLV civilian status are not able to be fully accommodated through the current ADC, as this system has continued a

growth trajectory since the 2021 inception, and time allotted with each participant is thereby at a maximum. **VTC Addresses Current Arrest Volume:** Through VTC, a separate docket will be established to respond to complex needs of veterans currently in or expected to enter the justice system. Although CNLV ADC is effective with the mainstream adult population, the current system does not enable additional quality time allotments with the Judge and court team that are essential in navigating veterans' eligibility for benefits and access to treatment, services, and resources, which will be provided through VTC through specific Case Manager, Mentor Coordinator, and VA. **Treatment Slots:** Through partnership with the VA the proposed VTC has confirmed availability of 75 treatment slots that will be needed annually. **Current Resources-Gaps:** Although an array of resources are available, gaps occur upon veterans' entry into the justice system, due to lack of awareness and challenges that create barriers to access, often adversely affecting compliance with diversion expectations. As such, navigation through complexities of referral, access, entry, and retention in services and resources provided by the VTC team is essential. Resource Mapping during the planning period will update available benefits, services, and resources indicated in *Table-2*:

TABLE-2 CURRENT RESOURCES TO ADDRESS THE NEEDS OF VETERANS
<i>Salvation Army Veteran Services:</i> Emergency shelter, community integration, intensive transitional housing, family support services
<i>Community Counseling:</i> Co-occurring disorders treatment, mental health therapy, LGBTQ Affirmative Counseling, and case management
<i>One Stop Career Center:</i> Resume building/essential skills/connection to employment
<i>College of Southern NV Veteran Services:</i> Education, Training, Career services
<i>Vogue Recovery Center:</i> Trauma-informed person centered care, life skills,, transitional care plans, inpatient/treatment- COD
<i>Veterans Administration Medical Center (VA):</i> medical services, mental/behavioral health, psychiatry, substance abuse treatment, MAT, sexual assault trauma services, women's' health
<i>National Mentor Corps:</i> Veterans Mentorship; Cultural, Ethnic, Gender Responsiveness
<i>Groups Recovery:</i> MAT services, group sessions Suboxone
<i>Desert Parkway Hope for Heroes:</i> Full detox, substance abuse treatment, inpatient, Mental health services, art and pet therapy, EBPs focused on trauma recovery
<i>Homeless Services Team:</i> Linked with the Southern NV Homeless Continuum of Care/

coordinates with federal, regional, local efforts to end homelessness.
<i>Veterans Resource Center:</i> Safe haven/outreach, peer support, activities, family support

VTC Target Population: According to the 2021 Census, CNLV encompasses 100 square miles, with a population of 250,000+, where 16,000+ veterans reside.ⁱⁱⁱ Nellis AFB, located in CNLV, is home to the U.S. Air Force Warfare Center, the largest and most demanding advanced air combat training mission in the world. Racial/Ethnic: CNLV is considered a minority-majority city, with Hispanic/Latinx (38.3%), and Black/African American (20.4%) as the primary population.^{iv} Homelessness: According to the 2020 HUD Point-in-Time (PIT) count, 5,283 persons experience homelessness in Southern NV, 3,461 of which were unsheltered. Although there is not a PIT count for CNLV, homeless advocates estimate the number at any given time to encompass up to 1,000+. In keeping with national projections, 11% are likely veterans.^{v,vi} CNLV is also one of the hardest hit by unemployment related to COVID-19, due to mandated and reduced-access/ shut-down of the tourism and entertainment industries throughout the region.

TABLE-3 NUMBER SERVED AND CONDITIONS				
48 Mos./150	Criminogenic Risk	SUD Treatment Need	Post Adjudication	Sentence/Diversion
Year 1 20	Med/High	Expected 20% alcohol use disorder, 30% opioid use disorder, 50% poly substance	100%	Average 90 Day Jail Sentence
Year 2 50				
Year 3 50				
Year 4 30				

High Criminogenic Risk: Because of ongoing achievements of the ADC related to the policies and procedures, methodologies, and relevant lessons learned, the proposed VTC will be able to move through planning/implementation phases in an informed manner, with focus on reduction of recidivism strengthened through connection to established veterans resources. The ADC team’s experience with best practices and adherence to NADCP standards further strengthens the proposed VTC systems, tools, and methodologies in increasing successful completion of requirements, and thereby decreasing repeat offending and recidivism. **Coordination with**

Related Projects: In January 2021, the CNLV City Council established the ADC Court as an alternative to traditional sentencing for the 436 weekly service calls (on average) for DUI, drug, and disturbing the peace offenses. As with the ADC, VTC will target nonviolent misdemeanor offenders who demonstrate strong SUD treatment needs, high criminogenic risk, and agree to participate in the program. A variety of MAT services are available to program participants through treatment partners and encouraged in applicable cases. Responses to underlying needs of veterans, including for housing and employment services, will also be reinforced through VTC, as with the ADC model. Because veterans' unique needs have risen to the surface during ADC implementation, expansion is essential to maximize access to a continuum of services with stabilizing resources, such as sober housing, employment coaching, peer support, longer-term counseling, and behavioral health treatment to address underlying causes and effects.

B. PROGRAM DESIGN

Goals/Objectives: Goal: Reduce recidivism and substance abuse among high-risk populations with substance abuse disorders among military personnel, including veterans, by increasing the capacity of the court to lower the overall nonviolent crime rate in CNLV. Objective 1.1 Enroll 150 veterans with SUD into the VTC over the life of the project, an average of 10 persons per quarter. Objective 1.2 Achieve a minimum 60% graduation rate for veteran treatment court participants by the end of the project. Objective 1.3 Conduct annual data analysis and evaluation to improve processes and participant outcomes. **Plan-Eligible Veterans-Equivalent Access to VTC:** See Attachment 1. **Plan- Early Identification of Eligible Veterans:** See Attachment 2. **Prompt Entry Following Determination of Eligibility:** Each offender booked into the CNLV Corrections Center will be screened at the time of processing for potential admission into VTC: 1) a referral form is available for use by the city attorney, jail, community officers and customer service clerks to submit a defendant referral at any time; 2) all defendants are screened at the jail

Community Approach to Rehabilitation and Engagement-CARE Veterans Treatment Court

for veteran status and paperwork is scanned to the VTC Case Manager daily; 3) Signs are posted at customer service windows for veterans to self-report, then they can be screened for eligibility. For those who appear to be eligible, the Case Manager will conduct various screenings and validate veteran status through VRSS, a secure site to identify inmates or defendants who have served in the United States military, to confirm eligibility. At this time, the Veteran's Medical Center (VA) Veteran Justice Outreach Officer (VJO) will conduct a thorough assessment of behavioral health needs to determine immediate and ongoing treatment needs. If participation with the VTC is confirmed, the participant is promptly released with a required court date.

Treatment Services While Incarcerated: Based on the assessment conducted by the VJO at the time of enrollment, should a participant's screening determine their SUD needs do not warrant inpatient, the VJO will schedule an outpatient appointment post-release. The Mentor Coordinator will be trained to provide brief intervention during a brief time while the VTC participant is awaiting release. Should an individual need a higher level of care, they will be released to an inpatient or residential facility. This ensures, whether the participant is receiving inpatient or outpatient services, they begin immediately upon release with support provided while still incarcerated. **Fees:** VTC will impose appropriate fees and restitution based on state statute and will be notified of fees at their hearing. Participants are allowed to contribute small monthly payments toward rehabilitation fees/restitution. Payments will not be scheduled to begin until immediate needs of each participant have been stabilized. If a participant is unable to make their monthly payments, an opportunity to perform community service hours, in lieu of fees will be available, and/or the Judge may waive fines/fees. Additionally, through programs such as Medicaid and VA, most treatment services will be fully or substantially covered, in order to avoid hardship for VTC participants. **FDA Medications:** Participants will not be penalized for

use of US FDA-approved medications for the treatment of SUD. All service providers involved with VTC will also be required to permit participants to complete a MAT program, if appropriate. **Early Assessment / Treatment to Prevent Overdose:** Referral to treatment is a required element of the proposed treatment court model and a fundamental component of each participant's treatment plan. VTC's primary treatment partner, the VA, will be an integral component of the team, present and interacting with offenders shortly after booking. This will allow the highly qualified VA staff to determine the potential risk and treatment needs of each participant for creation of a comprehensive treatment plan. The plan will guide the VA's treatment utilizing evidence-based programs and practices, which are empirically based for the veteran population, to determine level of care and modality based on a risk assessment. The Case Manager will work alongside the VA and the participant, Public Defender, and Judge to ensure early entry into treatment to lower the probability of overdose prior to program commencement. **Assess for Overdose Risk:** VTC will create a specialized screening tool to identify individuals who are at high risk of overdose, optimally administered immediately within hours of arrest. The tool will be created during the 6-month planning phase and will screen for overdose risk factors including: overdose history, intravenous drug use, homelessness, stigma and trauma. The screening will be administered by Corrections Center/court staff, whomever makes first contact with the potential participant, and conducted again immediately prior to release to any environment other than inpatient or residential. The opioid risk screening will support the team in determining VTC participants at highest risk for opioid overdose and develop a safety plan prior to release. **Treatment Services:** VTC participants will be required to complete their court ordered treatment plan as a condition of their alternative sentencing. Treatment plans will be customized based on the results of the assessment conducted while the participant is incarcerated

Community Approach to Rehabilitation and Engagement-CARE Veterans Treatment Court

including the Level of Service Inventory–Revised™ (LSI-R™), Risk, Needs and Responsivity (RNR) assessment tool, Comprehensive Addictions and Psychological Evaluation (CAAPE), and Ohio Risk Assessment Scale (ORAS) as described in *Attachment 1*. These and other tools utilized by the VA will also screen for appropriate levels of care and co-occurring disorders to ensure a comprehensive plan is fully customized. Once the treatment plan has been developed, a variety of evidence-based treatment interventions, including MAT, will be available, if deemed appropriate and desired. Progress will be monitored closely by the Case Manager, VA, and VTC Court Judge. **Treatment Modalities:** Individual, group, and family therapy will be offered. Trauma therapy will be fully integrated as an approach that recognizes the importance of understanding traumatic events that impact mental, emotional, physical, or behavioral well-being, and connection between trauma and the client’s current behavioral struggles. These modalities can be provided in the settings of outpatient, residential and inpatient. Additionally, MAT, the use of medications, in combination with counseling and behavioral therapies, provides a whole-patient approach to the treatment of SUD. The list of evidence-based practices utilized in each of these modalities is included in Attachment 2. **Priority 1A:** Sub-populations historically marginalized and underserved in CNLV are primarily identified as unsheltered, homeless, Latinx/Hispanic and Black/African Americans. As of 2021, of the 5,083 homeless persons in Southern NV, 13% were veterans and 70% male, with 32% of the homeless population identifying as Black/African American and 17% Latinx/ Hispanic.^{vii} To ensure greater success of its participants, VTC will contribute to the success of participants by ensuring basic needs are met to allow them to focus efforts on treatment. As such, VTC has dedicated \$15,000 per year for housing support, specifically recovery or sober housing. The CNLV will spend a portion of the 6-month planning period identifying and selecting housing support partner

agencies that will work closely with VTC and the VA focused on the individuals' recovery.

These partnerships will allow VTC to secure housing placement of participants who are at high risk for overdose with significant barriers to treatment or are impacted by racial inequalities.

TABLE-4	PLANNING ACTIVITIES
<u>Hire Veterans Treatment Court Staff:</u>	VTC is proposing to hire 1 Case Manager and will recruit 1 volunteer Mentor Coordinator to work with current court staff to implement VTC. Hiring and onboarding of both positions will be complete within the first month after award.
<u>Foundational Training:</u>	The applicant agrees and attests it will participate in the BJA-sponsored drug court foundational training including VTCPI, and apply learned principles to VTC.
<u>Resource Mapping:</u>	During the first 6 months of VTC planning, Case Manager will conduct a resource mapping assessment to locate/document resources which could be beneficial to VTC participants. A resource list will be created which identifies services available, populations served, admission criteria, and typical first available appointment / wait list information
<u>Relationships with Community Partners:</u>	The Case Manager will put considerable time and effort into building a strong relationship with the VA as well as providers the VA regularly refers to for SUD services, including recovery and sober housing providers. Case Manager will reach out to social service agencies that play a role in serving the wraparound needs of individuals including employment, housing and educational needs of veterans in the area. This will involve contacting and visiting the various providers identified through the resource mapping exercise to ensure the VTC is aware of and connected to all providers in the area
<u>6-month Planning Phase/Activities:</u>	1) develop opioid overdose screening tool; 2) develop additional opioid overdose risk intervention strategies, based on consultation with similar treatment courts; 3) train Mentor Coordinator on SUD brief intervention strategies for participants waiting for release/to start their treatment program; 4) work with VA, primary treatment provider, to incorporate PTSD and trauma screenings into assessment and treatment planning process; 5) develop consistent, fair, predictable incentives/sanctions based on specific situations /actions; 6) UNR will develop protocol for data collection, identification of outcome measures, and design of all data collection instruments; 7) Relationship building to ensure treatment and wraparound services.

TABLE-5	IMPLEMENTATION PHASE
<u>Referral, Screening, Assessment:</u>	<u>Screenings:</u> The Case Manager will make first contact to determine eligibility for admission into VTC-veteran status through VRSS/chronic behavioral health condition as noted in Attachment 1. <u>Assessments:</u> The Case Manager will administer Level of Service Inventory– Revised™ (LSI-R™), Risk- Need Responsivity (RNR), and Ohio Risk Assessment System (ORAS) to determine needs. VA will conduct comprehensive SUD assessment utilizing tools such as Comprehensive Addictions and Psychological Evaluation (CAAPE). VA will refer to VTC provider network/collaborators if level of care is not directly provided by VA/ if another provider is appropriate, based on geography, payer, or need.
<u>Eligibility Requirements:</u>	Updated based on best practices; initial eligibility will be: 1) served in Military-active or veteran status; 2) CNLV misdemeanor charges; 3) 1 of the following clinical criteria: PTSD, TBI, MST, SUD, and other Axis I diagnoses requiring treatment/support; and 4) agree to participate in 12–24-month program.

<p><u>Structure of the Drug Court:</u> The VTC is a post-adjudication program. At a formal hearing, the offender will plead, and a sentence will be ordered and suspended. Upon successful completion of the program the underlying charges will be dismissed and the case will be sealed</p>
<p><u>Length/Phases:</u> Due to NV Statute, VTC will span 12-24 months, depending on participants' SUD treatment needs. Three (3) phases of the program will incorporate random drug and alcohol testing. <i>Phase I</i> requires in-court status hearings weekly/regular interaction with Case Manager. Participants are receiving inpatient/residential treatment, intensive outpatient, or outpatient SUD/mental health counseling. Phase I may last 1-2 months, and violations of court orders may translate to sanctions of additional time in this phase. <i>Phase II</i> requires semi-regular in-court status checks once every 2-3 weeks. Participants receive outpatient substance abuse counseling and services such as job readiness or trade training. Phase II participants will continue regular interaction with Case Manager. This phase may last 7-19 months. <i>Phase III</i> requires participants to appear at in-court hearings once every four weeks. Participants may advance to peer recovery supports such as NA or AA meetings and focus on finding employment and developing life skills in preparation for graduation. Phase III may last approximately 3 months, unless a violation of court orders translates to sanctions and additional time in the program.</p>
<p><u>Case Management:</u> A dedicated Case Manager to support VTC will enable monitoring compliance of enrollees with court ordered programs; coordination with treatment and multiple service providers, to establish case plans and connect enrollees to services; work with Marshals to coordinate bench/active warrants; serve as the primary point of contact between participant and Court; and input case information/regular status reports into DCCM.</p>
<p><u>Community Supervision:</u> Marshals will be an essential part of VTC for community supervision. Working closely with the Case Manager, Marshals monitor participation/enrollment status of enrollees and arrange transportation from the correctional facility directly to in-patient and residential treatment facilities thus ensuring a "warm hand-off," and are responsible for imposing sanctions (home checks, warrants for non-compliance). Case Manager will work proactively with Marshals to ensure program compliance/address need for incentives/sanctions</p>
<p><u>Evidence-based Treatment Services:</u> VTC has established an array of integrative community partners, strengthened by VA's extensive SUD/mental health services platform. VTC will provide extra scaffolds of support during enrollment/after graduation, through identification/development of collaborations with other treatment, non-treatment, social services entities, identified through resource assessment, to ensure success of VTC participants post-graduation. Program elements related to length, judicial supervision, randomized drug testing, incentives/sanctions, graduation requirements /expulsion criteria, restitution costs/fees aligned with best practices learned during BJA supported training sessions/ongoing data analysis/ evaluation informed by evaluation research partner, UNR.</p>
<p><u>Recovery Support Services:</u> VA incorporates extensive SUD recovery support services, including employment/vocational skills development, transitional and permanent housing support, education assistance, healthcare and benefit assistance, and family supportive services</p>
<p><u>Judicial Supervision:</u> During Phase I the participant will make weekly visits to the Judge, who is aware of participant progress and setbacks via reports from treatment providers and the Case Manager. During Phases II and III, as the participant shows progress, this requirement will reduce time commitment.</p>
<p><u>Drug Testing:</u> The VA will provide drug and alcohol monitoring no less than 3 times per week as part of a residential or outpatient treatment program. Test results will be reported directly to the Case Manager. The court has established relationships with vendors for alcohol monitoring</p>

bracelets, remote breath testing devices, and drug detection patches for use, as necessary.
<u>Incentives and Sanctions:</u> Participants failing to comply with VTC requirements will be held accountable through sanctions to affect immediate consequences. Court teams recognize that because the participant is an integral part of the team, a court hearing will take place where the participant articulates specific sanctions proven effective in the past to address non-compliant behaviors, as well as considerations presented by treatment provider based on addiction science. VTC Judge will be committed to imposing infractions without ridicule, maintaining the Court's objective position. Infractions do not automatically result in expulsion from VTC. Sanctions may include increases in supervision and/or treatment, drug testing, community service hours, community restrictions, and/or electronic monitoring, demotion to previous phase, and delay in graduation. Incentives rewarding participants for positive lifestyle changes/meeting program milestones/ requirements may include travel privileges, phase advancements, certificates, candy, journal, and identified positive rewards.
<u>Due Process for Incentives/Sanctions:</u> Due process and judicial ethics require Judges to exercise independent discretion when resolving factual controversies, administering sanctions or incentives that affect a participant's fundamental liberty interests, or ordering the conditions of supervision. Because Judges are not trained to make clinical diagnoses or select treatment interventions, they routinely enlist expert input from treatment professionals to make treatment-oriented decisions. The VTC model will connect expert(s) from SUD treatment to share knowledge/observations with the judge, enabling rational, equitable, informed decisions
<u>Graduation Requirements / Expulsion Criteria:</u> Participants may be terminated from VTC if they no longer can be managed safely in the community /fail repeatedly to comply with treatment or supervision requirements. No participant is penalized if the court is unable to arrange appropriate treatment options. Participants, who have achieved program goals, paid their restitution in full, remained substance free for at least 12 months, are eligible for graduation. Graduation standards will vary by participant but generally require a job, school enrollment, or safe housing such as sober housing.
<u>Fees Absorbed into Program:</u> Fees will be utilized within the program to support additional salary costs of CNLV employed court personnel outside of the grant-funded Case Manager and to prepare the VTC for operation after federal funding ends
<u>Fees for Indigent Populations:</u> Indigence will not present a barrier for participation, as fees may easily be transferred into community service hours allowing restorative measures without the need to remit fee payments, or the Judge may reduce/ waive fees altogether

TABLE-6	NADCP BEST PRACTICE STANDARDS
<u>Target Population:</u> Eligibility is based on levels of infractions of offenders who can be treated safely and effectively in VTC. Through identified screening and assessments, participants will have misdemeanor charges and have a treatable behavioral health condition.	
<u>Equity and Inclusion:</u> In CNLV, marginalized populations of Black/African Americans and Latinx/Hispanics have historically experienced greater disparities including homelessness, and informed by the current ADC, the majority of veterans admitted are primarily Black/African American and Latinx/Hispanic. VTC will apply strategies directly intended to impact social, physical, cultural, and language needs of these populations and their engaged family members.	
<u>Roles/Responsibilities of Judge:</u> The Judge is dedicated to utilizing evidence-based practices and will rely on professionals on the court team to advise on new laws and research.	
<u>Incentives, Sanctions, and Therapeutic Adjustments:</u> VTC will develop policies during the 6-	

month planning period to define standardized responses to actions requiring incentives/sanctions to ensure fairness/administration in accordance with research.
SUD Treatment: VTC will utilize VA/ other providers to deliver evidence-based treatment based on clinical guidelines in accordance with state and federal guidelines.
Complementary Treatment and Social Services: VTC will partner with community agencies including VA to provide recovery support services: employment, education and housing.
Drug and Alcohol Testing: VA will provide drug/alcohol monitoring no less than 3 times/week as part of residential/outpatient treatment. Test results will be reported directly to the Case Manager. Relationships with vendors for compliant alcohol monitoring bracelets, remote breath testing devices, and drug detection patches for continuous monitoring will be established.
Multidisciplinary Team: The VTC multidisciplinary team will consist of the following positions: Judge, Prosecutor, Defense Attorney, Researcher/Management Information Specialist, Court Administrator, Case Manager, VJO from the VA, and Mentor Coordinator.
Census/Caseloads: Best practices identify a caseload of up to 50 individuals is a practical number allowing fidelity to the VTC model. The Case Manager will maintain a caseload of 50. If demand exceeds capacity, the Court Administrator will develop a plan to meet the needs.
Monitoring and Evaluation: UNR, Evaluator, will work with the Case Manager to collect and report on all BJA required performance measures as well as longer term outcomes developed by CNLV to evaluate the overall effectiveness of the VTC.
<i>*See adherence to VTC Standards in Attachment 2</i>

Treatment Provider Selection / Monitoring: The criteria used to determine the partnerships include services provided, length of service in the community, reputation in the community, willingness to work with the community and the court, size of the organization, the use of evidence-based programs and curriculum and how long the organization has been in operation. VTC will monitor each providers' effectiveness through conveyance of respective accreditation or licensure report annually, or as updated, whereas the treatment providers' state or national licensing authority determines their adherence to standards and outcomes. **Evidence Base for Interventions:** Empirical evidence for effective SUD treatment, in varying psychosocial interventions, identified the following common tasks: addressing motivation, teaching coping skills, changing reinforcement contingencies, fostering management of painful effects, improving interpersonal functioning and enhancing social supports, and fostering compliance and retention in pharmacotherapy.^{viii} All proposed modalities and interventions adhere to this evidence and evidence-based practices have been tested as effective in counseling adults and/or

veterans, relevant to the presence of SUD and/or COD, in order to address a wide range of problem behaviors related to impacts of addiction, and also include health promotion, medical treatment adherence, and ways to address mental health challenges. **Treatment/ Recovery Modalities:** VTC enrollees will receive a variety of evidence-based residential or outpatient substance abuse treatments, including individual, group and family therapy, based on their individual assessment results, as well as access to MAT. The VA also offers recreation and creative arts therapy and provides services and activities that include: animal interaction; music, art, and crafts; community outings; exercise, sports, and games; and gardening and leisure education. Additionally, the VA provides the essential recovery support services: transitional and recovery housing, legal services, and transportation. **Prioritize Participation-High Risk Persons:** The ORAS screening tool will be implemented to identify, assess, and prioritize participants' risk levels. Once the ORAS screening tool is scored, VTC has the ability to categorize high risk/ high needs participants and create a plan specific to their needs. High risk defendants will have more supervision than a medium or low risk offender and will typically have different requirements. **Assessment Selected/Administration:** ORAS was selected as it measures the likelihood of recidivism while still addressing the participant's needs while allowing the court to separate each participant by their risk level and create a case plan specific to their needs. The Case Manager will administer ORAS. **Ensure Equity and Inclusion:** The UNR evaluation team and Case Manager will work collaboratively to collect, review and analyze performance measures and participant data on a quarterly basis to ensure equity and inclusion. Once data have been reviewed, the drug court team will meet quarterly to review the number of participants admitted into the program, the treatment providers will provide updates on the services provided, and the team will discuss gaps between actual participation and goal related to

numbers served and equity. This process will include examining barriers to participation, revisiting eligibility requirements, and assessing treatment provider capacity to ensure the court is maximizing its potential. **Early Intervention Model:** While the VTC is post-adjudication, participation will commence pre-adjudication. Participants will be identified at the booking process, or at an initial appearance. Unlike pre-adjudication models, where plea and sentencing are suspended indefinitely, VTC will make an offer for the treatment plan with suspended jail time and adjudication the case at the first out of custody court hearing. Treatment will commence at the time of release in an effort to offer early intervention and therefore not cause delay of the treatment process. **Community Engagement:** CNLV has been operating an ADC for one year which has allowed it the opportunity to engage partners in identifying the need and planning for the VTC. The VA, in particular, has been integral in designing the initial concept to adhere to evidence-supported interventions for veterans. The partners in *Table-2* have been identified as available to support the VTC, which will be finalized and formalized during the 6-month planning period. **Resource Mapping to Enhance Services:** Information collected through resource mapping will encourage development of new partnerships in an effort to reduce duplication of services, minimize gaps in services, and expand a community's services/resources to meet the needs of more of its participants. More specifically, as participants present with targeted needs, the VTC team will have knowledge of and have access to more resources that will directly benefit the participant. **Engagement of Participants' Families:** If a veteran's family wants to be involved in their progress, the VTC Case Manager will provide status updates and allow participation in court sessions and can connect them to resources tailored to their specific needs to ensure all systems are receiving the proper assistance. Through the VA, the caregiver can be supported by a VA Caregiver Support Coordinator to match caregivers with

services and benefits and connect with local resources and programs. **Trauma-Informed Care**

Model: In alignment with goals 2.1 through 2.5 of SAMHSA’s Trauma and Justice Strategic Initiative and SAMHSA’s TIP 57: Trauma-Informed Care in Behavioral Health Services, treatment partners will employ a comprehensive trauma-informed care philosophy and approach to address impacts of violence and trauma among participants, including affected family members. Treatment providers integrate evidence-based, gender- responsive, and trauma-informed programs, practices, and validated tools, as to ensure that VTC addresses and breaks the intergenerational cycles of violence and trauma. Behavioral health staff are required to meet trauma-informed counselor competencies in the implementation of a trauma-specific treatment model. **State VTC Strategy:** The 2022-2025 NV Judiciary Strategic Campaign identified 3 primary strategies designed to improve the way the Branch provides fair and timely access to justice. Under strategy 3, *Develop methods for NV courts to be supported by both sustainable funding and appropriate judicial, personnel, and technological resources*” the NV Judiciary is committed to development and expansion of therapeutic specialty courts. Through this request for support, NV’s 7th VTC will be operationalized by utilizing federal funding for the initial planning and start-up phases, curating a model grounded in empirical evidence, with the goal of ongoing support by NV Judiciary. **Treatment/Recovery Services:** VTC participants will be referred to the VA/primary treatment provider and be required to complete their court ordered treatment plan as a condition of their alternative sentencing. Treatment plans will be customized based on the results of an initial assessment conducted by the treatment provider. Once the treatment plan has been developed, a variety of evidence-based SUD interventions (detailed above), along with MAT therapies, if applicable, will be available throughout the duration of the treatment plan. Progress will be monitored closely by the Case Manager, treatment provider, and

VTC Judge. **Treatment Funding:** Treatment will be funded through: 1) insurance including Medicaid and VA benefits; and 2) external funding secured by treatment provider(s) or identified through supportive resources. VTC team will work with NV Department of Health and Human Services to submit Medicaid applications while offenders are still in custody, with approvals placed in a suspended status until released.

C. CAPABILITIES AND COMPETENCIES

Priority 1(B): VTC is not applying for priority consideration under Priority 1(B). **Foundational Training:** The VTC team has not received training through Justice for Vets VCPU foundational training but will complete during the 6-month planning period prior to project start. **Roles/**

Responsibilities: A MOU signed by each of the VTC team members described in Table-7.

TABLE-7	VTC TEAM
Judge Chris Lee, Judge: Heads VTC team, regularly reviews case status reports, leads weekly team meetings, final arbiter in decisions where there is not team consensus. During court process, administers graduated sanctions/incentives, based on team input, to increase each participant's accountability and enhance likelihood of treatment retention/program completion.	
Deep Goswami, Prosecutor: Reviews all new cases concerning eligibility including review of defendants' criminal histories, consultation with victims, legal eligibility, and appropriate Dispositions upon defendants' entries into VTC.	
Leslie Park, Defense Attorney: Represents/advises defendant in all court proceedings; assures defendant's constitutional, criminal court, civil rights. Seeks to find treatment solutions that minimize defendants' exposure to incarceration, reduce risk of re-arrest or new charges, and mitigate consequences of criminal conviction.	
Erin Tellez, Court Administrator: responsible for general communication and coordination of VTC operations including weekly meetings for staffing/ program development.	
To be Hired, Case Manager: Consults with VTC judge, reviews all referrals for initial eligibility/coordinates assessment process/information for new referrals, assembles information for weekly team meetings.	
TBD, VJO from VA: Participates in VTC proceedings, liaises with VA, assures/monitors efficacy/receipt of recommended treatment services, identifies gaps/additional supports	
Captain Michael Bunch/Sargent Maya Winters, Marshals: Oversee community supervision, assigns Marshals to home visits, transport as necessary when released from jail to treatment/ assessment facility, random drug testing administered in court & location monitoring as required.	
TBD, Mentor Coordinator: Encourage, guide, support VTC participant as he/she progresses through the court process; listening to concerns, making general suggestions, assisting with determining needs, acting as a support in a way that only peer veterans can understand.	
Veronica B Tahir, Researcher/ Management Information Specialist: Support Case Manager	

in the collection and storage of data and performance metrics.
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TBD, University of Nevada, Reno: In coordination with the Researcher and Case Manager, will analyze data and prepare evaluation reports to identify progress toward goals.

Communication/Coordination: VTC team will meet prior to each session to review all cases on the day's docket, and include a clinical report from the VJO, and Case Manager and Marshal reports. This meeting also assesses the status of complex cases, for which current treatment and supervision do not appear to be effective. VTC team will address administrative matters pertaining to program planning and administration, treatment and service delivery, training, policies and procedures, data collection, grants and special projects, and issues that may arise between meetings. In addition, VTC team will assemble periodically for training and educational experiences. **Law Enforcement:** The VTC team include representation from the CNLV Marshals, which as described in *Table-7*, will make home visits and participate in team meetings. **Research Partners:** VTC will partner with University of Nevada, Reno (UNR) for process and outcome evaluation. UNR will collaborate with the Case Manager, who is responsible for data collection for the court, and the Researcher/Management Information Specialist, responsible for ensuring proper storage and maintenance of data, for analysis of performance results. UNR is experienced with assessment of equity inclusion and will develop specific tools and scales to test inclusionary perceptions and impacts of services through participant pre and post program interviews, surveys, focus groups, and all appropriate methods. Fidelity of EBPs and the overarching VTC model will be determined through both internally and externally executed tools and adherence to standards associated with best practices and models. **Partners:** During the 6-month planning phase, VTC and the fiscal agent CNLV will execute a formal agreement with the VA and verify relationships with service and resource collaborators as necessary through community mapping, including those in *Table-2*. As applicable, direct provider(s), such as VA, will apply evidence-based interventions and offer services such as MAT to all veterans, as

deemed appropriate by a clinical treatment team. VTC team and each direct care provider will meet at least biannually to review treatment modalities and levels of service to ensure providers' service delivery is consistent, compliant, equitable, culturally appropriate, and maintaining fidelity in practice.

TABLE-8	TREATMENT PROVIDER
VA: Common medical center services, critical care, mental health, psychiatry, and substance abuse treatment including inpatient, residential, outpatient therapy, MAT, and recovery support services. History: The VA and CNLV justice systems have cultivated a long-standing collaboration that enables and strengthens leveraging of responsive/relevant services and resources for homeless and specialized veteran populations including racial/ethnic, women, LGBTQ, to provide housing solutions, employment opportunities, health care, and justice/ Re-entry related services. This effective, perpetuating collaboration will extend to the VTC.	

D. PLAN FOR COLLECTING DATA

Client-level Data: The Case Manager will collect all participant data during screening and assessment through NV's Drug Court Case Management (DCCM) system, which includes: ethnicity, gender, marital status, employment, military status, education, admissions, terminations, successful graduations, community service, violations (new arrest and technical), withdrawals, sanctions, incentives, urinalysis results, officer contacts, and fieldwork. UNR will support VTC in developing risk-needs evaluations, incarceration days saved, and participants' success measured by retention/recidivism over the life of the project period and beyond. Data will be extracted by Case Manager through case notes; attendance logs; and documentation of status including phase, sanctions, and incentives and provided to UNR in aggregate form for evaluation. **Performance/Outcome Data-PMT:** VTC will assign the Case Manager to collect and analyze client-level performance and outcome data through PMT and conduct regular assessments of program service delivery/performance comparisons. The applicant states it willingness and demonstrates the ability to perform these duties based on experience with data collection in its ADC. **Performance Management Plan:** UNR will be responsible for program

evaluation by developing the performance management plan that includes protocols for data collection, identification of outcome measures, and design of all data collection instruments to be utilized by VTC for data collection during the 6-month planning period, in addition to what is described in Attachment 2. Data will be collected by VTC and provided to the Evaluation Team for a quarterly joint review. The Evaluation Team will analyze the data and provide annual progress reports and a final report in Year 4. Annual progress reports will identify areas for improvement in program performance, corrective action plans, and adjustments to program benchmarks or outcomes when necessary. **Participants Mirror Jurisdiction's Substance Abuse Arrestee %:** VTC will utilize screening tools to ensure all individuals meeting criteria are appropriately referred to and admitted into VTC, to ensure the referrals made to VTC mirror the jurisdiction's SUD arrestee percentages: 1) LSI-R™; 2) RNR Simulation Tool; 3) ORAS. **Quarterly Review of Number Served:** The Case Manager will be responsible for quarterly data collection, including number of persons served per quarter, according to the Time Task Plan. VTC team will meet quarterly to review/address gaps between actual/proposed goal numbers, identification of barriers to participation, eligibility requirements, and treatment provider capacity, to assure maximum effectiveness. **Community Reintegration:** Because cases in VTC will be misdemeanors, most participants will remain integrated with the community. By ensuring that the potential graduate has employment, is enrolled in school, or is participating in an extensive job-training or reintegration program, the VTC team will be reasonably sure of capacity to be successful outside the program. VTC will emphasize access to drug-free, transitional housing, with supported housing available through VA, HUD and other collaborators. The VTC team will ensure that all participants have access to safe and affordable housing prior to graduation to optimize long-term success. **Medicaid Expansion-Increase**

Capacity: NV expanded Medicaid in 2014, allowing 210,000+ residents to gain health coverage, resulting in a 50% reduction in uninsured rates from 2010-19. Although NV has been progressive in expansion, the Medicaid Inmate Exclusion Policy, a federal law that prohibits states from using Medicaid matching funds for incarcerated adults and juveniles, has remained, requiring coverage to terminate, rather than suspend, benefits for the incarcerated. NV is expected to pass a bill in the next 4 years to suspend Medicaid coverage for the incarcerated with the suspension lifted upon an inmate's release, which will result in immediate access to behavioral health services, rather than waiting for a Medicaid application to be reprocessed.

Sustainability: CNLV will monitor funding opportunities to maintain and strengthen VTC beyond the award period, including through Medicaid reimbursement, state/local funding, and private donations from benefactors who support SUD eradication/recidivism reduction. Successful implementation of VTC, verified by evaluation, will justify additional investment of CNLV funds to ensure longevity and impact, and NV Judiciary Specialty Court funds, available annually to support VTCs, will be requested. **Efforts/Collaborations Maintained:** CNLV will disseminate process, outcome, and impact achievements to demonstrate VTC's extensive long-term collaborations, interventions, models, best practices, and leveraged local funding to justify, compel, and secure long-term support.

ⁱ Waging War on Recidivism: Elbogen et al., 2012; Greenberg & Rosenheck, 2009

ⁱⁱ Justice for Vets, 2021, <https://justiceforvets.org/resources/research/>

ⁱⁱⁱ US Census Quickfacts, 2021, <https://www.census.gov/quickfacts>

^{iv} *Ibid.*

^v Help Hope Home, 2021 Southern Nevada Point-In-Time Results, <https://nevadahomelessalliance.org/wp-content/uploads/2021/08/FINAL-HHH-PIT-2021.pdf>

^{vi} National Coalition for Homeless Veterans, 2020, <https://nchv.org/veteran-homelessness/>

^{vii} Help Hope Home, 2021 Southern Nevada Point-In-Time Results, <https://nevadahomelessalliance.org/wp-content/uploads/2021/08/FINAL-HHH-PIT-2021.pdf>

^{viii} Simpson DD. A conceptual framework. *J Subst Abuse Treat.* 2002;22:171–82.

ATTACHMENT 1

EQUIVALENT ACCESS TO CARE VTIC

Plan that demonstrates how all individuals eligible for the veteran's treatment court will have equivalent access to the program: The City of North Las Vegas (CNLV) Community Approach to rehabilitation and Engagement (CARE) Veterans Treatment Court (VTC) is a rigorous program that calls for personal accountability while seeking to break the cycle of substance use and criminal behavior. By participating in a VTC, veterans have the opportunity to work through their substance use and maintain recovery. The VTC program will offer a specific veterans-only docket which is essential to their success as it takes into consideration veterans' special circumstances. Instead of issuing sentences that punish veterans for criminal activity, VTC targets the role the veteran's substance use disorders play in that criminal activity and supports getting to the root of the problematic behavior. Eligibility Criteria: 1) have served in the military – active or veteran status; 2) misdemeanor charges in the City of North Las Vegas; 3) Must meet **one** of the following clinical criteria: PTSD (Post-Traumatic Stress Disorder), TBI (Traumatic Brain Injury), MST (Military Sexual Trauma), Drug/Alcohol Addiction, and other Axis I diagnoses that include, but are not limited to: Major Depression, Bipolar Disorder, Schizophrenia, Schizoaffective Disorder, or a psychological and/or substance abuse problem(s) requiring treatment/support; and 4) agree to participate in a 12–24-month program. The CARE VTC does not discriminate on the basis of race, color, national origin, religion, sex, disability, age, sexual orientation and/or gender identity. Disqualifying Criteria: 1) Defendant is not in need of treatment; 2) Defendant has a medical condition or mental health diagnosis that does not allow for functional participation in the VTC. Identification of Participants: Each defendant has the opportunity to engage and be engaged with VTC through a variety of pathways including: 1) a

referral form is available for use by the city attorney, jail, community officers and customer service clerks to submit a defendant referral at any time; 2) all defendants are screened at the jail for veteran status and paperwork is scanned to the VTC Case Manager daily; 3) Signs are posted at customer service windows for veterans to self-report, then they can be screened for eligibility.

Screening: Within 48 hours of arrest, a screening interview is conducted on all arrestees in the CNLV Corrections Center to determine if the individual meets the eligibility criteria for VTC by the jail staff and a referral, if appropriate, is made to the VTC Case Manager. The VTC Case Manager then meets with the individual to conduct general screenings including:

- Level of Service Inventory–Revised™ (LSI-R™): a risk/need assessment instrument that was designed to assist correctional agencies in classifying offenders based upon risk of re-offending, thereby allowing agencies to assign appropriate levels of risk/need and develop intervention/case-plans accordingly
- Risk-Need Responsivity (RNR) Simulation Tool: provides assistance to treatment and criminal justice staff in improving the matching of services and program quality. This Tool is a web-based, decision-support tool that guides agencies in allocating treatment and programming resources based on the population.
- Ohio Risk Assessment System (ORAS): risk and needs assessment identifies each person’s risk of re-offending. Information garnered helps to ensure each person gets the right interventions and programming.

Once the Case Manager determines eligibility, the VA is brought in for a full assessment which will include tools such as Comprehensive Addictions and Psychological Evaluation (CAAPE): a comprehensive diagnostic assessment interview providing documentation for substance-specific diagnoses based on DSM-5 criteria. Assessment/Data Collection: All eligible participants will

receive drug, alcohol and mental health services through the Veterans Affairs Office (VA). If an appropriate level of treatment is not available at the VA, the participant will be required to participate in recommended community-based treatment. A Veterans Justice Outreach Specialist (VJO) will be assigned to the VTC and will meet with the VJO for an initial assessment utilizing industry-standard SUD assessment tools. Determination of Eligibility: The VJO will provide a written report with a detailed Treatment Plan within 72 hours of referral. The treatment plan will be presented to the VTC team for review. In addition to the treatment plan, the following documentation will be submitted to the VTC team: Psychiatric evaluations, if any; history of behavioral health treatment; criminal background history; and summary of charges. After the plan is submitted to the team, it will be reviewed by the team and a determination will be made at that point. Reconsideration Process: The VTC will consider all appropriate referrals on a case-by-case basis and during the consideration process, a myriad of factors are reviewed. Major emphasis is placed upon the offense as charged, the impact of the court defendant's behavioral health issues in regards to the offense, nature of the offense, prior record, and likelihood of success. This information is derived from police reports, criminal history inquiries, stays in treatment, psychological evaluations, contacts with arresting officers and previous probation / parole records. If a relevant party to the court participant's case (attorney, judge, treatment provider, police officer, etc) feels the VTC team failed to consider a particularly important factor, he/she may make a request, in writing, for the case to be reconsidered. The written reconsideration request must be submitted to the VTC Court Administrator. The request must include supportive reasoning for reconsideration. Supportive reasoning is defined as mitigating circumstances pertaining to the crime, psychiatric/psychological reports that may not have been available for the initial consideration, or any other relevant information that can be placed in

written format. Treatment: The VTC will receive regular updates from the VJO or other relevant treatment providers on the participant's progress in treatment. The VTC team will make a collaborative effort to provide any and all services that are needed for the participant to obtain their treatment goals. Examining Data: The program realizes the need to measure the program's performance outcomes to measure and monitor the success of program initiatives and objectives, and to give insight as to any necessary program modifications and implementations. Initial data collected, as identified in the screening and assessment section, will be used to establish a collaborative case plan and identify which reentry services and programs best meet each person's individual needs. The program will track participant demographics, including: ethnicity, gender, marital status, employment, military status, and education. Additionally, on a programmatic level, the participant's admissions, terminations, successful graduations, community service, violations (new arrest and technical), withdrawals, sanctions, incentives, urinalysis results, officer contacts, and fieldwork. UNR will support the project in developing a risk and needs evaluations, incarceration days saved, and participants' success measured by retention and recidivism over the life of the project. These evaluations will be informed by data collected based on case notes created by the Case Manager which include attendance logs; and documentation of status including phase, sanctions, and incentives.

10 Key Components of Veterans Treatment Courts:

TABLE-7 10 KEY COMPONENTS OF VETERAN TREATMENT COURTS
<u>Key Component #1:</u> VTC will partner with the VA to provide evidence-based services which include the following programs and practices - Acceptance and Commitment Therapy for Depression, Behavioral Activation, Cognitive Behavioral Conjoint Therapy, Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, Cognitive Processing Therapy, Dialectical Behavioral Therapy, Interpersonal Therapy, Integrative Behavioral Couples Therapy, Motivational Enhancement Therapy, Motivational Interviewing, Problem-Solving Therapy, Prolonged Exposure Therapy, Safety Planning, Social Skills Training.
<u>Key Component #2:</u> The VTC team, including the prosecutor and defense counsel will focus on

the veteran's recovery and actions.

Key Component #3: Potential participants for VTC will be screened by the Case Manager upon arrest to determine whether they meet admission criteria to ensure early identification and prompt admission to VTC.

Key Component #4: Through its primary relationship with the VA and other SUD providers across southern Nevada, the VTC will provide participants access to a continuum of treatment and recovery support services.

Key Component #5: The VA will provide drug and alcohol monitoring no less than 3 times per week as part of the residential or outpatient treatment program or the participant will utilize vendors for alcohol monitoring bracelets, remote breath testing devices, and drug detection patches which offer continuous drug monitoring.

Key Component #6: The VTC will develop a comprehensive, consistent process for managing incentives and sanctions during the 6-month planning period, and has developed a level system driven by the participants' drug use or non-compliant behavior.

Key Component #7: The Judge will serve as the leader of the VTC in a supervising relationship to increase the changes for sobriety and law-abiding behavior.

Key Component #8: UNR will provide monitoring of VTC's performance measures and outcomes to provide oversight of the project's progress towards meeting its goal and objectives.

Key Component #9: The VTC team will participate in ongoing training including BJA-approved conferences to learn about veteran treatment issues.

Key Component #10: During the planning period, the VTC will engage in a resource assessment to ensure it has developed partnerships with community based organizations to form a full continuum of services for participants.

ATTACHMENT 2

PLAN FOR EARLY IDENTIFICATION OF ELIGIBLE VETERANS

Attach a plan that demonstrates the early identification of eligible veterans for referral to veterans treatment court. The plan may include coordination with a VJO and the use of VRSS. The Veterans Justice Outreach Officer (VJO) program of the U.S. Veterans Health Administration (VA) has a primary mission of linking military veterans in jails, courts, or in contact with law enforcement to mental health and substance use disorder treatment. The VA and VJO play vital roles in the VTC model. If a veteran is in jail, through the VTC model, the Case Manager will be contacted through a referral form provided by attorneys, community officers, jail/corrections staff, or customer service clerks. This will prompt the Case Manager to conduct an initial screening which will include a query through VRSS, the Veterans Reentry Search Service, a secure website that enables correctional and other criminal justice system entities to identify inmates or defendants who have served in the United States (U.S.) military. VJOs will assess the participant within 72 hours of arrest and prior to their release to overcome one of the biggest challenges: helping veterans who don't know they are actually a veteran and qualify for VA services as well as conduct the standardized assessments to determine treatment pathway. Through coordination with a VJO, the VA provides treatment to participants. The VJO also coordinates with their respective courts to provide counseling services, job placement series, and housing. Research suggests that VJOs have been successful linking justice involved veterans to VA services that treat their high rate of diagnosed substance abuse and mental issues.

Community Approach to Rehabilitation and Engagement-CARE Veterans Treatment Court

[illegible]

Community Approach to Rehabilitation and Engagement-CARE Veterans Treatment Court

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Community Approach to Rehabilitation and Engagement-CARE Veterans Treatment Court

[illegible]

Community Approach to Rehabilitation and Engagement-CARE Veterans Treatment Court

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MEMORANDUM OF UNDERSTANDING

AGREEMENT between *Treatment Court Judge, Treatment Court Coordinator, Treatment Court Prosecutor, Treatment Court Public Defender, Treatment Court Community Supervision Representative, Treatment Court Treatment Provider, Treatment Court Evaluator.*

The parties to this Agreement endorse the mission and goals of the Veterans Treatment Court (Treatment Court/VTC) in order to enhance public safety, ensure participant accountability, and reduce the cost to society. By addressing criminal thinking, substance/alcohol use disorders, trauma, and mental and physical health, the participants will realize improved quality of life.

The parties recognize that for the rules and mission of the treatment court to be successful, cooperation and collaboration must occur within a network of systems.

The parties to this Agreement understand that the confidentiality of participants' alcohol and drug treatment records are protected under Federal regulations: Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and HIPPA Privacy Rule 45 CFR 160, 162, and 164. The parties agree to comply with all confidentiality requirements and additional compliance measures pursuant to Military Veterans.

PROGRAM GOALS

Improve the lives of participants with substance use disorders in the criminal justice system through the integration of intensive supervision, alcohol and drug treatment, mental health services, alcohol and drug testing, and case management services with criminal justice system processing.

The parties agree that the program will follow the *10 Key Components of Drug Courts* in which the respective agencies will work cooperatively. They are:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitations services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participant compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

INDIVIDUAL AGENCY RESPONSIBILITIES AND STAFF COMMITMENTS

Treatment Court Judge

1. The Judge will ensure a cooperative atmosphere for attorneys, probation officers, law enforcement, and treatment providers to stay focused on the task of providing participants with treatment and rehabilitation opportunities.
2. The Judge will ensure the integrity of the treatment court is maintained by having an understanding of the program's policies and procedures.
3. The Judge will participate as an active member of the Staffing Team and will chair the treatment court team.
4. The Judge will assist in motivating and monitoring the participants of the treatment court
5. The Judge will gather information from the treatment court team and make all final decisions on incentives, sanctions that effect the participants.
6. The Judge will act as a mediator to develop resources and improve interagency linkages.
7. The Judge will contribute to education of peers, colleagues, and the judiciary in the efficacy of treatment court.
8. The Judge encourages participants to succeed, treats participants fairly and with respect, and is not intimidating.
9. The Judge emphasizes treatment throughout the participant's time in the treatment court.

Ethical Considerations:

- The Judge must show impartiality
- The Judge must be aware of ex parte communication
- The Judge must demonstrate judicial authority
- The Judge must not give up their final decision-making authority
- The Judge must recognize constitutional rights and follow appropriate legal
- Processes.

Treatment Court Coordinator

1. The Coordinator will assist in providing general oversight to the treatment court to include meeting attendance, grant reporting, and administration of the budget (to include management of contracts), program support, funding solicitation and community outreach. The responsibilities exist for the term of this Agreement, as funding permits.
2. The Coordinator will facilitate communication between team members and partner agencies.
3. The Coordinator will assist with organizing court, events and meetings and compiling supporting materials to disseminate to stakeholders and providers of services to maintain linkages.
4. The Coordinator will ensure the treatment court policies and procedures are updated annually, and followed during program operations.
5. The Coordinator will ensure all team members follow confidentiality regulations and all appropriate forms are signed and circulated to the appropriate agencies.
6. The Coordinator will provide oversight of the statistical database and evaluation process of the treatment court.
7. The Coordinator will assist in providing or seeking continuing training for the treatment court team and will ensure all new team members receive a treatment court orientation before participating in their first staffing.

Ethical Considerations

- The Coordinator must be knowledgeable of each team members ethical boundaries and how they are incorporated into the treatment court

Treatment Court Prosecutor

1. The Prosecutor will be assigned to the treatment court for the term of this Agreement and will participate as an active member of the Staffing Team and the Steering/Planning Team.
2. The Prosecutor will assist in identifying defendants arrested for specific offenses that meet program eligibility requirements.
3. The Prosecutor may help resolve other pending legal cases that affect participants' legal status or eligibility.
4. The Prosecutor will participate as a Team member during pre-court staffing and advocate for effective incentives and sanctions for program compliance or lack thereof.
5. The Prosecutor will participate as a Team member, operating in a non-adversarial manner during court, to promote a sense of a unified Team presence.
6. The Prosecutor will contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.
7. The Prosecutor agrees that a positive drug test or open court admission of drug possession or use will not result in filing of additional charges.
8. The Prosecutor makes decisions regarding the participant's continued enrollment in the program based on performance in treatment rather than on legal aspects of the case, barring additional criminal behavior.

Ethical Considerations

- The Prosecutor must make decisions to protect public safety
- The Prosecutor must advocate for the victims' interest

Treatment Court Public Defender

1. The Public Defender will be assigned to the treatment court for the term of this Agreement and will participate as an active member of the Staffing Team and the Steering/Planning Team.
2. The Public Defender will advise the defendant as to the nature and purpose of the treatment court, the rules governing participation, the consequences of abiding or failing to abide by the rules, and how participating or not participating in treatment court will affect his/her interests.
3. The Public Defender will participate as a Team member, operating in a non-adversarial manner during court, to promote a sense of a unified Team presence.
4. The Public Defender will review the participant's progress in the program and advocate appropriately for effective incentives and sanctions for program compliance or lack thereof.
5. The Public Defender will ensure the constitutional rights of the participant are protected.
6. The Public Defender will advocate for the participant's stated interests.
7. The Public Defender will contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.
8. The Public Defender explains all the rights that the participant will temporarily or permanently relinquish.
9. The Public Defender explains that because criminal prosecution for admitting to substance or alcohol use in open court will not be invoked, the participant is encouraged to be truthful with the team.

Ethical Considerations

- The Public Defender must demonstrate integrity to the client
- The Public Defender must protect attorney/client privilege
- The Public Defender must insure the client's due process rights are protected

Treatment Court Community Supervision Representative

1. The Court Officer will be assigned to provide comprehensive case management and field supervision of treatment court participants for the term of this Agreement and to participate as an active member of the Staffing Team and Steering/Planning Team.
2. The Court Officer will use a validated criminogenic risk/needs assessment tool to be conducted during the referral process to ensure the treatment court is serving the appropriate target population.
3. The Court Officer will provide coordinated and comprehensive supervision and case management to include telephone contact, office/home/employment visits, as well as random field visits to participants' homes.
4. The Court Officer will develop effective measures for alcohol and drug testing and supervision compliance reporting that provide the treatment court staffing team with sufficient and timely information to implement sanctions, incentives, and therapeutic interventions.
5. The Court Officer will monitor/assist the participant compliance and progress to the adherence of the Judgement and Sentence order and program requirements.
6. The Court Officer will participate in pre-court staffing and will provide updates on all active participants and advocate for effective incentives, sanctions, and therapeutic interventions during staffing.
7. The Court Officer will coordinate the utilization of community-based services such as health and mental health services, victims' services, housing, entitlements, transportation, education, vocational training, and job skills training and placement to provide a strong foundation for participants.
8. The Court Officer will utilize and deliver cognitive-behavioral interventions to address criminal thinking and increase a readiness for change.
9. The Court Officer will contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.
10. The Court Officer will develop a written case plan and update based ongoing risk and need assessment.

Ethical Consideration

- The Court Officer must make decisions to protect public safety
- The Court Officer must inform the court of non-compliance with judicial orders in a timely manner

Treatment Court Treatment Provider

1. The Treatment Provider will participate fully as a Team member, for the term of this Agreement and will work as a partner to ensure the success of treatment court participants.
2. The Treatment Provider will operate in conjunction with the treatment court team for the assessment and placement of participants in the appropriate level of care to meet their treatment needs.
3. The Treatment Provider will utilize a validated clinical screening and assessment tool to ensure appropriate placement of participants.
4. The Treatment Provider will provide progress reports to the Team prior to staffing, so the Team will have sufficient and timely information.
5. The Treatment Provider will advocate for effective incentives, sanctions, and therapeutic adjustments during staffing.
6. The Treatment Provider will provide information to the Team on assessment, basis of alcohol/substance use, the impact of treatment on the participant, and the potential for relapse.
7. The Treatment Provider will ensure all confidentiality forms are signed with the client and the team.
8. The Treatment Provider will contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.
9. The Treatment Provider manages the delivery of treatment services and administers behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes.

10. The Treatment Provider provides clinical case management, provides relapse prevention and continuing care and develops a continuing care plan with participants.

Ethical Considerations

- The Treatment Provider must keep its integrity to the client
- The Treatment Provider must have a valid release of information executed before sharing patient information
- The Treatment Provider only needs to share information that is pertinent to court requirements (i.e.; attendance, testing results, where client is in treatment, changes in client treatment)

Treatment Court Evaluator

1. The Evaluator will work with the Treatment Court Team to develop a logic model.
2. The Evaluator will use the collaborative logic model to develop a study design and evaluation plan.
3. The Evaluator will submit an application to the University of Nevada, Reno Institutional Review Board for an ethics review and compliance with federal regulations for research involving human subjects and justice-involved populations.
4. The Evaluator will develop a data collection tool for Treatment Court Team to collect the data necessary for an outcome evaluation.
5. The Evaluator will use the data collected by the Treatment Court Team using the data collection tool to produce annual progress reports that may be used to modify Court policy or practice, if necessary.
6. The Evaluator will produce a final report at the conclusion of the grant period.

Ethical Considerations

- The Evaluator must ensure that the evaluation is conducted in a manner consistent with federal regulations for research involving human subjects and justice-involved populations.
- The Evaluator must ensure data security and confidentiality, including the reporting of data in a way that does not identify specific Treatment Court participants.

AGREEMENT

In creating this partnership and uniting around a single goal of addressing an underlying problem affecting our community, we pledge to enhance communication between courts, law enforcement, advocacy groups, and treatment programs.

Through this linkage of services, we expect greater participation and effectiveness in addressing treatment court participants involved in the criminal justice system.

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

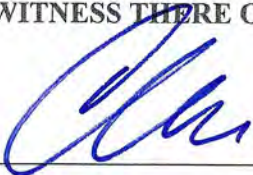
AGREEMENT MODIFICATIONS

Any individual agency wishing to amend and/or modify this Agreement will notify the coordinator of issue(s). The coordinator will present the issue(s) to the Steering Team for the purpose of modifying and/or amending the Agreement. The issues will be decided by consensus (if possible) or by simple majority, if not.

TERMINATION OF AGREEMENT

Individual agencies contemplating termination of their participation in this Agreement shall first notify the coordinator of their concerns. The coordinator shall attempt to resolve the program to ensure continuation of the treatment court. If the coordinator is unable to resolve the concern, the issue(s) will be presented to the Steering Team to reach a resolution. If unable to resolve the problem, the individual agency or department can exercise its right to terminate this Agreement by notifying all other agencies in writing a minimum of sixty (60) days prior to such termination.

IN WITNESS THERE OF, the parties have caused their duly authorized representative to execute this Agreement.



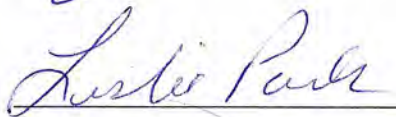
Judge



Court Administrator



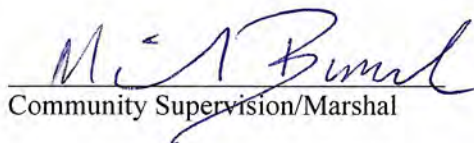
Prosecutor



Defense Attorney/Public Defender



Evaluator



Community Supervision/Marshal



City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307
Telephone: (702) 633-1130 • Fax: (702) 399-6296

Date: May 24, 2022

Mr. Karhlton F. Moore, J.D.
Director
Bureau of Justice Assistance
Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531

Regarding: City of North Las Vegas Veterans Treatment Court application for support from 22 BJA Veterans Treatment Court Discretionary Grant Program

Dear Mr. Moore:

On behalf of the City of North Las Vegas Municipal Court, we are writing to confirm support of and commitment to the City of North Las Vegas' proposed CARE Veterans Treatment Court.

During 2021, the City of North Las Vegas Community Approach to Rehabilitation and Engagement (CARE) Drug Court was established, the population for which is nonviolent misdemeanor offender addicted to alcohol and drugs and experience housing, economic challenges, exacerbated by adverse social determinants of health that present obstacles to recovery and avoidance of recidivism.

In keeping with the achievements of the CARE Drug Court, and in response to emerging incidences and unique, significant needs of Veterans within the number of the adults in this system, we support the City of Las Vegas proactive efforts to add an additional component that will improve the potential and opportunity for recovery and stability.

We look forward to establishing the CARE Veterans Treatment program and thereby participating in proactive and responsive services and resources access that will promote recovery, stability, and improved outcomes.

Sincerely,

Judge Chris Lee
Chief Judge Department 1

Erin A. Tellez
Court Administrator

FISCAL AGENT MEMORANDUM OF UNDERSTANDING

This Fiscal Agent Memorandum of Understanding (the "MOU") is made on May 18, 2022 between the City of North Las Vegas (the "Fiscal Agent") and the North Las Vegas Municipal Court (the "Implementing Agency").

Recitals

- A. The Implementing Entity has proposed that the Fiscal Agent sponsor the Veterans Treatment Court to implement and enhance drug court services, including service coordination, management of drug court participants, and recovery support services (the "Project"); and
- B. The Fiscal Agent has determined that sponsorship of the Project is consistent with its goals and will provide fiscal oversight of the Implementing Entity for the implementation and operation of the Veterans Treatment Court.

NOW THEREFORE, in consideration of the above recitals, mutual covenants, and terms and conditions contained herein, the parties hereby covenant and agree to the following:

- 1. The Implementing Entity designates Judge Chris Lee to act as Authorizing Official. The Authorizing Official shall act as principal coordinator of the Project's daily business with the Fiscal Agent, and shall have authority to sign disbursement requests.
- 2. The Fiscal Agent designates Rich Easter as the Authorized Representative to serve as the primary contact with both the Grantor organization and the Authorizing Official of the Implementing Entity relative to fiscal responsibilities and grant compliance.
- 3. The Fiscal Agent hereby agrees to sponsor the Project and to assume administrative, programmatic, financial and legal responsibility for the purposes of the requirements of the funding organization.
- 4. The Implementing Entity agrees to implement and operate the Project, in accordance with the terms of this MOU and with the terms and conditions of the grant.
- 5. The Project shall be operated in a manner consistent with the Fiscal Agent's legal requirements, tax-exempt status, and as described in this MOU. No material changes in the purposes or activities of the Project shall be made without prior written permission of the Fiscal Agent and in accordance with any requirements of the grant award, nor shall the Implementing Entity carry on activities or use funds in any way that jeopardizes the Fiscal Agent's tax-exempt status.
- 6. The Implementing Entity will provide all information and prepare all reports, including - interim and final reports, required by the grant contract, with the Fiscal Agent's final

approval.

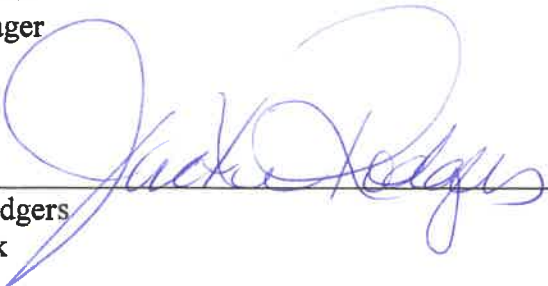
7. The Implementing Entity will not assign nor transfer any of its duties as described in the Project's work plan without the consent of the Fiscal Agent and the subsequent review and approval of any subcontractor agreements.
8. On behalf of the Implementing Entity, the Fiscal Agent will establish and operate for the use of the Project, a designated account segregated on the Fiscal Agent's books. All amounts deposited into the Project's designated account will be used in its support, less administrative charges, if any, and will be subject to the conditions set forth below.
9. The Fiscal Agent and Implementing Entity will maintain all financial records relating to the Project according to generally accepted accounting principles and the terms and conditions of the grant award, and will make records available to auditors and entities named in the grant contract.
10. The Fiscal Agent and the Implementing Entity will reflect the activities of the Project to the extent required, on their financial reports. All disbursements from the designated account shall be treated as payments made to or on behalf of the Implementing Entity to accomplish the purposes of this Project.
11. The Fiscal Agent will implement the calculated indirect cost rate on allowable Project costs.

In witness whereof, the parties hereto have executed this Agreement on the day and year first written above.


Signature 
Judge Chris Lee

Signature 
Ryann Juden
City Manager

Attest:

Signature 
Jackie Rodgers
City Clerk

Approved as to Form:

Signature 
Micaela Rustia Moore
City Attorney

Steve Sisolak
Governor

Richard
Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

May 24, 2022

Bureau of Justice Assistance Office of Justice Programs
Attn: Karhlton F. Moore, Director
810 Seventh Street, NW
Washington, D.C. 20531

Dear Director Karhlton F. Moore,

RE: Veterans Treatment Court Discretionary Grant Program

The Bureau of Behavioral Health Wellness and Prevention (BBHWP) in the Nevada Division of Public and Behavioral Health (DPBH) is part of the Department of Health and Human Services, under the Executive Branch of the State of Nevada. The BBHWP is responsible for the planning, funding and oversight of the State Strategic Plan for Substance Use Disorder Prevention and Treatment. Based on the review of the work plan, the BBHWP believes this project aligns with the State Strategic Plan and supports the application put forth by the City of North Las Vegas and their pursuit of federal funding through the Veterans Treatment Court Discretionary Grant Program. The strengthening of this municipal specialty court utilizing the proposed activities and methods aligns to the framework of the State Strategy of Substance Abuse Treatment.

The proposed project aligns directly with three of the five strategic goals of the state plan:

- 1) Building the capacity of local communities to address their specific needs based on data driven priorities;
- 2) Sustaining and strengthening evidence-based practices and promoting a competent workforce; and
- 3) Improving state and local cross-organizational collaboration to provide a system of effective and inclusive prevention, outreach, intervention, treatment, and recovery services.

BJA's support of the North Las Vegas Veterans Treatment Court will result in the expansion of much needed services to a disproportionately at-risk community. The proposal submitted by the City of North Las Vegas conforms to the framework of the State Strategy of Substance Abuse Treatment. I appreciate your careful consider of funding this project.

Sincerely,

Stephanie Woodard

Stephanie Woodard, Psy.D.
DHHS Senior Advisor on Behavioral Health
Nevada Department of Health and Human Services
Division of Public and Behavioral Health
Behavioral Health Wellness and Prevention

May 20, 2022

Mr. Karhlton F. Moore, J.D.
Director
Bureau of Justice Assistance
Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531

Dear Director Moore:

I am writing in support of the City of North Las Vegas' proposed Veterans Treatment Court request to the Bureau of Justice Assistance, key goals which focus on 1) Building the capacity of local communities to address their specific needs based on data driven priorities, 2) Sustaining and strengthening evidence-based practices and promoting a competent workforce, and 3) Improving state and local cross-organizational collaboration to provide a system of effective and inclusive prevention, outreach, intervention, treatment, and recovery services.

During 2021, the City of North Las Vegas Community Approach to Rehabilitation and Engagement (CARE) Drug Court was established. The population for CARE Drug Court consists of nonviolent misdemeanor offenders addicted to alcohol and drugs who experience housing and economic challenges exacerbated by adverse social determinants of health that present obstacles to recovery and the likelihood of recidivism.

In keeping with the achievements of the CARE Drug Court, and in response to increasing need and significant numbers of Veterans within the program, I support the proactive efforts of the City of North Las Vegas to add an additional component that will improve the potential and opportunity for recovery and stability. As with the current CARE Drug Court, the proposed Veterans Treatment Court Program will utilize evidence-based and best practices for clients as well as the 10 Key Components of Veterans Treatment Courts to ensure participants receive the appropriate assistance and referrals to services as they progress through the program.

I am confident in the ability of the City of North Las Vegas to successfully develop, implement, and administer a Veterans Treatment Court program that will effectively provide relevant and responsive services that meet required standards and benchmarks. I support the current Veterans Treatment Courts in Southern Nevada and welcome the potential expansion with the City of North Las Vegas to provide opportunities for veterans to work towards a successful future. Please give their application your full and fair consideration. Feel free to contact myself, or my office, with any questions.

Sincerely,

A handwritten signature in blue ink, reading "Catherine Cortez Masto". The signature is fluid and cursive, with the first name "Catherine" being the most prominent.

Catherine Cortez Masto
United States Senator

United States Senate

May 23, 2022

COMMITTEES
ARMED SERVICES
COMMERCE, SCIENCE, AND
TRANSPORTATION
HEALTH, EDUCATION, LABOR, AND
PENSIONS
HOMELAND SECURITY AND GOVERNMENTAL
AFFAIRS
SMALL BUSINESS AND ENTREPRENEURSHIP
SPECIAL COMMITTEE ON AGING

Mr. Karhlton F. Moore
Director
Bureau of Justice Assistance
Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531

Dear Director Moore:

I write regarding the City of North Las Vegas' application for Veterans Treatment Court Grant Program funding through the Bureau of Justice Assistance.

Their proposal focuses on building the capacity of local communities to address their own specific needs based on data, strengthening evidence-based practices while promoting a competent workforce, and improving system-wide collaboration to provide effective and inclusive prevention, outreach, intervention, treatment, and recovery services.

In 2021, the City of North Las Vegas Community Approach to Rehabilitation and Engagement (CARE) Drug Court was established, serving a population of nonviolent misdemeanor offenders addicted to substances who are also experiencing housing and financial challenges.

The proposed Veterans Treatment Court Program will work alongside CARE to utilize evidence-based practices and the ten Key Components of Veterans Treatment Courts to ensure participants receive appropriate assistance and referrals to services as they progress through the program.

The City of North Las Vegas can successfully develop, implement, and administer a Veterans Treatment Court program that will help Nevada veterans who desperately need assistance in getting their lives back on track. I thank you for your time and respectfully ask that you give your full and fair consideration to the City of North Las Vegas' application.

Should you have any questions about this application, please contact my Special Projects and Grants Director, Dane Hudson, at dane_hudson@rosen.senate.gov.

Sincerely,



Jacky Rosen
United States Senator for Nevada

STEVEN HORSFORD
4TH DISTRICT, NEVADA



COMMITTEE ON WAYS AND MEANS
COMMITTEE ON THE BUDGET
COMMITTEE ON ARMED SERVICES

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

May 24, 2022

Mr. Karhlton F. Moore, J.D.
Director, Bureau of Justice Assistance
Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531

Re: City of North Las Vegas Veterans Treatment Court application for support from 22 BJA Veterans Treatment Court Discretionary Grant Program

Dear Director Moore:

I am pleased to support the City of North Las Vegas' proposed Veterans Treatment Court request to the Bureau of Justice Assistance, key goals for which focus on 1) building the capacity of local communities to address their specific needs based on data-driven priorities, 2) sustaining and strengthening evidence-based practices and promoting a competent workforce, and 3) improving state and local cross-organizational collaboration to provide a system of effective and inclusive prevention, outreach, intervention, treatment, and recovery services for our vulnerable veterans.

The City of North Las Vegas Community Approach to Rehabilitation and Engagement (CARE) Drug Court was established in 2021. The population for this court is nonviolent misdemeanor offenders addicted to alcohol and drugs and experiencing housing and economic challenges, exacerbated by adverse social determinants of health that present obstacles to recovery and avoidance of recidivism.

The City of North Las Vegas wants to build on the achievements of the CARE Drug Court, in response to emerging incidences and significant needs of veterans within the number of the adults in this system, I heartily support the City's proactive efforts to add a component that will improve the potential and opportunity for recovery and stability. As with the current CARE Drug Court, the proposed Veterans Treatment Court Program will utilize evidence-based and best practices as well as the 10 Key Components of Veterans Treatment Courts to ensure participants receive the appropriate assistance and referrals to services as they progress through the program.

I am confident in the ability of the City of North Las Vegas to successfully develop, implement, and administer a Veterans Treatment Court program that will provide relevant and responsive services and meet required standards and benchmarks. Your consideration of this proposal to provide much needed assistance to veterans in the State of Nevada is much appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Horsford", written in a cursive style.

Congressman Steven Horsford
4th District, Nevada

DC OFFICE
562 Cannon House Office Building
WASHINGTON, DC 20515
PHONE: 202-225-9894

DISTRICT OFFICE
2550 N Las Vegas Blvd, Suite 500
NORTH LAS VEGAS, NV 89030
PHONE: 702-963-9360



DEPARTMENT OF VETERANS AFFAIRS

VA Southern Nevada Healthcare System

6900 North Pecos Road

North Las Vegas, Nevada 89086

(702) 791-9000

May 25, 2022

Mr. Karhlton F. Moore Director
Bureau of Justice Assistance
Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531

Regarding: City of North Las Vegas Veterans Treatment Court request for support from Bureau of Justice Assistance (BJA) Veterans Treatment Court Discretionary Grant Program 2022 for project period 2023-2026

Dear Director Moore,

On behalf of Veterans Justice Programs, we are writing to confirm support of and collaboration with the City of North Las Vegas' proposed Veterans Treatment Court, key goals for which focus on 1) Building the capacity of local communities to address their specific needs based on data driven priorities, 2) Sustaining and strengthening evidence-based practices and promoting a competent workforce, and 3) Improving state and local cross-organizational collaboration to provide a system of effective and inclusive prevention, outreach, intervention, treatment, and recovery services.

During 2021, the City of North Las Vegas Community Approach to Rehabilitation and Engagement (CARE) Drug Court was established, the population for which is nonviolent misdemeanor offender addicted to alcohol and drugs and experience housing, economic challenges, exacerbated by adverse social determinants of health that present obstacles to recovery and avoidance of recidivism.

We support the City of North Las Vegas proactive efforts to add an additional court component that will improve the potential and opportunity for recovery and stability for residents of our community. As with the current CARE Drug Court, the proposed Veterans Treatment Court Program will utilize evidence-based and best practices as well as the 10 Key Components of Veterans Treatment Courts to ensure participants receive the appropriate assistance and referrals to services as they progress through the program, focusing on amelioration of potential inequities and barriers to access experienced by historically marginalized and underserved populations.

Our organization provides liaison services with the VA for the coordination of Substance Use Disorder treatment, social services, housing, transportation, veteran services, to Veterans. We are confident in the ability of the City of North Las Vegas to successfully develop, implement, and administer a Veterans Treatment Court program that will effectively provide relevant and

response services and meet required standards and benchmarks.

Based on our collaborative working relationship with the City of North Las Vegas and its courts, we appreciate the opportunity to assist by providing advice and input, and further supporting the proposed Veterans Treatment Court.

We look forward to contributing to the Veterans Treatment project and thereby participating in proactive, responsive, access to services and resources that will promote recovery, stability, and improved outcomes for high-risk men and women in need in this region.

If you have any questions about, or if clarifications are needed, regarding our collaboration with the City of North Las Vegas proposed Veterans Treatment Court, please do not hesitate to reach me at 702-791-9000 ext. 15120.

Sincerely,

William J. Caron, PT, MHA, FACHE
Medical Center Director / CEO

*City of North Las Vegas
BJA Veteran Treatment Court*

PERSONNEL													
	YEAR 1			YEAR 2			YEAR 3			YEAR 4			TOTAL
TITLE	BASE	FTE	REQUEST	BASE	FTE	REQUEST	BASE	FTE	REQUEST	BASE	FTE	REQUEST	
Case Manager	\$48,000	83%	\$39,840	\$50,400	100%	\$50,400	\$52,920	100%	\$52,920	\$55,566	100%	\$55,566	\$198,726
PERSONNEL TOTALS			\$39,840			\$50,400			\$52,920			\$55,566	\$198,726

Justification:

- 1) The Case Manager will serve as a key member of the CARE VTC team connecting program participants to treatment and service providers, monitoring progress, and data collection related to both individual participant performance and overall program metrics. This included a 5% cost of living increase year-over-year.

FRINGE BENEFITS													
	YEAR 1			YEAR 2			YEAR 3			YEAR 4			TOTAL
TITLE	BASE	RATE	REQUEST	BASE	RATE	REQUEST	BASE	RATE	REQUEST	BASE	RATE	REQUEST	
Case Manager	\$39,840	91%	\$36,090.66	\$50,400	89%	\$44,604	\$52,920	87%	\$45,780.56	\$55,566	85%	\$47,015.50	\$173,490.72
FRINGE BENEFITS TOTAL			\$36,090.66			\$44,604			\$45,780.56			\$47,015.50	\$173,490.72

Justification:

- 1) Standard fringe benefit rate for appointed position, as follows:
 - PERS (retirement) - 29.25%
 - Workers Comp - 7%
 - Unemployment Insurance - 5%
 - Self insurance - 4%
 - Health Insurance (annual) - \$21,067

TRAVEL													
	YEAR 1			YEAR 2			YEAR 3			YEAR 4			TOTAL
EXPENSE	RATE	UNIT	REQUEST	RATE	UNIT	REQUEST	RATE	UNIT	REQUEST	RATE	UNIT	REQUEST	
BJA-approved Conferences/Trainings - Airfare (4 staff)	\$600	4	\$2,400	\$600	4	\$2,400	\$600	4	\$2,400	\$600	4	\$2,400	\$9,600
BJA-approved Conferences/Trainings - Hotel (4 staff)	\$258	12	\$3,096	\$258	12	\$3,096	\$258	12	\$3,096	\$258	12	\$3,096	\$12,384
BJA-approved Conferences/Trainings - Meals (4 staff)	\$79	12	\$948	\$79	12	\$948	\$79	12	\$948	\$79	12	\$948	\$3,792
BJA-approved Conferences/Trainings - Ground Transportation (4 staff)	\$50	4	\$200	\$50	4	\$200	\$50	4	\$200	\$50	4	\$200	\$800
TRAVEL TOTAL			\$6,644			\$6,644			\$6,644			\$6,644	\$26,576

Justification:

- 1) The City of North Las Vegas is requesting federal funding to send 4 CARE VTC team members to either a BJA-required conference or BJA-approved training per year. This will include:
 - a. Airfare for 4 team members at \$600 per round-trip flight.
 - b. Hotel for 4 team members x 3 nights x \$258 (GSA rate for Washington, DC).
 - c. Meals for 4 team members x 3 days x \$79 (GSA rate for Washington, DC).
 - d. Ground transportation for 4 team members x \$50 for travel to and from the airport.

SUPPLIES													
	YEAR 1			YEAR 2			YEAR 3			YEAR 4			TOTAL
EXPENSE	RAT E	UNI T	REQUEST	RAT E	UNI T	REQUEST	RAT E	UNI T	REQUEST	RAT E	UNI T	REQUEST	
General Office Supplies	\$275	12	\$3,300	\$275	12	\$3,300	\$275	12	\$3,300	\$275	12	\$3,300	\$13,200
LS/CMI Assessments	\$7.25	500	\$3,625			\$0			\$0			\$0	\$3,625
SUPPLY TOTAL			\$6,925			\$3,300			\$3,300			\$3,300	\$16,825

Justification:

- 1) General office supplies such as paper, toner, pens and file folders are necessary for general program operations at an estimated cost of \$275 per month x 12 months.
- 2) LS/CMI assessments will be conducted by the CARE VTC for an estimated 150 participants x 3 screens x \$7.25 per screening = \$3,150. As the project expects participants will be screened and not admitted, either through their own choice or by not meeting admission criteria, an additional 50 screenings will be purchased x \$7.25 = \$362.50 to account for this.

CONTRACTUAL													
	YEAR 1			YEAR 2			YEAR 3			YEAR 4			TOTAL
EXPENSE	RATE	UNI T	REQUES T	RATE	UNI T	REQUES T	RATE	UNI T	REQUES T	RATE	UNI T	REQUES T	
UNR Evaluator	\$10,000	1	\$10,000	\$10,000	1	\$10,000	\$10,000	1	\$10,000	\$10,000	1	\$10,000	\$40,000
CONTRACTUAL TOTAL			\$10,000			\$10,000			\$10,000			\$10,000	\$40,000

Justification:

- 1) The City of North Las Vegas will engage UNR to perform a project evaluation and will collaborate to update as necessary the logic model, study design, and an evaluation plan that addresses all program goals and objectives

OTHER													
	YEAR 1			YEAR 2			YEAR 3			YEAR 4			TOTAL
EXPENSE	RATE	UNIT	REQUEST	RATE	UNIT	REQUEST	RATE	UNIT	REQUES T	RATE	UNI T	REQUES T	

*City of North Las Vegas
BJA Veteran Treatment Court*

Conference Registration Fees (national trainings - 4 staff)	\$0	0	\$0	\$600	4	\$2,400	\$0	0	\$0	\$600	4	\$2,400	\$4,800
Sober Housing	\$15,000	1	\$15,000	\$15,000	1	\$15,000	\$15,000	1	\$15,000	\$15,000	1	\$15,000	\$60,000
Monitoring	\$6,000	1	\$6,000	\$6,000	1	\$6,000	\$6,000	1	\$6,000	\$6,000	1	\$6,000	\$24,000
OTHER TOTAL			\$21,000			\$23,400			\$21,000			\$23,400	\$88,800

Justification:

- 1) The City of North Las Vegas will send 4 staff to a BJA-approved conference in years 2 and 4 and is requesting registration fees for attendance.
- 2) To support the housing needs of participants, the City of North Las Vegas is allocating \$15,000 to pay for sober housing to encourage treatment success during participation in CARE VTC.
- 3) Location monitoring will be conducted with alcohol monitoring bracelets, remote breath testing devices, and drug detection patches which offer continuous drug monitoring. The package to monitor the number of participants proposed per year (20-45 people) is estimated at \$6000 per year.

INDIRECT													
	YEAR 1			YEAR 2			YEAR 3			YEAR 4			TOTAL
EXPENSE	MDTC	RATE	REQUEST	MDTC	RATE	REQUEST	MDTC	RATE	REQUEST	MDTC	RATE	REQUEST	
Indirect Cost Rate	\$120,500	28.48%	\$34,318	\$138,348	28.48%	\$39,402	\$139,645	28.48%	\$39,771	\$145,926	28.48%	\$41,560	\$155,051
INDIREC TOTAL			\$34,318			\$39,402			\$39,771			\$41,560	\$155,051

Justification:

- 1) The City of North Las Vegas has a federally negotiated indirect cost rate of 28.48%. The FICR is included with the application.

TOTALS					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTALS
PERSONNEL	\$39,840	\$50,400	\$52,920	\$55,566	\$198,726
FRINGE	\$36,090.66	\$44,604	\$45,780.56	\$47,015.50	\$173,490.72
TRAVEL	\$6,644	\$6,644	\$6,644	\$6,644	\$26,576
SUPPLIES	\$6,925	\$3,300	\$3,300	\$3,300	\$16,825
CONTRACTUAL	\$10,000	\$10,000	\$10,000	\$10,000	\$40,000
OTHER	\$21,000	\$23,400	\$21,000	\$23,400	\$88,800
DIRECT SUBTOTAL	\$120,499.66	\$138,348	\$139,644.56	\$145,925.50	\$544,417.72
INDIRECT	\$34,318.40	\$39,401.51	\$39,770.90	\$41,559.72	\$155,050.53
TOTAL	\$154,818.06	\$177,749.51	\$179,415.46	\$187,485.22	\$699,468.25



U.S. Department of Housing and Urban Development
San Francisco Regional Office – Region IX
One Sansome Street, Suite 1200
San Francisco, CA 94104-4430
www.hud.gov
espanol.hud.gov

William Harty
Finance Director
City of North Las Vegas
2250 Las Vegas Blvd. North, Suite 900
North Las Vegas, NV 89030

Dear Mr. Harty:

SUBJECT: City of North Las Vegas Indirect Cost Rate Proposal

The U.S. Department of Housing and Urban Development (HUD or the Department) received City of North Las Vegas Indirect Cost Rate Proposal for its fiscal years 2020 and 2021 via e-mail on September 16, 2021.

In accordance with Title 2 of the Code of Federal Regulations Part 200 (2 CFR 200), the Department is not required to review the indirect cost rate proposal for City of North Las Vegas. Appendix VII to 2 CFR 200, Section D.1.b. states, “A governmental department or agency unit that receives more than \$35 million in direct Federal funding must submit its indirect cost rate proposal to its cognizant agency for indirect costs. Other governmental department or agency must develop an indirect cost proposal in accordance with the requirements of this Part and maintain the proposal and related supporting documentation for audit. These governmental departments or agencies are not required to submit their proposals unless they are specifically requested to do so by the cognizant agency for indirect costs.” Since your organization receives less than \$35 million in direct Federal awards per year, the Department is not requiring your organization to submit an indirect cost rate proposal for formal review and approval. Instead, please continue to develop and maintain the proposal along with related supporting documentation on file. The Federal awards should be charged based on the calculated indirect cost rate.

If City of North Las Vegas has any questions, please contact Saleszni Jeet, Senior Financial Analyst, at 415-489-6578, or by email at Saleszni.L.Jeet@hud.gov.

Sincerely,

ANGELO TOM Digitally signed by ANGELO TOM
Date: 2021.09.23 21:03:48 -07'00

Angelo Tom
Program Manager
Community Planning and
Development Division

cc: Rich Easter, Director
Grants Development and Administration
easterr@cityofnorthlasvegas.com

Aleisha Beckum
Indirect Cost Specialist
abeckum@ecivis.com



Background

Recipients' financial management systems and internal controls must meet certain requirements, including those set out in the "Part 200 Uniform Requirements" (2.C.F.R. Part 2800).

Including at a minimum, the financial management system of each OJP award recipient must provide for the following:

- (1) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, and the name of the Federal agency.
- (2) Accurate, current, and complete disclosure of the financial results of each Federal award or program.
- (3) Records that identify adequately the source and application of funds for Federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest, and be supported by source documentation.
- (4) Effective control over, and accountability for, all funds, property, and other assets. The recipient must adequately safeguard all assets and assure that they are used solely for authorized purposes.
- (5) Comparison of expenditures with budget amounts for each Federal award.
- (6) Written procedures to document the receipt and disbursement of Federal funds including procedures to minimize the time elapsing between the transfer of funds from the United States Treasury and the disbursement by the OJP recipient.
- (7) Written procedures for determining the allowability of costs in accordance with both the terms and conditions of the Federal award and the cost principles to apply to the Federal award.
- (8) Other important requirements related to retention requirements for records, use of open and machine readable formats in records, and certain Federal rights of access to award-related records and recipient personnel.

1. Name of Organization and Address:

Organization Name: [REDACTED]

Street1: [REDACTED]

Street2: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

2. Authorized Representative's Name and Title:

Prefix: [REDACTED]

First Name: [REDACTED]

Middle Name: [REDACTED]

Last Name: [REDACTED]

Suffix: [REDACTED]

Title: [REDACTED]

3. Phone: [REDACTED]

4. Fax: [REDACTED]

5. Email: [REDACTED]

6. Year Established: [REDACTED]

7. Employer Identification Number (EIN): [REDACTED]

8. Unique Entity Identifier (UEI) Number: [REDACTED]

9. a) Is the applicant entity a nonprofit organization (including a nonprofit institution of higher education) as described in 26 U.S.C. 501(c)(3) and exempt from taxation under 26 U.S.C. 501(a)? ☐ Yes ☐ No

If "No" skip to Question 10.

If "Yes", complete Questions 9. b) and 9. c).



AUDIT INFORMATION

9. b) Does the applicant nonprofit organization maintain offshore accounts for the purpose of avoiding paying the tax described in 26 U.S.C. 511(a)?

☐ Yes ☐ No

9. c) With respect to the most recent year in which the applicant nonprofit organization was required to file a tax return, does the applicant nonprofit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 (which relate to the reasonableness of compensation of certain individuals)?

☐ Yes ☐ No

If "Yes", refer to "Additional Attachments" under "What An Application Should Include" in the OJP solicitation (or application guidance) under which the applicant is submitting its application. If the solicitation/guidance describes the "Disclosure of Process related to Executive Compensation," the applicant nonprofit organization must provide -- as an attachment to its application -- a disclosure that satisfies the minimum requirements as described by OJP.

For purposes of this questionnaire, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.

10. Has the applicant entity undergone any of the following types of audit(s) (Please check all that apply):

☐ "Single Audit" under OMB A-133 or Subpart F of 2 C.F.R. Part 200

☐ Financial Statement Audit

☐ Defense Contract Agency Audit (DCAA)

☐ Other Audit & Agency (list type of audit):

☐ None (if none, skip to question 13)

11. Most Recent Audit Report Issued: ☐ Within the last 12 months ☐ Within the last 2 years ☐ Over 2 years ago ☐ N/A

Name of Audit Agency/Firm:

AUDITOR'S OPINION

12. On the most recent audit, what was the auditor's opinion?

☐ Unqualified Opinion ☐ Qualified Opinion ☐ Disclaimer, Going Concern or Adverse Opinions ☐ N/A: No audits as described above

Enter the number of findings (if none, enter "0"):

Enter the dollar amount of questioned costs (if none, enter "\$0"):

Were material weaknesses noted in the report or opinion?

☐ Yes ☐ No

13. Which of the following best describes the applicant entity's accounting system:

☐ Manual ☐ Automated ☐ Combination of manual and automated

14. Does the applicant entity's accounting system have the capability to identify the receipt and expenditure of award funds separately for each Federal award?

☐ Yes ☐ No ☐ Not Sure

15. Does the applicant entity's accounting system have the capability to record expenditures for each Federal award by the budget cost categories shown in the approved budget?

☐ Yes ☐ No ☐ Not Sure

16. Does the applicant entity's accounting system have the capability to record cost sharing ("match") separately for each Federal award, and maintain documentation to support recorded match or cost share?

☐ Yes ☐ No ☐ Not Sure



17. Does the applicant entity's accounting system have the capability to accurately track employees actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award, and maintain records to support the actual time spent and specific allocation of charges associated with each applicant employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
18. Does the applicant entity's accounting system include budgetary controls to preclude the applicant entity from incurring obligations or costs that exceed the amount of funds available under a federal award (the total amount of the award, as well as the amount available in each budget cost category)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
19. Is applicant entity familiar with the "cost principles" that apply to recent and future federal awards, including the general and specific principles set out in 2 C.F.R Part 200?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
PROPERTY STANDARDS AND PROCUREMENT STANDARDS	
20. Does the applicant entity's property management system(s) maintain the following information on property purchased with federal award funds (1) a description of the property; (2) an identification number; (3) the source of funding for the property, including the award number; (4) who holds title; (5) acquisition date; (6) acquisition cost; (7) federal share of the acquisition cost; (8) location and condition of the property; (9) ultimate disposition information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
21. Does the applicant entity maintain written policies and procedures for procurement transactions that -- (1) are designed to avoid unnecessary or duplicative purchases; (2) provide for analysis of lease versus purchase alternatives; (3) set out a process for soliciting goods and services, and (4) include standards of conduct that address conflicts of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
22. a) Are the applicant entity's procurement policies and procedures designed to ensure that procurements are conducted in a manner that provides full and open competition to the extent practicable, and to avoid practices that restrict competition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
22. b) Do the applicant entity's procurement policies and procedures require documentation of the history of a procurement, including the rationale for the method of procurement, selection of contract type, selection or rejection of contractors, and basis for the contract price?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
23. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from entering into a procurement contract under a federal award with any entity or individual that is suspended or debarred from such contracts, including provisions for checking the "Excluded Parties List" system (www.sam.gov) for suspended or debarred sub-grantees and contractors, prior to award?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
TRAVEL POLICY	
24. Does the applicant entity: (a) maintain a standard travel policy? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) adhere to the Federal Travel Regulation (FTR)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SUBRECIPIENT MANAGEMENT AND MONITORING	
25. Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award -- (1) clearly document applicable federal requirements, (2) are appropriately monitored by the applicant, and (3) comply with the requirements in 2 CFR Part 200 (see 2 CFR 200.331)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards



26. Is the applicant entity aware of the differences between subawards under federal awards and procurement contracts under federal awards, including the different roles and responsibilities associated with each?

☐ Yes ☐ No ☐ Not Sure
☐ N/A - Applicant does not make subawards under any OJP awards

27. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from making a subaward under a federal award to any entity or individual is suspended or debarred from such subawards?

☐ Yes ☐ No ☐ Not Sure
☐ N/A - Applicant does not make subawards under any OJP awards

DESIGNATION AS 'HIGH-RISK' BY OTHER FEDERAL AGENCIES

28. Is the applicant entity designated "high risk" by a federal grant-making agency outside of DOJ? (High risk includes any status under which a federal awarding agency provides additional oversight due to the applicant's past performance, or other programmatic or financial concerns with the applicant.)

☐ Yes ☐ No ☐ Not Sure

If "Yes", provide the following:

(a) Name(s) of the federal awarding agency:

(b) Date(s) the agency notified the applicant entity of the "high risk" designation:

(c) Contact information for the "high risk" point of contact at the federal agency:

Name:

Phone:

Email:

(d) Reason for "high risk" status, as set out by the federal agency:

CERTIFICATION ON BEHALF OF THE APPLICANT ENTITY

(Must be made by the chief executive, executive director, chief financial officer, designated authorized representative ("AOR"), or other official with the requisite knowledge and authority)

On behalf of the applicant entity, I certify to the U.S. Department of Justice that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.

Name:

Date:

Title: ☐ Executive Director ☐ Chief Financial Officer ☐ Chairman

☐ Other:

Phone:

Assurance of Research and Evaluation Integrity

The City of North Las Vegas has reviewed its application to identify any actual or potential apparent conflicts of interest (including through review of pertinent information on the principal investigator, any co-principal investigators, and any subrecipients), and has identified no such conflicts of interest — whether personal or financial or organizational (including on the part of the applicant entity or on the part of staff, investigators, or subrecipients) — that could affect the independence or integrity of the research, including the design, conduct, and reporting of the research.

Furthermore, the City of North Las Vegas reasonably believes that no actual or potential apparent conflicts of interest (personal, financial, or organizational) exist. The evaluators selected for this project are from the University of Nevada, Reno Grant Sawyer Center for Criminal Justice Studies and are the premier criminogenic researchers in the state. The Grant Sawyer Center for Criminal Justice is an wholly independent organization, and the evaluators have no relationship with City project staff outside of their professional capacity as project evaluators. The City's published Conflict of Interest policy will govern all evaluation activities associated with grant funding and is as follows:

CONFLICTS OF INTEREST (City Policy)

The City of North Las Vegas respects all individuals' rights to engage in activities outside their employment which are private in nature (social, community, political or religious), however, each employee is expected to protect corporate information and avoid undue outside influence on his/her work-related decisions or activities.

In all business associations both inside and outside the organization, employees should not permit themselves to be placed in a dual interest or a conflict between self-interest and integrity. No employee should benefit personally from any purchase of goods or services by the organization nor derive personal gain from actions taken as a representative of the organization. Where an appearance of conflict occurs, it should be avoided unless specifically approved by the City's legal counsel.

City of North Las Vegas employees shall conduct themselves in their day-to-day activities in an ethical, responsible and lawful manner. Questions regarding the application of this Code of Ethics shall be referred to the City's management staff. When questions of interpretation arise, they shall be referred to the office of the City Manager.

City of North Las Vegas

Applicant Disclosure of Pending Applications/Applicant Disclosure of Duplication in Cost Items

Not Applicable

Federal or State Funding Agency	Solicitation Name/Project Name	Name/Phone/Email for Point of Contact at Federal or State Funding Agency
NA	NA	NA
NA	NA	NA

The Applicant reports that it has no pending applications for federally funded grants or Cooperative Agreements, or State pass-through funding, nor is a sub-recipient or sub-awardee that (1) include requests for funding to support the same project being proposed in the application under this solicitation and (2) would cover any identical cost items outlined in the budget submitted to OJP as part of the application under this solicitation.

APPLICANT DISCLOSURE AND JUSTIFICATION – DOJ HIGH RISK GRANTEE

The City of North Las Vegas is not a DOJ High Risk Grantee and therefore is not submitting the DOJ High Risk Disclosure and Justification.