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SECTIONS A-D: PROJECT NARRATIVE

SECTION A1: STATEMENT OF NEED: SUB-RECIPIENT COMMUNITIES

Nevada is heavily made up of rural and frontier regions and a third urban. Nevada is influenced by a 24-hour / 7- days a week work environment, oriented to adult entertainment and characterized by ready cash and excessive availability of alcohol, gambling and drugs. Due to the strong connection between alcohol and the state's economy, Nevada is presented with unique challenges in the efforts to prevent underage drinking due to availability:

- Most grocery and convenience stores selling alcohol are open all night;
- Youth employment is available in and around gaming establishments serving large volumes of alcohol;
- A 24-hour/ 7-days a week economy including alcohol/gambling means that youth parents/guardians with alcohol and/or gambling addiction often are lured to the casinos leaving children (0-18)unsupervised.
- Most bars and all casinos are open 24-hours/7-days a week thereby increasing youth accessibility.
- Many parents work evening and graveyard shifts, without supervision available for their children under 18.
- Our homeless population makes money from panhandling and hanging around off-premise alcohol sale businesses and offering to buy alcohol for youth for a fee.

The Institute of Medicine's (IOM) National Research Council of the National Academies formed the Committee on Developing a Strategy to Reduce and Prevent Underage Drinking (NRC Committee) charged with providing science-based recommendations about how best to prevent and reduce underage drinking. They recommended:

“...multiple strategies for enhancing the psychological and emotional well-being of young people. Research including meta-analyses and numerous randomized trials demonstrate the value of:

- Strengthening families by targeting problems such as substance use or aggressive behavior; teaching effective parenting skills; improving communication; and helping families deal with disruptions (such as divorce) or adversities (such as parental mental illness or poverty).
- Strengthening individuals by building resilience and skills and improving cognitive processes and behaviors.
- Preventing specific disorders, such as anxiety or depression, by screening individuals at risk and offering cognitive training or other preventive interventions.
- Promoting mental health in schools by offering support to children encountering serious stresses; modifying the school environment to promote prosocial behavior; developing students' skills at decision making, self-awareness, and conducting relationships; and targeting violence, aggressive behavior, and substance use.
- Promoting mental health through health care and community programs by promoting and supporting prosocial behavior, teaching coping skills, and targeting modifiable life-style factors that can affect behavior and emotional health, such as sleep, diet, activity and physical fitness, sunshine and light, and television viewing.”

Based on the NRC Committee’s expertise continue to promote the consideration of public input, and review of the available scientific literature, they identified a broad theme as crucial to combating underage drinking:

- Reduce the access of alcohol to underage drinkers
- Reduce the *occasions and opportunities* for underage drinking,
- Establish common laws and norms that disapprove of underage drinking,
- Mobilize communities and neighborhood support
- Increase awareness about the data on underage drinking to the extent of underage drinking and
- Reduce the *demand* for alcohol among young people

Given the overwhelming degree of youth access to alcohol opportunities, the high-risk population identified for this application is students as they transition from elementary school into middle school, middle school into high school, and higher/vocational education. By focusing on the three transitional year(s) Nevada can implement age-appropriate strategies to deter youth alcohol and marijuana use, while also addressing the need to educate parents and care givers of their new challenges and responsibilities as their children mature.

The overarching goals will be to reduce use of alcohol and marijuana in high-risk population milestones by reducing both retail and social access through enhanced adult engagement, while strategically reducing the demand for alcohol among the broader range of youth 9 – 20.

Since the first on set of prevention in Nevada in 1989, Nevada has seen the development of the non-profit community coalitions statewide, now available to assist every community no matter how small, to address health and safety concerns. There are now 10 community coalitions throughout the state using the PFS process, and the over-arching Nevada Statewide Coalition Partnership (NSCP), which address alcohol abuse and the risk factors for engaging in that behavior. The coalition names and service areas are listed in their commitment letters in Attachment 1.

Keeping in mind the importance of adult engagement in NRC Committee’s report, achieving the goals of this application will require continuous enhancement with the current community coalition adult partners to include large employers with 24-hour/7-days a week service, local legislators, social service agencies, behavioral health professionals, and the school educators to participate in the development of age appropriate strategies and reduction of alcohol accessibility.

SECTION A2: STATEMENT OF NEED: ENHANCED INFRASTRUCTURE

Nevada continues to be one of the minority states that does not have a state Alcohol Control Board. Each city council, county commission and board of supervisor’s supervisors act in this capacity during their meetings, and therefore there are different local ordinances and practices regarding underage drinking for anything not covered in state law. For an example, Nevada Revised Statute (NRS) Section 202.055 states “Anti-Dram shop” law prohibiting local jurisdictions from creating one to hold “over serving of alcohol to a minor” offenders responsible for harmful outcomes. As long as a server did not know the person, they served

was a minor, they can't be held accountable.

Despite what appears to be the lack of engagement of the Nevada Legislature when it comes to alcohol control bills, there are still a few champions of the cause who were able to pass NRS 41.1305 A Social Host Liability law.

Unfortunately, without a statewide Alcohol Control Board, educating local jurisdictions about the laws and encouraging enforcement is left up to the local coalitions. This application will allow Nevada to continue in developing coalition infrastructure by initiating stronger relationships with their state and local law enforcement, the gaming industry, and school district educators to support the intent of laws reducing youth access to alcohol.

Coalitions develop multiple level evidence-based practice strategies to cover their service area, plan specific activities for each area, and inform the communities through emails, newsletters, and social networks. The Comprehensive Community Prevention Plans (CCPPs), updated every three years, are an assessment of the need in communities served by the coalitions. The goal is to align CCPP's with the states epidemiological profile. The coalitions have access to local data including school district, military, law enforcement, suicide, domestic violence, and juvenile justice data, the coalition structure is an efficient community-based organization for gathering information for use by policy makers and preventions planners. For example, the legalization of recreational marijuana in Nevada has resulted in many opportunities for youth access. As revealed in the final *2019 Epidemiologic Profile* the words "medical"

and "recreational" in front of marijuana has resulted in minimizing the perception of harm by elementary, middle and high school youth. Coordinated educational efforts between the Division of Public and Behavioral Health and the Department of Education are developing strategies to work directly with youth and their parents. The statewide coalitions are working within the communities to get ahead of this growing concern, and therefore educating parents and youth and continues to be included as a goal of this application.

SECTION B1: PROPOSED APPROACH: GOALS AND MEASURABLE OBJECTIVES

All too often, the Nevada Legislature enacts statutes that are never explained or enforced at the local level. The intent of this application is to support the local coalitions in educating their communities about three state statutes and policies that are intended to reduce underage drinking by changing the behaviors of adults to the benefit of youth, while encouraging at-risk youth to remain alcohol free. A brief "nuts and bolts" implementation plan follows each objective below, with the understanding that each coalition may have a more creative approach to cater to the construct of their community.

Goal 1: Reduce the availability of alcohol by 9 – 20-year old.

Goal 1: Objective 1: By September 30, 2020 coalitions will do media campaigns using evidence-based practice techniques and reach approximately 30% of the population statewide.

Goal 1: Objective 2: By September 30, 2019 monitoring through September 29, 2023, reduce the number of high school youth each year that report drinking alcohol prior to age 13 from 18.2% to the end goal of meeting the national average of 15.5% as measured by the Youth Risk Behavioral Surveillance Survey.

Goal 1: Objective 3: By September 30, 2019 through September 29, 2023 providing mandatory Responsible Beverage Server Training (RBST) in support of the Nevada Revised Statute 369.630 through the adoption of local training and established ordinances. (Enhanced infrastructure partners: local governing bodies, law enforcement, Retail and Convenience Store Assoc. representatives, Gaming Industry representatives)

Goal 1 Objective. 4: By September 30, 2019 through September 29, 2023 implement NRS 202 infrastructure and primary prevention activities that support the prohibition of the sale of alcohol to person under the age of 21.

Goal 2: Reduce the occasions and opportunities for underage drinking through working locally to pass ordinances at the community level to enhance Nevada Revised Statute (NRS) 41.1305, Nevada civil social host liability law, and responsible beverage server training (RBST); NRS 369.

Goal 2: Objective 1: Reduce by 5% bi-annual, the high school students who usually obtained alcohol by someone giving it to them asked on the 2017 YRBSS average of 42.6%; reaching 37.6% by 2019, 32.6% by 2021 and ending with 31.6% by 2023.

Goal 2 Objective 2: Increase the number of parents who are trained in legal issues surrounding allowing underage youth to drink alcohol and smoke marijuana in their homes during 2020. .

Goal 2: Objective 3: Increase the number of responsible beverage servers who comply with responsible beverage server training law reporting during each quarter submitted by statewide coalitions.

Goal 3: Reduce the alcohol use among 9 to 20-year old by creating an understanding of how personal goals and aspirations are achievable through zero tolerance for alcohol and marijuana.

Goal 3: Objective 1: Reduce the number of high school students who report last 30 day use of alcohol from 25.8% in 2017 to 22.8% in 2019 and 19.8% in 2021 and 15.8% in 2023 for a goal reduction of 9%.

Goal 3: Objective 2: Increase the percentage of high school youth who report perception of risk or harm about underage drinking by conducting a point in time survey bi-annually.

Goal 3: Objective 3: By September 30, 2021 monitor through September 29, 2023, the rate of alcohol use in the last 30 days.

Goal 4: Reduce marijuana use among 9 to 20-year old.

Goal 4: Objective 1: Decrease the number of high school students who have used marijuana at least one time in the last 30 days by 4% each year.

Goal 4: Objective 2: Decrease the number of middle school students who have used marijuana at least one time in the last 30 days by 1% each year.

Goal 5: Reduce the number of methamphetamines and marijuana related emergency room visits.

Goal 5: Objective 1: Reduce the number of high school students reported on the YRBSS, reflecting they have used illegal drugs including methamphetamines from 3.3 to 2.3% bi-annually.

Goal 5: Objective 2: Increase the number of outreaches for youth population on the perception of risk of harm of illegal drug use including methamphetamines within identified geographical regions.

Goal 5: Objective 3: Reduce the number of high school students who were offered, sold, or given illegal drugs on school property.

SECTION B2: DESCRIBE THE IMPLEMENTATION OF REQUIRED ACTIVITIES

The state of Nevada will continue to assure each participating coalition is implementing and enhancing strategies using the five step SPF-PFS process of first building capacity and local readiness, second engaging partners in the strategic planning process, third implementing evidence-based practice programs, fourth evaluating outcomes, and fifth embedding cultural and linguistic competencies and standards as part of their ongoing project for the Partnership for Success. As mentioned in the State of Nevada strategic Plan 2017-2020, we believe that substance abuse outreach, prevention, intervention, treatment and recovery services should be respectful of and responsive to cultural and linguistic needs, as established by the culturally and linguistically appropriate service standards developed by the U.S. Department of Health and Human Services. Nevada embraces principles of equal access and non-discriminatory practices in service delivery. We strive to incorporate cultural and linguistic competence into policy making, infrastructure, and practice.

The Bureau of Behavioral Health Wellness and Prevention (BBHWP) Substance Abuse Prevention and Treatment Agency (SAPTA) has taken steps to improve management of the PFS grant program by hiring additional professional and administrative staff, clarifying roles and

responsibilities among the program officers. BBHWP will work with the Office of Analytics to report data at the county and/or service area level. This will allow the coalitions to identify goals and objectives that are relevant to their communities in reducing underage drinking and marijuana use/misuse. Such goals and objectives will strengthen the county/or service area infrastructure in developing stronger and lasting partnerships with local organizations. Coalitions and their partners will be required to implement evidence-based programs, policies, and practices that best address underage drinking and marijuana use/misuse. An example of the collected data is shown in Section D1.

High-need communities will be identified with the collection of county level or service area level data. Coalitions and partner organizations can use the data to build the needed capacity to reduce the prevalence of underage drinking and marijuana use/misuse.

BBHWP will continue to partner with and support the State Epidemiological Workgroup (SEW) and the Office of Analytics to collect trend data on the prevalence of underage drinking and marijuana. This will be accomplished primarily through the administration of the YRBSS. The SEW and the Office of Analytics will continue to collaborate with the statewide coalitions and their partner agencies in developing data collection and reporting strategies. It is anticipated coalitions and their partner organizations may use their own local surveys to determine the efficacy of the programs and activities implemented by these entities.

The BBHWP will lend technical assistance and support in helping the coalitions and their partner agencies as they continue to build capacity in high-need communities. This will be accomplished by collecting and

reviewing county or service area specific data that will address the priorities identified by the data. All goals and objectives will be data driven.

Capacity building for addressing underage drinking in Nevada will be a challenge. The Enforcing Underage Drinking Laws (EUDL) Program of the Juvenile Justice and Delinquency Prevention Act of 2002 funded robust community partnerships to battle underage drinking until funding ended in 2015. It was important to community prevention partnerships and law enforcement in the implementation of prevention programs. As a result of the EUDL funded efforts, Nevada succeeded in reducing underage alcohol use from 9.0% in 2011 to 5.3% in 2016 (source: *Draft 2017 State Epidemiologic Profile*, Figure 28). In 2002, liquor store compliance checks on underage customers was at 42%. Toward 2015, the compliance rate was close to 98% - a near perfect compliance. In 2017, Nevada liquor retailer compliance with ID checks for underage customers had dropped to 42%. This might indicate Nevada is losing momentum in preventing and reducing underage drinking. Other indications are an increase in sales of alternative forms of alcohol such as powder or vapor products, and the increasing number of students discovered to have added alcohol to beverages brought to the classroom. The SPF-PFS funding is important to Nevada’s ability to implement community- based programs to battle the problem of underage drinking.

SECTION B3: PROVIDE A CHART OR GRAPH DEPICTING A REALISTIC TIME LINE FOR THE ENTIRE 5 YEARS OF THE PROJECT PERIOD

Activity	Milestones	Responsible Staff	Deadline
Renewan Evaluator Contractor	Contact organizations that are part of the Master Services Agreement, and/or issue a Request for Proposal (RFP) to solicit proposals This has been accomplished.	SAPTA Program and Projects Manager and Office Manager	04/01/2020
EBW working collaboratively with the MPAC/SEW.	Workgroup sets up regular meeting schedule; creates logic model of goals, strategies, and timelines.	Project Supervisor and EBW Liaison	10/31/2018 Through 09/29/2023
Enhance Capacity Building/ Implementation Plan.	Funding Guidelines for Communities of High Need established	Prevention Staff working with Epidemiological work group.	12/31/2020
Develop an Evaluation Plan and submit to MPAC for feedback	Develop a State and Community-level process and outcome evaluation	Project Supervisor; Data Supervisor, and Management Analyst, Contracted Evaluator	05/01/2020
Implement Proposed Plan	Award 85 percent of funding to communities of high need	Project Director, Project Supervisor, Fiscal Staff; and Prevention Team	09/28/2018 Through 09/29/2023

Activity	Milestones	Responsible Staff	Deadline
Complete Evaluation of Project	Evaluation Report submitted to BBHWP (SAPTA)/SAMHSA/CSAP	Project Director, Contracted Evaluator	09/29/2023

SECTION C: STAFF, MANAGEMENT, and RELEVANT EXPERIENCE

SECTION C.1 ORGANIZATION EXPERIENCE

The Nevada SPF-PFS project will be housed in the office of BBHWP, Nevada’s Single State Agency (SSA) for addressing substance abuse. SAPTA is responsible for administering the SAPT Block Grant, two other federally funded grants, two State-funded awards, State-funded projects, and for coordinating and overseeing statewide prevention and treatment programming. BBHWP works to reduce the impact of substance abuse in Nevada through identification of alcohol and drug abuse concerns of Nevadans and by supporting a continuum of services including prevention, early intervention, treatment, and recovery support. BBHWP provides regulatory oversight and funding for community-based public and not-for-profit organizations. BBHWP is also responsible for the development and implementation of a state plan and needs assessment for prevention and treatment; coordination of state and federal funding; and development of standards for the certification of prevention and treatment programs. BBHWP has been designated as substance abuse prevention and treatment agency by the Nevada Legislature as outlined in Nevada Revised Statutes (NRS) Chapter 458. BBHWP has received SPF-PFS funds beginning September 30, 2013. The focus of the award has been prescription drug abuse/misuse.

In Nevada, primary prevention services are not provided directly by the State agency; rather BBHWP supports local prevention services through the existing coalition structure and prevention agencies/organizations. These organizations have expertise in the planning, management and prevention programs. Nevada continues to work with the deliverance of evidence-based prevention services in their communities.

SECTION C2: PROVIDE A COMPLETE LIST OF STAFF POSITIONS

Name and Title	Position	Project FTE	In-kind FTE
Jen Thompson Health Program Specialist I	Staff Epidemiologist to collect, analyze, and disseminate data through SEW	.40	
Tracy Palmer, LMSW Health Program Manager II	Program Manager for the Nevada SPF-PFS Project	.30	
Brook Adie, LSW Bureau Chief	Project Director for the Nevada SPF-PFS Project		.20
Sara Bacon Health Program Specialist I	Staff Prevention Analyst to provide oversight of funded coalitions/programs		.10 0
Bill Kirby, MPA, Health Program Specialist I	Staff Prevention Analyst to provide oversight of funded coalitions/programs		.20
Darren Guzzetta Management Analyst II	Provide fiscal support and review to the Nevada SPF-PFS Project		.10
To Be Determined Grants & Projects Analyst II	Fiscal Analyst to provide assistance to staff for the Nevada SPF-PFS Project		.10
Dana Rael, Accounting Assistant II	Assistant to the financial staff		.05
Jacklyn Swearingen Administrative Assistant III	Staff Administrative Assistant to serve as assistant to the prevention staff	.20	
Contractors: Community-based organizations; University System of Higher Education; and an Evaluation contractor	Please see Budget Narrative for more detail		

BBHWP works successfully with each coalition to understand and address the cultural competence challenges in their communities. Each coalition is assigned to one of the two BBHWP prevention analysts and are given personal attention. The prevention analysts also perform routine site visits and attend monthly coalition meetings to become familiar with local issues.

The BBHWP-funded coalition infrastructure for prevention was formed with the goal of assuring community-wide input, representation, and commitment from the people and cultures served by each of the coalitions. Services are selected, developed, and led by people from the target population, and messages and materials translated to fit the language of the target population. This coalition funding structure allows each county/community to conduct their own strategic planning process and implement and fund prevention activities that fit the populations and cultures in their communities.

The SPF-PFS Project will follow this format allowing the selected communities to guide their own community prevention activities that will meet the grant goals. Each coalition has a successful history of discussing prevention issues with their community: from identifying problematic community conditions and gaps; to selection of strategies to improve these conditions; to reviewing evaluation results to understand the outcomes of their efforts.

SECTION D: DATA COLLECTION AND PERFORMANCE ASSESSMENT

Section D1: Provide specific information about how you will collect the required data for this program.

YRBSS and BRFSS Nevada data: Nevada will collect and analyze data from the YRBSS in odd-numbered years. The survey is administered by the Nevada Board of Regent's Nevada Center for Health Statistics and Informatics (NCHSI). NCHSI will expand both the YRBSS and the BRFSS survey efforts. Modules regarding underage drinking and marijuana use will be included in the YRBSS. Data from the BRFSS will include responses from 18-20-year-old persons completing the survey.

NCHSI will conduct an oversampling of schools not selected for the YRBSS. The sampling will provide seven regional weighted analyses. The survey will consist of questions regarding underage drinking along with approximately 95 other questions on demographics and behavior risk factors. The sample size is expected to be 5,000 completed surveys from 80 Nevada high schools for each survey and will be conducted in 2019 and 2021.

National College Health Assessment Data (NCHA), University of Nevada Reno and Las Vegas: The data has been collected since 2005. There are questions regarding use of specific drugs, some of which require a prescription. This data is available each fall and spring.

Data on underage drinking and marijuana use/misuse will be collected by coalition service area and forwarded to the appropriate coalition in comprehensive year end reports to include: Data on prevalence of underage drinking and marijuana use/misuse. The EBW (Evidence-Based Workgroup) will review coalitions and funded programs activities for fidelity annually, and feedback will be given to those funded agencies.

The Project Manager will provide a status reports on the grant deliverables to the Project Director as a follow-up from meetings with the project staff. After data is inputted and analyzed, a quarterly report will be submitted to the staff by the BBHWP epidemiologist. BBHWP will meet all of SAMHSA reporting requirements as outlined in the grant guidance and the reporting requirements fact sheet, [Reporting Requirements for SAMHSA Grantees](#). Progress data will be reported annually, and all outcome data will be reported yearly, if available. Financial status reports will be submitted annually, and the final financial status report will be submitted at the end of the grant.

Data collected and reported from the 2017 YRBSS survey are as follows:

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2017, 5,336 high school and 5,464 middle school students participated in the YRBS in Nevada. The University of Nevada, Reno maintains the YRBS data and publishes data on each survey. Nevadan teens' perceived risk for using cocaine, trying heroin, drinking more than 5 drinks, and smoking is greater than the United States with perceived risk. Young adults' perceived risk is lower than the United States for using cocaine

and trying heroin. On average, approximately 36% of 12th graders, 27% of 10th graders, and 12% of 8th graders have reported using marijuana/hashish in the United States.

Substance Use

- Nevada is comparable to the nation with marijuana use among youth ([YRBS](#)).
- Drug use among teens is higher in Nevada than the nation ([YRBS](#)).
- Marijuana use among adults age 25-34 was significantly higher than overall reported use among adults in Nevada [22.3%, 14.6% respectively] ([BRFSS](#)).
- Binge drinking is significantly higher among those aged 18-54 and in the JTNN coalition region ([BRFSS](#)).
- Emergency department and inpatient admissions due to drugs or alcohol continue to increase both count and rate ([Emergency](#)).
- Emergency department encounters and inpatient admissions due to marijuana use increased significantly since 2011 ([Emergency](#)).
- The PACT/CARE coalition region both in Clark County had significantly lower rate of drug and alcohol deaths than the remainder of the state ([Deaths](#)).
- Since marijuana has been legalized in 2017, reported marijuana use during pregnancy has more than doubled and has surpassed all other substances ([MCH](#)).
- Teenaged women between 15 and 17, who gave birth, had a significantly lower tobacco use rate in 2018 than all other age groups at 29.0 per 1,000 ([MCH](#)).
- The adult LGBT community have significantly higher percent of current marijuana use ([LGBT](#)).

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, and young adults. Each year, a total of approximately 50,000 students in 8th, 10th and 12th grades are surveyed. The Monitoring the Future Study is funded under a series of investigator-initiated competing research grants from the National Institute on Drug Abuse, a part of the National Institutes of Health. Monitoring the Future Survey is conducted at the Survey Research Center in the Institute for Social Research at the University of Michigan. This data is collected nationally, and state level is not provided.

SECTION G: Budget Justification

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary	Level of Effort	Cost
Health Program Manager II	To Be Determined	\$73,957	20%	\$14,791
Health Program Specialist I (Epidemiologist)	To Be Determined	\$59,237	40%	\$23,695
Administrative Assistant III	To Be Determined	\$42,094	20%	\$8,419
TOTAL SALARIES:				\$46,905

JUSTIFICATION: The Health Program Manager II provides leadership in the development of reporting mechanisms and data gather for required federal reports. This position will provide oversight of the grant, including fiscal and personnel management, community relations and project implementation and evaluation. The Health Program Specialist I, Epidemiologist will serve as project staff to collect, analyze and disseminate data through the State Epidemiological Workgroup (SEW). This position will be 60 % supported from other funding sources for the duration of the project. The Administrative Assistant III will provide support services for the staff involved with this grant.

B. Fringe Benefits:

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA, Workers Compensation, Insurance	33.27%	\$46,905	\$15,606
TOTAL FRINGE BENEFITS:			\$15,606

JUSTIFICATION: Fringe information reflects current rate for the Agency.

C. Travel:

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Statewide Travel (Monitors/Technical Assistance) **	Statewide	Airfare	\$250/flight x 3 staff x 2 trips	\$1,500
		Lodging	\$105/night x 3 staff x 2 trips x 1 night	\$ 630
		Per Diem	\$64/day x 3 staff x 2 trips x 2 days	\$ 768
		Parking	\$14/day x 3 staff x 2 trips x 2 days	\$ 168

Purpose of Travel	Location	Item	Rate	Cost
	Statewide	Local Ground Transportation	\$32/day x 3 days plus 100 miles x \$.18/mile x 2 trips	\$132
Statewide Travel (Monitors/ Technical Assistance) ... <i>continued</i>		Mileage	\$.58/mile x 60 miles x 3 staff x 6 trips + 1,233 miles x \$.58	\$ 1,341

Total Statewide Travel (Monitors/Technical Assistance): \$4,539

Purpose of Travel	Location	Item	Rate	Cost
Advisory Meetings and State Epidemiological Workgroup (SEW)**	Reno / Las Vegas	Airfare	\$250/flight x 3 staff x 3 trips	\$2,250
		Lodging	\$105/night x 3 staff x 3 trips x 1 night	\$ 945
		Per Diem	\$64/day x 3 staff x 3 trips x 2 days	\$ 1,152
		Parking	\$14/day x 3 staff x 3 trips x 2 days	\$ 252
		Local Ground Transportation	\$31/day x 3 days plus 100 miles x \$.18/mile x 3 trips	\$147
		Mileage	\$.58/mile x 60 miles x 3 staff x 20 trips (local) + 722 miles x \$.58/mile	\$2,507

Total Advisory Meetings and State Epidemiological Workgroup (SEW): \$7,253

Purpose of Travel	Location	Item	Rate	Cost
Joint Grantee Meetings	Washington, D.C.	Airfare	\$650/flight x 3 staff	\$1,950
		Lodging	\$253/night x 3 staff x 3 nights	\$2,277
		Baggage Fee	\$50 x 1 trip x 3 staff	\$150
		Per Diem	\$69/day x 3 staff x 4 days	\$828
		Transportation	\$87.34/round trip x 3 staff x 1 round trip	\$262
		Mileage	\$.58/mile x 70 miles x 3 staff	\$ 122
		Parking	\$14/day x 4 days x 1 trip x 3 staff	\$168

Total Joint Grantee Meetings: \$5,757

Purpose of Travel for Training	Location	Item	Rate	Cost
Staff Development, to enhance competencies and skills pertinent to completing the responsibilities of their positions **	Reno / Las Vegas / Rural Areas	Registration	\$150/training x 3 staff x 2 trainings	\$ 900
		Airfare	\$250/flight x 3 staff x 2	\$1,500

Purpose of Travel for Training	Location	Item	Rate	Cost
			trips	
		Lodging	\$105/night x 3 staff x 2 trips x 2 nights	\$1,260
		Per Diem	\$64/day x 3 staff x 2 trips x 2 days	\$ 768
Staff Development, to enhance competencies and skills pertinent to completing the responsibilities of their positions		Local Ground Transportation	\$46/day x 3 staff x 2 trips	\$ 276
		Local travel for Outreach Team	378 miles per month x 12 months x \$.58/mile	\$2,630
		Mileage to Statewide training, workshops, meetings,	189 miles per month x 12 months x \$.58/mile	\$1,315
		Mileage	\$.58/mile x 70 miles x 3 staff x 2 trips	\$ 244
Total Travel for Training:				\$8,893
TRAVEL GRAND TOTAL:				\$26,442

JUSTIFICATION: Statewide travel information includes travel to rural areas throughout Nevada and travel between Carson City/Reno and Las Vegas. Travel will support the staff working on the Partnerships for Success (PFS) project. This will include travel necessary for site visits, monitors, technical assistance, training, evaluation, and other function relevant to the implementation of the PFS at the community level. In addition to staff travel, this will support travel for the SEW. There is also one trip to Washington, DC to attend the mandatory joint grantee meetings. Up to three staff will attend this meeting, which includes the Project Director and Evaluator. Training will support the staff working on the PFS project. The location of the trainings is anticipated to be in Reno, Las Vegas, rural areas.

D. Equipment: There is no Equipment being requested within this budget.

E. Supplies:

FEDERAL REQUEST

Item(s)	Rate	Cost
General Office Supplies	\$50/month x 12 months	\$ 600
Postage	\$42/month x 12 months	\$ 504
Copies	\$.10/copy x 6,500 copies	\$ 650
TOTAL SUPPLIES:		\$1,754

JUSTIFICATION: General office supplies, postage and copies are needed to support the general operation of the project.

E. Contract:

FEDERAL REQUEST

Name / Entity	Service	Cost
Community-Level		
Local Coalitions and Prevention Programs		
There will be ten (10) community coalitions and the Nevada Statewide Coalition Partnership that will be funded with the Partnership for Success grant	Please see information within the justification	\$1,778,702
Total Community-Level Funding:		\$1,778,702
Statewide		
Service		
Cost		
Evaluation Contractor	Please see information within the justification	\$212,000
Nevada Board of Regents	Please see information within the justification	\$150,000
Total Statewide Funding:		\$362,000
CONTRACT GRAND TOTAL:		\$2,140,702

JUSTIFICATION:

Community-Level: SAPTA proposes to allocate funding to ten substance abuse prevention coalitions and the Nevada Statewide Coalition Partnership (NSCP) using an equity model that accounts for both the geographic spread of communities across Nevada, and the concentration of the population in three metropolitan statistical areas (MSAs). Forty percent (40%) of the available community funds will be distributed equally among the coalitions, using a uniform base funding amount for each coalition. The remaining sixty percent (60%) of the community funds will be distributed according to the population of the county or counties each coalition serves. By subgranting with these coalitions, the Partnership for Success (PFS) project will impact every community in Nevada and ensure there is not a duplication of services so that all prevention funding might impact the priority need for this project is leveraged and targeted to have the greatest positive impact on each community. SAPTA is conducting a competitive RFP (Request for Proposals) process. All ten coalitions have responded to the RFP. The objective reviewers will participate in a public review process on January 29 and 30, 2019. Funding decisions will be announced on or before February 12, 2019. The funds will be available for the September 30, 2019 through September 29, 2020 budget period, with an additional three years to based on availability of funds and program performance.

The Nevada Statewide Coalition Partnership (NSCP) is an organization that brings together the ten community coalitions that provide substance abuse prevention services and programs in Nevada. These coalitions address substance abuse and the risk factors for engaging ion that behavior. The Partnership will work with the coalitions in choosing programs and services that will work toward meeting the goals and objectives of the SPF-PFS award. In the past, the NSCP has provided assistance on the development of documents and training materials, increasing coalition evaluation capacity, and strengthening the Nevada coalition system through the mentoring of coalitions to ensure high-quality prevention services, including assistance on understanding prevention, program evaluation, program planning, and data analysis.

Statewide: Nevada Board of Regents: The Nevada Center for Health Statistics and Informatics (NCHSI) of University of Nevada, Reno (UNR) will provide data collection and analysis to support this SAPTA initiative. Led by Dr. Wei Wang, the NCHSI will expand its two current surveying efforts, the Behavior Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Surveillance System (YRBSS), by adding modules containing a range of questions about underage drinking, as well as expanding in a similar way to obtain new data on mental health and suicide/suicide ideation that can be used by SAPTA and other Nevada agencies.

NCHSI will oversample within SAPTA's targeted age groups and specific populations and develop call-back strategies that allow detailed descriptions of access, availability, and use behaviors on its adult telephone survey, at participation and sample rates that allow for county or region-level analysis. Four to eight new questions may be added to the adult survey, which will be conducted in 2019, 2020, 2021, and 2022.

NCHSI will conduct the youth statewide survey with an oversampling of schools not selected for the CDC (Centers for Disease Control and Prevention) YRBSS. The sampling will provide seven regional weighted analyses. The survey consists of questions regarding underage drinking along with approximately 95 other questions on demographics and behavior risk factors. The sample size for the survey is expected to be 5,000 completed surveys from 80 Nevada high schools for each survey and will be conducted in 2019 and 2021.

The budget to expand these two surveys to provide this needed epidemiological data for use by the project and by SAPTA and its agency partners is \$150,000 annually, to support increased survey staff, incentive structures, and analyses, and will support the efforts of the SEW (Statewide Epidemiological Workgroup) Funding Opportunities Announcement (FOA) SP-18-008 (page 17) specifies SPF-PFS states must use at least \$150,000 to support their current SEOW or to develop new SEOW efforts. Data will be used by the SEW for decision making on the projects needed to combat underage drinking, and substance abuse related efforts in Nevada.

Evaluation Contractor: An evaluation contractor has been selected and will work with the community-based organizations to analyze their evaluation activities and prepare quarterly reports to SAPTA. The amount of \$212,000 is allocated for the evaluation contractor.

The chosen contractor will conduct state-level evaluation processes. This will include document review (e.g., state-epidemiological reports and strategic plans), annual key informant interviews with state stakeholders, participation in State meetings (e.g., project management, MPAC-Policy Consortium, SEW, and Evidence-based Practices Workgroup) by phone and in person, and documentation of state capacity-building activities.

Also, the contractor will engage in community-level evaluation processes including document review (e.g. local needs assessments and strategic plans), development of local logic models, semi-annual telephone interviews with local project stakeholders, annual site visits, and annual coalition capacity checklists.

The contractor will also evaluate community-level outcomes such as Emergency Department visits related to underage drinking and marijuana use/misuse and analysis of biennial school YRBSS data from funded communities. The contractor will also work with the funded agencies' evaluators if they have evaluators to make sure that all of the information outlined in the evaluation plan is met and communicated to the State evaluator.

The budget will include an hourly rate for the evaluator as well as travel expenses to meet with the coalitions and attend statewide meetings.

G. Construction: Not allowed

H. Other: There are no other items being requested within this budget. Any additional resources that may be needed will be in-kind.

Indirect Costs: \$28,591 will be allocated to cover indirect costs.

FEDERAL REQUEST

TOTAL FEDERAL REQUEST:	\$2,260,000
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BUDGET SUMMARY:

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$ 46,905	\$ 46,905	\$ 46,905	\$ 46,905	\$ 46,905	\$ 234,525
Fringe	\$ 15,606	\$ 15,606	\$ 15,606	\$ 15,606	\$ 15,606	\$ 78,030
Travel	\$ 26,442	\$ 26,442	\$ 26,442	\$ 26,442	\$ 26,442	\$ 132,210
Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Supplies	\$ 1,754	\$ 1,754	\$ 1,754	\$ 1,754	\$ 1,754	\$ 8,770
Contractual	\$ 2,140,702	\$ 2,140,702	\$ 2,140,702	\$ 2,140,702	\$ 2,140,702	\$ 10,703,510
Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Direct Costs	\$ 2,231,409	\$ 2,231,409	\$ 2,231,409	\$ 2,231,409	\$ 2,231,409	\$ 11,157,045
Indirect Costs	\$ 28,591	\$ 28,591	\$ 28,591	\$ 28,591	\$ 28,591	\$ 142,955
Total Project Costs	\$ 2,260,000	\$ 2,260,000	\$ 2,260,000	\$ 2,260,000	\$ 2,260,000	\$ 11,300,000

STEVE SISOLAK
Governor



JULIE KOTCHEVAR, Ph.D.
Administrator

RICHARD WHITLEY, MS
Director

IHSAN AZZAM, Ph.D., M.D.
Chief Medical Officer

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January 28, 2019

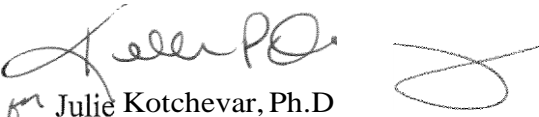
Eileen Bermudez, Grants Specialist
Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

RE: SAMHSA Grant# H79SP080994

Dear Ms. Bermudez:

This Letter of Attestation serves as confirmation that the Division of Public and Behavioral Health will not change the approved budget of \$2,260,000 or the current approved budget categories by more than 25%.

Sincerely,


for Julie Kotchevar, Ph.D
Administrator
Division of Public and Behavioral Health