

STATE OF NEVADA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Substance Abuse Prevention and Treatment Agency

The Department of Health and Human Services, Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency is pleased to announce that it is seeking applications for funding under the Substance Abuse and Mental Health Services Administration's Substance Abuse Prevention and Treatment Block Grant, the State Prevention Infrastructure, and Methamphetamine Prevention Education and Public Awareness State General Funds. These programs address the Department's commitment to a public behavioral health and developmental services system that meets the needs of Nevada's citizens.

Nevada State Prevention Funding Request for Applications (RFA)

Eligibility

Applicants must be a 501(c)(3) private not-for-profit organization or federally recognized Tribal organization. In order to receive funding, applicants must be certified by the Substance Abuse Prevention and Treatment Agency (SAPTA). Applicants must demonstrate coalition work on substance abuse reduction initiatives for a minimum of six months prior to Friday, December 11, 2015. (For further guidance, see 'Eligibility', page 3).

Deadline

All applications are due by 4:00 p.m., Friday, **December 11, 2015**. (For further details, see 'Deadline', page 3). There will be a **Mandatory Bidders Conference** on Monday, **October 26, 2015**, to be held at 4150 Technology Way, Room 303, Carson City, NV 89706 and videoconferenced to Health Care Quality and Compliance (HCQC), 4220 Maryland Parkway, Las Vegas; 9:00 a.m. to 12:00 p.m.

Contact Information

For assistance with the requirements of this solicitation, contact Martie Washington, Health Program Manager II, 775-684-4069, or mcwashington@health.nv.gov. All communications related to this RFA will be shared publically using the Contact List of attendees at the mandatory Bidders Conference to ensure all applicants are provided the same guidance.

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Prospective grantees are advised to review Nevada's ethical standards requirements, including but not limited to, Nevada Revised Statutes (NRS) 281A and the Governor's Proclamation, which can be found on the Purchasing Division's website (<http://purchasing.state.nv.us>).

Overview

The mission of SAPTA, Division of Public and Behavioral Health, is to reduce the impact of substance abuse in Nevada. This Request for Applications (RFA) is being issued to provide funding to regional coalitions to deliver environmental prevention services and strategies in an effort to prevent or reduce substance use. "Prevention Service" is defined as a proactive process of helping individuals, families, and communities to develop the resources needed to maintain healthy lifestyles. Prevention is broad based in the sense that it is intended to alleviate a wide range of at-risk behaviors including, but not limited to, alcohol, tobacco and other drug abuse, crime and delinquency, violence, vandalism, mental health problems, family conflict, parenting problems, stress and burnout, child abuse, learning problems, school failure, school drop outs, teenage pregnancy, depression and suicide. Through this RFA process, SAPTA will be able to establish and maintain an ongoing effective and efficient statewide substance abuse prevention system.

Sub-grants awarded through this RFA are intended to support regionally-based coalitions. A coalition is defined as a formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together towards a common goal of building a safe, healthy, and drug free communities as part of the Drug Free Communities Act of 1997 (Public Law 105-20). Coalitions receiving SAPTA funds through this RFA are required to meet the SAMHSA definition above and will be required to work within their geographical region to identify and address substance abuse prevention in alignment with the state and community-level priorities. SAPTA seeks to fund existing or developing coalitions that have a successful history of delivering interventions to prevent substance abuse.

A Request for Application process is different from an Invitation to Bid. The State expects Applicants to propose creative, competitive solutions to the agency's stated problem or need, as specified below. The State reserves the right to limit the Scope of Work prior to award, if deemed in the best interest of the State per NRS 333.350(1).

Deadline: Application

The due date for applying for funding under this announcement is 4:00 p.m., **Friday, December 11, 2015**. One electronic copy (sent to mcwashington@health.nv.gov), one original (signed in **BLUE** ink), one disk, and two (2) hardcopies of the entire application must be delivered by mail or hand-delivered to SAPTA (4126 Technology Way, Carson City, NV 89706) by this deadline. Applications simply postmarked by the deadline will not meet this requirement (see "How to Apply" for further details, page 10).

******ATTENTION******

Attendance is mandatory at the Bidders Conference to be held on October 26, 2015, 9:00 a.m. to 12:00 p.m., at 4150 Technology Way, Room 303, Carson City, NV 89706 and video-conferenced to Health Care Quality and Compliance (HCQC), 4220 Maryland Parkway, Las Vegas.

Timeline

Following is a tentative summary of important dates relating to this RFA. The State reserves the right to modify these dates:

- 10/19/15 RFA released
- 10/26/15 Mandatory Bidders Conference 9:00 a.m. to 12:00 p.m.
- 12/11/15 Applications due by 4:00 p.m.
- 12/12-21/15 Technical review of applications
- 12/21/15 Applications sent to reviewers
- 1/14-15/16 Objective Review (Open Meeting)
- 1/22/16 Funding decisions announced by DPBH/SAPTA
- 1/22-2/12/16 Budget and SOW negotiations
- 2/26/16 Notice of Sub-grant Award documents sent to Coalitions
- 1/22-5/31/16 Coalitions' RFA and Objective Review period for sub grants
- 7/1/16 Project year begins for SPI, Meth funding
- 10/1/16 Project year begins for SAPT Block Grant funding

Eligibility

In order to be considered for this RFA, the applicant coalition will:

- be designated as a 501(c)(3) not-for-profit organization or are a federally recognized Native American Tribe or Tribal Organization;
- be certified, or in the process of being certified, by the Substance Abuse Prevention and Treatment Agency as a Prevention Provider. An application for Prevention Certification is provided as Attachment K;
- have primary prevention as their focus;
- demonstrate coalition work on substance abuse reduction initiatives for a minimum of six (6) months prior to December 11, 2015;
- for those who have not already done so, be willing to complete the SAPTA Deeming process, including the development of a Comprehensive Community Prevention Plan (CCPP) within six (6) months of notification of an award;
- have the capacity to administer grant funds from multiple funding streams;
- provide a strategic plan demonstrating the ability to serve the high-needs areas by providing services in native languages and providing services in high-risk communities, and
- provide letters of support further demonstrating the extent of coordinated, intentional collaboration in their community. (For further details on this requirement, see 'Letters of Support' on page 14)

Deeming Process

For currently funded coalitions, submit most current version of your CCPP. Submit a new one if dated before 2013.

If the applicant is applying to administer SAPT BG and/or SPI funding to direct service sub grantees, please provide a sample local RFA and timeline for administration as Attachment H to your application. Also, include in Attachment H: the Coalition's Grievance Policy (between coalition and sub-recipient) and Conflict of Interest Statement(s). Coalitions are not allowed to fund family members.

If applicant agency has not received funding from SAPTA within the past five years to administer prevention coalition activities or to act as a pass through agency for prevention direct service funding, the applicant agrees to complete the Deeming Process outlined below within six (6) months of the notice of funding.

1. Comprehensive Community Prevention Plan (CCPP) – See CCPP Guidance Document in **Appendix IV**. If a CCPP is unavailable at the time of application submittal, applicant should submit a needs assessment explaining the need for substance abuse prevention in the county(s) of which applicant is applying. The need described in the assessment should be supported by data.
2. Mission/Vision/Goals – only if not included in CCPP already.
3. Copy of 501(c)(3) status.
4. Policies and Procedures, including Personnel, Administrative and Fiscal, Grants Management and Bylaws.
5. SAPTA Certification timeline – Show date you sent in certification application. Applicant, if awarded SAPTA funding, will not receive reimbursement until certification is approved.
6. Description of service area, which county(s) are covered? Define population being served and include demographics. If applying for more than one (1) county, specify information for each county.
7. Coalition Board meeting minutes from the past six (6) months.
8. Three (3) Letters of Support from community partners.
9. Describe the Coalition’s experience (if any) with pass through funds, either as the administrator or recipient.
10. History of writing progress reports for a funder. Which funder? For how long?
11. Experience with data collection.
12. Experience with grants management.
13. Describe the Coalition’s experience with environmental strategies and strategies that fall under the IOM category of “Universal Direct and Indirect.”
14. Describe the Coalition’s experience with evaluation.
15. List all relevant trainings and/or conferences that the coalition director and/or staff have attended in the past six (6) months.

Purpose of Funding

All services and activities associated with this RFA will be administered by SAPTA with funds provided by the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant and State General Funds (State Prevention Infrastructure Program and Methamphetamine Public Education and Awareness). The goals of this project are meant to address the prevention priorities identified in SAPTA’s Prevention Plan and Needs Assessment and to complement and reflect the federal goals of the Substance Abuse and Mental Health Administration (SAMHSA). Following are more details on each funding stream covered under this RFA.

SAPT Block Grant (project period 10/1/16 - 9/30/19)

The SAPT Block Grant funds are intended to support infrastructure and implementation of prevention activities to meet the substance abuse prevention needs in specific geographic service areas. These funds will be utilized to support substance abuse prevention coalitions to develop and implement a comprehensive, long-range prevention system to ensure state prevention resources fill identified service gaps using evidence-based/ evidence-informed programs, practices, and strategies. All activities associated with this funding announcement must 1) Be utilized for the implementation of activities that

meet an identified need within the community that are identified in the SAPTA State Priorities; 2) Are prioritized as demonstrated by the approved coalition's Comprehensive Community Prevention Plan (CCPP) that are part of SAPTA's state priorities; and must address at least three (3) of SAPTA's State Priorities, outlined on page 8 of this RFA. It is SAPTA's intention to cover all 12 of these priorities in some manner across the State of Nevada, as appropriate."

Please note that, for the purposes of this solicitation, prevention funds for the Substance Abuse Block Grant are for **primary prevention**. Activities that cross over into the 'intervention' realm are not allowable in this solicitation. For clarification, primary prevention is geared towards individuals or whole populations not identified as having a substance abuse problem. Primary prevention looks for ways to address risk and protective factors that contribute to problems on the population level. Intervention involves individuals who have already been identified as needing services or further screening.

For those applicants new to this funding process, a CCPP must be developed and submitted to SAPTA every two (2) years. This plan should include several elements necessary to create a plan of action for prevention. The plan should be based on current conditions in the service area and can then be used to assist in the process of setting prevention priorities. Guidance on the development of a CCPP can be found as Appendix IV.

Strategic Prevention Framework: The Strategic Prevention Framework (SPF) is a planning model promoted by Substance Abuse and Mental Health Services Administration (SAMHSA) to support coordinated, comprehensive, data-driven planning and accountability. Designed to be long-term and evolutionary in nature, the resulting plan should build on knowledge and experience over time, and lead to measurable outcomes and system improvements. The five (5) steps of the SPF organize prevention strategies and objectives for change:

1. Assessment: What are your prevention needs?
2. Capacity: Build your community's ability to deliver prevention strategies.
3. Planning- Develop a strategic plan.
4. Implementation- Deliver effective community prevention programs, policies, and practices.
5. Evaluation- How effective were your efforts?



For the purposes of this RFA, all applicant coalitions are required to utilize this five-step process in the organization of its prevention strategies and objectives for change. These steps should also be used as a guide in the development of coalitions' Comprehensive Community Prevention Plan (CCPP).

State Prevention Infrastructure (SPI) (project period 7/1/16 – 6/30/19)

The purpose of the SPI funding is to support infrastructure and the implementation of evidence-based/evidence-informed direct service substance abuse prevention programs, practices, and strategies at the community level. All activities associated with this funding must be for the implementation of those activities that meet an identified need within the community and are prioritized in the coalition's CCPP. Once again, activities must address *at least* three (3) SAMHSA/SAPTA priorities. Because coalition work precludes direct service delivery, the applicant will utilize SPI funds as pass-through funding to its community's direct service providers. It is expected that 85% of SPI funding will support

programs or strategies delivered by direct service providers. Selecting and qualifying appropriate sub grantees for the project/contract must be in compliance with federal and state procurement regulations. If this percentage cannot be achieved (not enough direct service providers in the coalition service area, for example), the applicant must provide an explanation in their response to this RFA. The balance can be used to support administrative costs associated with the management of these pass-through funds. Of the strategies funded with SPI, 70 percent of the strategies must be evidence-based. For more information on determining whether or not a strategy is evidence-based, please refer to ‘Evidence-Based Strategies’ (Appendix II) section of this application. The remaining 30 percent of funded strategies must be accompanied by local evidence of effectiveness. This evidence may consist of anecdotal information, local surveys, monitoring participants for a time period after completion of the program, analysis of a change in social conditions that can be attributed to the program, etc.

Methamphetamine (METH) Public Education and Awareness (project period 7/1/16 – 6/30/19)

The purpose of the METH funding is to prevent the onset of methamphetamine use, address risk and protective factors, reduce methamphetamine-related problems within the community, and build community level capacity for methamphetamine prevention. These goals will be met through the implementation of evidence-based or evidence-informed programs, policies, practices, and strategies including education and awareness at the community level. Strategies may include, but are not limited to: increased knowledge about methamphetamine in the population, increased perception of risk, decreased social norms that accept the use of illicit drugs, and enhanced workplace policies that address illicit substance use.

Priorities

Following are the priorities identified in the Prevention Planning process:

Federal Priorities: SAMHSA

Substance abuse and mental health is still seen as a social or moral issue rather than a public health issue. SAMHSA is working toward “creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.” SAMHSA encourages strategies in the following primary prevention focus areas:

- Strategies that target tobacco use prevention and tobacco-free facilities that are supported by research and encompass a range of activities including policy initiatives and programs;
- Strategies that engage schools, workplaces, and communities to establish programs and policies to improve knowledge about alcohol and other drug problems, denote effective ways to address the problems and enhance resiliency;
- Strategies that address underage drinking based in science and encompass a range of connected activities;
- Evidence-based and cost-effective models to prevent substance abuse in young people;
- Strategies that focus on harder to reach racial/ethnic minority and LGBTQ communities that experience a cluster of risk factors that make these populations especially vulnerable to substance use and related programs.

SAPTA State Priorities

The State of Nevada is working towards improving the lives of Nevadans through support of a strong coalition structure that implements effective prevention programming and/or strategies across the state. This RFA focuses on funding comprehensive primary prevention programs and strategies that include activities and services provided in a variety of settings for the general population (Universal- both

Direct and Indirect), individuals at risk by virtue of their membership of a particular segment (Selective), and targeted sub-groups who are at high risk for substance abuse (Indicated). SAPTA has identified the following priorities in 2015-2016 for the SAPTA Block Grant, Methamphetamine Public Education and Awareness Grant and State Prevention Infrastructure Grant.

It is required that applicants will choose a minimum of three (3) of the following 12 priorities areas for funding per funding stream. It is SAPTA’s intention to cover all 12 of these priorities in some manner across the State of Nevada, as appropriate.

Priority Area	Priority Description
1	Focus prevention activities on prescription drugs used for non-medical purposes, or without a prescription
2	Target substance abuse prevention in Native American communities among youth and in association with suicide
3	Support earlier access to prevention by targeting students in high-risk environments needing access to after-school activities/programming for youth empowerment
4	Develop and/or increase collaboration and partnership with the military; active service, veterans, reservists, National Guard, and their families
5	Focus prevention activities around marijuana, including medical marijuana dispensaries, legalization issues and changes in social norms
6	Focus prevention activities around use of e-cigarettes, including the dangers of use and changes in social norms
7	Support the Community Health Worker model to strengthen linkages and referrals to available resources
8	Reduce the rates of youth suicide attempts and completions by increasing the identification of students contemplating suicide and connecting them with available services
9	Target alcohol and other drug use among women of child-bearing years and women currently pregnant
10	Prevent the onset of childhood and underage drinking and other drug use, reduce the progression of substance abuse, including prescription drugs used illicitly and marijuana; prevent the relapse of substance abuse of those in recovery
11	Create or implement strategies to reduce binge-drinking in youth under the age of 18 and young adults up to age 24
12	Focus on environmental and population-based strategies to reduce drug use and underage drinking

All activities proposed to be funded by grant funds, must identify which State priority the applicant is seeking funds.

Environmental Strategies

SAMHSA/CSAP has established the following definition of environmental prevention: “This strategy establishes or changes written and unwritten community standards or codes and attitudes, thereby

influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population.” There are two main focuses or subcategories of environmental strategies; activities focusing on legal or regulatory initiatives and those related to changes in social norms or community perceptions. For more information on environmental strategies, please see Appendix I.

Evidence-Based Strategies

There is an increased interest in having a better understanding of the evidence that supports delivery of substance abuse prevention services. Over the past several years, SAPTA has required that almost all of strategies delivered through these funding streams be evidence-based, possibly disallowing strategies that result in better health outcomes for individuals and the general population. While the emphasis on evidence-based practices will continue, there is a need to develop and create new interventions, and to establish the evidence of these practices’ effectiveness. For more information on evidence-based strategies and evaluating the efficacy of other programs/strategies, please see Appendix II.

Cultural Competency

Cultural competency is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice. Cultural competence is a major component of the Strategic Prevention Framework (SAMHSA’s CAPT) and should be weaved into coalition strategies.

These guiding principles are helpful when thinking about cultural competence:

- Cultural competence is woven through a continuum with several guiding principles that enable coalitions to have positive interactions in culturally diverse environments;
- Each group has unique cultural needs. Your coalition should work to make room for several paths that lead to the same goal;
- People have group identities and personal identities. It is important to treat people as individuals and also acknowledge their group identities;
- People are served in varying degrees by the dominant culture. Coalitions must recognize that what works well for the dominant cultural group may not work for members of other cultural groups; and
- Culture is ever-present. Acknowledge culture as a predominant force in shaping behaviors, values, and institutions.

Award Information

Total funding available for this RFA is approximately \$6,433,000 per year with actual funding levels depending on the availability of funds and state expenditure allocations. This amount is similar to available funds for the last two years. It is the Division of Public and Behavioral Health/SAPTA’s intention to fund each successful applicant with a base amount for operating their organization plus additional funds based on their scope of work and impact in the community they serve.

Successful applicants will receive noncompetitive funding for a second and third year, based on availability of federal and state funds and satisfactory project performance (was the coalition a responsible steward of the funds, how effective were their strategies, did the coalition make a difference in their community) as well as compliance and completion of all required reports. An updated budget and scope of work will be required the second and third year in order to receive these noncompetitive continuation funds.

Match Requirement: Match is not required for these programs. Federal dollars cannot be used for match for any other federal grant applications.

Performance Measures

Successful applicants are required to collect and report data in support of performance measures developed by SAMHSA. Recipients' assistance in obtaining this information will allow SAPTA to provide SAMHSA with measurable results associated with this federally funded program.

Domain	Outcome	Measures
Reduced morbidity	Abstinence from drug/alcohol use	<ul style="list-style-type: none"> • 30 day use (non-use or reduction in use) • Perceived risk/harm of use • Age of first use • Perception of disapproval/attitude
Social connectedness	Increased social supports	<ul style="list-style-type: none"> • Family communication around drug use
Employment/Education	Increased/retained employment or return to/stay in school	<ul style="list-style-type: none"> • Perception of workplace policy • Attendance/enrollment • ATOD-related suspensions/expulsions
Crime and Criminal Justice	Decreased Criminal Justice Involvement	<ul style="list-style-type: none"> • Alcohol-related car crashes and injuries • Alcohol and drug-related crime
Access/Capacity	Increased access to services	<ul style="list-style-type: none"> • Number of persons served by age, gender, race and ethnicity
Retention	Increased retention in activities	<ul style="list-style-type: none"> • Total number of evidence-based programs/strategies • Percent of youth seeing, reading, watching or listening to prevention message
Cost Effectiveness	Average cost	<ul style="list-style-type: none"> • Cost per unit per strategy delivered
Use of Evidence-based Practices	Use of Evidence-based practices/strategies	<ul style="list-style-type: none"> • Total number of evidence-based programs and strategies and number of participants

How to Apply

Where can I find a 'Request for Applications': The RFA will be available for download on the SAPTA website on or before October 14, 2015. An RFA can also be obtained by contacting Martie Washington, 775-684-4069 or mcwashington@health.nv.gov.

Mandatory Bidders Conference Information: Attendance at a Bidders Conference is mandatory for all applicants. This Bidders Conference will be held on October 26, 2015, at 4150 Technology Way, Room 303, Carson City, NV 89706, 9:00 a.m. to 12:00 p.m. and will also be video-conferenced to Health Care Quality and Compliance (HCQC), 4220 Maryland Parkway, Las Vegas.

Format instructions: All applications must follow the same format:

- 12 point font, Times New Roman;
- Stapled or clipped together- please no binding;
- All pages single-sided only;
- Narrative section is double-spaced, with the exception of the abstract section
- Observe all page limits;
- All pages to include name of applicant agency in either the header or footer;
- All sections clearly labeled;
- All sections organized in the same order as in the Application Instructions;
- All pages numbered.
- One original, one disk, one electronic (to mcwashington@health.nv.gov) and two (2) copies of the entire application are required. Applications without requested attachments (A-J, K if applicable) will not be accepted. Original **MUST** be signed in **BLUE** ink.
 - Original hard copy, disk and 2 copies must be mailed or hand-delivered to:
Martie Washington, Health Program Manager II
Division of Public and Behavioral Health/SAPTA
4126 Technology Way, Second Floor
Carson City, NV 89706

Please note the application must be received by 4:00 p.m., Friday, December 11, 2015. Applications postmarked by the deadline will not suffice. Applications may be submitted any time prior to the above stated deadline.

- Application Writing Suggestions:
 - Read each section of the RFA carefully before beginning;
 - Complete all sections and include all required attachments;
 - Observe page limits;
 - Verify that you have responded specifically to the information requested in each section;
 - Provide concise and consistent information. Use bolded subsection titles, bullets and appropriately labeled tables to display information;
 - Indicate source of information or data when necessary. The use of footnotes for this purpose is encouraged.
 - All sections of the application should make sense and be in the correct order;
 - If an item or topic is addressed in one section of the application, it is not necessary to repeat that information in future sections. The applicant should simply reference the previous section and page of the application;
 - Have an individual unfamiliar with the application review the document and provide feedback.

APPLICATION INSTRUCTIONS

Cover Sheet

Please fill out the cover sheet (see Attachment A of this RFA for blank template) and include it as the first page of your application.

Abstract (1/2 page limit per funding stream. This section can be single-spaced)

The abstract succinctly describes the project's purpose, identifies the population(s) to be served, and summarizes the activities that will be implemented to achieve the project's goals and objectives. The abstract should also describe how progress toward these goals will be measured. In short, the abstract includes a snapshot of each section of the narrative. Please be sure to include a separate abstract for each funding stream.

Narrative Section (10-page limit, double-spaced)

(Problem Statement, Impact/Outcomes, Capabilities, Sustainability)

- **Problem Statement/Assessment of Need**

Applicants must briefly describe the magnitude of the problem(s) to be addressed. This section is a global statement explaining why these funds are needed. Applicants should use current local and epidemiological data to provide evidence that the problem exists, demonstrate the size and scope of the problem, and document the effects of the problem on the target population and the larger community. Data cited should be objective, valid, and representative of the community to be served. Applicants should describe any previous or current attempts to address the problem and how this grant will enhance or add new approaches to prior or existing work.

- **Impact/Outcomes**

This section should clearly explain how the program's structure and activities will accomplish the goals and objectives identified. Goals and objectives should directly relate to the problem statement as outlined in the previous section. When formulating these goals, applicants should be aware of the performance measures that SAPTA will require successful applicants to provide (see page 10 for details on performance measures).

Goals: Applicants are asked to use the Priorities outlined on page 8 of this application. Although the project period is a three (3) year period, your goals and objectives will cover one (1) year only. Goals and objectives for Years Two (2) and Three (3) will be negotiated at the start of those funding cycles.

Objectives: Objectives are specific, measurable statements of the desired results of the program, and the applicant should clearly connect them to the problems identified in the preceding section. Objectives should be clear, realistic, and measurable. If the applicant coalition will be issuing a sub-grant or contract to complete a particular objective, please state this intention. For example, *"Deliver evidence-based program to 100 middle-school students focusing on the use of e-cigarettes each semester (through sub grant process)."*

A table utilizing the following template must be included in order to clarify goals and their associated objectives. This table will assist the applicant in ensuring all activities and strategies have a plan for evaluation/measurement in place. When planning how you will measure the activity, consider how you can demonstrate the impact this activity/objective has had on your community.

Goal: SAPTA Priority (include # of priority from page 8)	Objectives	CSAP Strategy of each Objective*	How will you measure each objective? Short- term outcome?	Long-term outcome
<i>Example: #8 Increasing the identification of students contemplating suicide and connecting them with available services;</i>	<ol style="list-style-type: none"> 1. <i>Train school personnel on Signs of Suicide x # of trainings or # of personnel trained</i> 2. <i>Create directory of local community resources for referrals</i> 	<ol style="list-style-type: none"> 1. <i>Education</i> 2. <i>Information Dissemination/Community-Based Process</i> 	<ol style="list-style-type: none"> 1. <i>Number of students identified with suicidal ideation.</i> 2. <i>Number of students connected with available services</i> 	<i>Reduce the rates of youth suicide attempts and completions by 5%.</i>
<p>*CSAP Strategies: The Center for Substance Abuse Prevention (CSAP) has identified six primary prevention strategies: information dissemination, education, alternatives, problem identification/referral, community-based processes, and environmental strategies. Successful applicants will include these strategies in the planned prevention activities outlined in their objectives and if funded, will be required to report costs associated with the above-mentioned six prevention strategies in their monthly Request for Reimbursement. Definitions of these strategies can be found as Appendix III of this application.</p>				

- **Capabilities/Capacity**

Discuss your Coalition’s ability to administer these funds, including the following:

- Describe your agency’s ability to administer grant funds from multiple sources.
- Build prevention capacity and infrastructure at the community level.
- Enhance current strategic partnerships and develop new partnerships with behavioral health agencies, including but not limited to adult and children’s mental health agencies, primary care organizations, the State Division of Welfare, the Board of Pharmacy, public health including maternal and child health, Department of Education, organizations representing special populations.
- Provide your Coalition’s mission statement and how long it has been in existence. Describe any capacity building activities.
- List professional associations (examples: CADCA, Statewide Coalition Partnership, Partnership at DrugFree.org, Office of National Drug Control Policy’s Drug Free Communities).
- As Attachment G of your application, list participating agencies in your coalition and the sector of the community they represent. Examples of sectors include: community-based drug treatment agencies, youth programs, law enforcement, schools, prevention programs, community health offices, county extension office, faith community, local government, social service agencies, media, youth, parents. This list should be submitted as an attachment and therefore will not count as part of the ten-page limit.

- **Sustainability Plan**

Sustainability is a key component of coalition work. It is defined by SAMHSA as “a community’s ongoing capacity and resolve to work together to establish, advance and maintain effective strategies that continuously improve health and quality of life for all;” in other words, when new ways of working and improved outcomes become the norm. Research has consistently demonstrated that planning for sustainability predicts sustainability. Please describe strategies and plans for maintaining your prevention efforts in the event of

discontinued funding. Include community collaborations that have contributed to improved sustainability as a result of this funding.

Budget

Please use the Budget/Budget Justification form to outline your prevention efforts and all associated costs for one (1) year. Include necessary justification in the box provided, addressing each line item. This form can be found at the end of this solicitation (Attachment B of RFA). Submit this form as Attachment B of your application. Please note: there is a tab at the bottom of the form for each funding stream. You will be submitting a separate budget for each funding stream.

Fund Map

A Fund Map must be submitted with your application. Please submit this document as Attachment C. A template is provided for you in the Attachment section of this RFA. The purpose of this fund map is to show the relationship between an organization's revenue sources and expenditures for a given period. A properly completed fund map should demonstrate exactly how the organization expects revenues to cover its expenses. Please include all funding sources, including those for non-substance abuse related projects. Please fill out the template as thoroughly as possible.

Letters of Support

Coalition work is effective in that it involves focused, intentional collaboration across all sectors of its community. Applicants are required to submit three (3) Letters of Support from different community partners demonstrating the level of cooperation and collaboration that exists. Examples of community partners include, but are not limited to Law Enforcement, County Commissioners, your local School District, youth-serving organization, etc. Submit these letters as Attachment F of your application.

Financial Capability

Profit and Loss Statements for the last two (2) years are required to demonstrate financial Competence. Attach as Attachment L to your application.

Required Attachments

- ❖ A. Cover Sheet
- ❖ B. Budget Forms
- ❖ C. Fund Map
- ❖ D. 501 (c)(3) designation
- ❖ E. Board of Directors List with contact information
- ❖ F. Letters of Support x 3
- ❖ G. Coalition Members and their affiliation
- ❖ H. Sample RFA/timeline/Grievance policy/Conflict of Interest policy
- ❖ I. Checklist
- ❖ J. Comprehensive Community Prevention Plan
- ❖ K. SAPTA Prevention Certification application (if applicable)
- ❖ L. Organization's last 2 years of Profit/Loss Statement

Application Evaluation

DPBH/SAPTA staff will conduct a technical review of each application to determine that all required components are included and/or to provide the opportunity for clarification of applicant responses if needed. All fully responsive applications are then sent to a team of external reviewers as part of the Objective Review process for evaluation based on an established set of weighted evaluation factors. All reviewers are screened for any potential or existing conflicts of interest. The Objective Review will be conducted according to Nevada Open Meeting Law guidelines.

The following criteria will be used by the review panel to score applications:

Component	Template Provided?	Points
Cover Sheet	Yes- Attachment A	5
Abstracts	No	10
Problem Statement	No	15
Goals/Objectives	No	25
Evaluation/Measure of Objective	No	15
Capabilities/Capacity	No	10
Sustainability	No	10
Sample RFA/timeline	No	5
Budget	Yes- Attachment B	Pass/Fail
Fund Map	Yes- Attachment C	5
Attachments	D,E,F,G,H,K-No, I-Yes	Pass/Fail
Technical Review	No	Pass/Fail
Maximum Score		100

Clarification discussions may be conducted by the Objective Review Team with Applicants who submit proposals determined to be acceptable and competitive Nevada Administrative Code (NAC) 333.165. Applicant(s) shall be accorded fair and equal treatment with respect to any opportunity for discussion and/or written revisions of proposals. Such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final awards. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing Applicants.

Funding Decision Appeal Process

Programs not receiving funding approval may appeal to SAPTA's Bureau Chief. If the program is not satisfied with the decision of the Bureau Chief, the program may appeal to the Administrator of the Division of Public and Behavioral Health (DPBH). Any unsuccessful Applicant(s) may file an appeal in strict compliance with NRS 333.370 and Chapter 333 of the NAC.

Requirements as Part of the Award Process

Once funding is secured, the following will be required of the applicant:

Assurances- All successful applicants will be required to sign the following forms as a condition of receiving funding: Standard Assurances, Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction, Certification against Lobbying. These forms will be provided as part of your award documents.

Training- Funded full-time staff will be required to complete a minimum of twenty (20) hours of training annually. Funded part-time staff will be required to complete ten (10) hours of training annually. The purpose of this training is to hone skills to better deliver proposed strategies, to keep abreast of trends in substance abuse and to remain current in the prevention field. Trainings can be in the form of in-house presentations, conferences, or webinars and must have a relationship to substance abuse prevention, treatment, mental health, or behavioral health issues across the lifespan. All trainings must be documented and reported to SAPTA on a quarterly basis when submitting quarterly reports.

Audit Requirements- Any audit of Sub grantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of sub grant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (OMB) Uniform Administrative Requirements, revised December 23, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A copy of the final audit must be sent to SAPTA within nine (9) months of the close of the Sub grantee's fiscal year. Failure to comply will result in disqualification of future funding and/or termination of current funding.

The Division's Policy requires that for sub grantees not required to have an audit under OMB Uniform Administrative Requirements (formerly A-133), a Limited Scope Audit on Agreed Upon Procedures must be conducted for that year by an independent, licensed Certified Public Accountant, using American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards (GAAS) or attestation standards. A copy of the limited scope report must be sent to the Substance Abuse Prevention & Treatment Agency within nine (9) months of the close of the Sub grantee's fiscal year. Failure to comply will result in disqualification of future funding and/or termination of current funding. Chapter 218 of the NRS states that the Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218.850, shall conduct a special audit of an entity which is not an agency of this State but which receives an appropriation of public money during any fiscal year. The sub grantee agrees to make available to the Legislative Auditor of the State of Nevada all books, accounts, claims, reports, vouchers, or other records of information that the Legislative Auditor determines to be necessary to conduct an audit pursuant to NRS 218.

Pre/Post Surveys- Coalitions receiving SAPTA funding to serve as a pass-through agency are responsible for the implementation of the SAPTA pre/post surveys. The purpose of the survey is to identify and report outcomes of all recurring direct service prevention programs in Nevada. The survey consists of a pre/post instrument comprised of previously validated questions. To ensure data accuracy, Scantron technology is used to collect and scan the data.

Reporting requirements-

1. Program Reporting Requirements

- A. All funded prevention programs must provide a program representative to participate in all scheduled meetings and comply with all evaluation requirements including working with the SAPTA data management system.
- B. Sub grantees must agree to work with SAPTA in monitoring program outcome indicators. Sub grantees must agree to meet with SAPTA staff members both individually and as part of scheduled evaluation meetings. The cost of travel may be included in the budget.

- C. Sub grantees will submit a SAPTA standardized Quarterly Narrative report and enter coalition environmental strategies into NHIPPS as determined by SAPTA staff for each quarter in each sub grant year within the required timeframe determined by SAPTA. Late submissions will result in a reimbursement delay.
- D. Funded programs will submit a SAPTA standardized Annual Narrative Report that summarizes all actual services and activities provided during each sub grant year within the required timeframe determined by SAPTA. Late submissions will result in a reimbursement delay.

2. Fiscal Reporting Requirements

- A. Sub grantees must submit reimbursement requests and back-up documentation through NHIPPS by the 15th of each month for the previous month's expenses during the sub grant year.
- B. A final Request for Reimbursement must be submitted to SAPTA within twenty (20) days of the close of the sub grant period.
- C. Sub grantees must meet all requirements in the award assurances.

Attachment A - Cover Sheet

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY PREVENTION APPLICATION 2016/2019

ALL FIELDS ON THIS COVER SHEET MUST BE COMPLETED

Coalition Name: _____

Geographical Area Served: _____

Address, City, State, Zip: _____

Email address of Authorized Individual/Executive Director: _____

DUNS: _____ SAM Expiration Date: _____

EIN: _____ SAPTA Certification Expiration Date: _____

FUNDING HISTORY AND CURRENT REQUEST (indicate amount):

Source	Requested	Received in 2015	Received in 2014	Received in 2013
SAPT Block	\$	\$	\$	\$
SPI	\$	\$	\$	\$
Meth	\$	\$	\$	\$

I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge. I have read, understand, and agree with all the terms and conditions specified in this Request for Applications. If Applicant does not specify in detail any exception and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Coalition Executive Director Date

Board of Directors Chair or designee Date

PRINTED NAME OF EXECUTIVE DIRECTOR

PRINTED NAME OF BOARD CHAIR

Attachment C- Fund Map template

FUNDING MAP Program Name: _____ Dates of Budget Period: _____ through _____									
FUNDING SOURCES*:									TOTALS
CFDA # (required, where applicable)									
1. TOTAL REVENUES									\$ -
EXPENDITURE CATEGORIES:									\$ -
2. PERSONNEL									\$ -
3. CONSULTANTS/ CONTRACTS									\$ -
4. TRAVEL									\$ -
5. TRAINING									\$ -
6. OPERATING									\$ -
7. OTHER									\$ -
8. TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. DATE RANGE OF FUNDING									

** Please include all funding sources, including funding for non-substance abuse related activities.*

Attachment I- Checklist

Required Component	Included (x)
Cover Sheet on form provided	
Abstracts (one for each funding stream)	
Narrative Section:	
• Problem Statement	
• Impact/Outcomes (Goals, Objectives) table included	
• Capabilities/Capacity	
• Sustainability Plan	
Budget/ budget justification narrative- on forms provided (submit as Attachment B)	
Fund Map on form provided (submit as Attachment C)	
Nonprofit Status (submit as Attachment D)	
Board of Directors List (submit as Attachment E)	
Letters of Support x 3 (submit as Attachment F)	
Coalition Member List (submit as Attachment G)	
Sample RFA/timeline/grievance and conflict policies (submit as Attachment H)	
Application Checklist- on form provided (submit as Attachment I)	
Comprehensive Community Prevention Plan (submit as Attachment J)	
Prevention Certification Form, if applicable (submit as Attachment K)	
Last 2 years Profit/Loss Statements (submit as Attachment L)	

Attachment K

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY (SAPTA) PREVENTION CERTIFICATION APPLICATION

Agency Name: _____

Mailing Address: _____
Street/P.O. Box
City
Zip Code

Site Address: _____
Street/P.O. Box
City
Zip Code

Telephone Number: _____ Fax Number: _____

Program Director's Name: _____ Email: _____

Program Director's Signature: _____ Date: _____

Certification Contact's Name: _____ Email: _____

Signature: _____ Date: _____

These signatures verify the program and its operations are in compliance with all applicable state and federal laws including, if applicable: 42 CFR, Part 2, and HIPAA 45 CFR, Parts 160, 162 & 164.

Check appropriate box:

	Certification	Re-certification
Coalition		
Sub-recipient of:		
Administrative Program		
Non-Funded		

Nevada Administrative Codes 458 and the Nevada Revised Statutes 458 establish certification standards.

The non-refundable certification fee is \$100.00. Make checks payable to SAPTA and mail to address below.

SAPTA
 4126 Technology Way, 2nd Floor
 Carson City, NV 89706

Phone: 775-684-4190 Fax: 775-684-4185

Agency Use Only

Check Number: _____ Check Amount: _____ Date Cleared: _____

Current Expiration Date: _____

New Expiration Date: _____

Appendices

- ❖ I- Environmental Strategies
- ❖ II- Evidence-based Strategies
- ❖ III- CSAP Strategies
- ❖ IV- Comprehensive Community Prevention Plan guidance
- ❖ V- Acronyms/Terms

Appendix I- Environmental Strategies

Environmental strategies establish or change written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population (Center for Substance Abuse Prevention, 2010). According to the Community Anti-Drug Coalitions of America (CADCA), “Coalitions that successfully employ environmental strategies can harness the community’s power to create change. A well-functioning coalition engages residents, law enforcement, schools, nonprofit organizations, the faith community, youth, and other key groups to work in tandem to address community concerns. Coalitions are well positioned to ensure sustained action on pervasive community problems that have eluded simple solutions. And, coalitions enable residents to contribute to making a difference and creating the political will necessary to influence development and implementation of lasting policy.”

Environmental strategies are cost effective given the potential magnitude of change. Community mobilization is central to creating population level change. After data have been collected and analyzed, coalitions must assess their capacity to effectively address the identified problem(s). This is especially important when using environmental approaches. Historically, many coalitions have consisted largely of members whose focus has been working with individuals, families and other small groups to elicit change in knowledge, skills, and attitudes. Implementing environmental strategies requires different skills, such as community organizing and/or development, and the involvement of different community members. Additionally, selected environmental strategies should support and complement other prevention programs already in place and working in local communities and schools to impact the target service population.

Environmental strategies are grounded in the belief that substance abuse is a product of multiple environmental conditions and circumstances. According to this view, individuals do not engage in substance abuse solely on the basis of personal characteristics, but rather as a result of a complex set of factors in their environment. These include: the rules and regulations of the social institutions to which individuals belong, the norms of the communities in which they live, the mass media messages to which they are exposed, and the accessibility of alcohol, tobacco, and illicit drugs. Therefore, effective prevention requires ‘intervention’ in various facets of community life. More specifically, environmental strategies seek to: (1) limit access to substances, (2) change the culture and contexts within which decisions about substance use are made, and/or (3) reduce the prevalence of negative consequences associated with substance use (such as motor vehicle crashes, sexual assaults, etc.). Subgrantees will be required to utilize environmental strategies to strengthen the capacity of their coalition to reduce and prevent substance abuse in the region by generating positive, lasting environmental change. Selected environmental strategies should complement other prevention programs already in place and working in local communities and schools to impact the target service population. These strategies can focus on norms, policies and regulations, availability, enforcement, etc. Environmental prevention approaches seek to change the overall context within which substance abuse occurs and to strengthen the capacity of coalitions to reduce and prevent substance abuse in the region by generating positive, lasting environmental change.

Appendix II- Evidence-based Strategies

An Evidence-Based Practice (EBP) is defined as a prevention service (program, policy, practice) that has been proven to positively change the problem being targeted. In general, there needs to be evidence that the intervention has been effective at achieving outcomes through some form of evaluation. The evaluation process monitors outcomes to determine whether the intervention positively impacted the target problem and/or contributing condition. The type of evidence collected will vary for different types of interventions. For example, a program will track participants for a period of time after receiving the intervention and compare them to a group who did not participate in the program. An effective policy will be measured by looking at a community that has implemented the policy and the impact that was documented when they did so. Or the impact of the removal of a policy can be studied. Practices are effective if the desired behavior change is supported by everyone in the community.

Evidence-based interventions are defined by inclusion in one or more of the three categories below:

1. Included in Federal registries of evidence-based interventions, such as NREPP and OJJDP;
2. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or
3. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts. When selecting a strategy in this category, ALL of the following guidelines should be met.
 - The intervention is based on a theory of change that is documented in a clear logic model;
 - The intervention is similar in content and structure to interventions that appear in registries and/or peer-reviewed literature;
 - The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
 - The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluation prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g. officials from law enforcement and education sectors or elders within indigenous cultures).

Use of Non-Evidence Based Strategies:

While the emphasis on evidence-based practices will continue, there is a need to develop and create new interventions and technologies and in turn, to establish the evidence. In addition to EBP, there are also many promising practices in various stages of development. These are services that have not been studied, but anecdotal evidence and program-specific data indicate they are effective. As these practices continue to be evaluated, the evidence is collected to establish their efficacy and to advance the knowledge of the field.

New strategies should be used if an EBP does not exist to meet the identified community need and there is not one that can be adapted to do so. It is recognized that there may be prevention initiatives that a community is committed to which have not gone through the process to have documented a stronger level of evidence that it is effective. In addition, many environmental interventions have limited evidence that isolate the impact of the specific intervention components of a community plan. It may also be necessary to rely on weaker evidence when no appropriate interventions are available in categories with stronger evidence. An intervention should address the targeted problem and local

contributing conditions and is appropriate for the cultural and community context in which it will be implemented. Under these circumstances, it may be appropriate to select or continue to use a strategy or practice that does not meet a stronger category of evidence. The following conditions should be addressed in these situations.

1. Evaluation methodology documenting effectiveness should meet rigorous scientific standards and evaluation of local implementation should work to move the intervention further along the continuum of evidence strength. It may be appropriate to work with a local university, researcher, evaluator, or local epidemiology workgroup in order to strengthen the evaluation plan.
2. The intervention should follow best-practice principles.
3. Documentation to justify the inclusion of a particular intervention is important. Prevention planners are encouraged to provide as many types of documentation as are appropriate and feasible in order to provide strong justification of documented effectiveness. This documentation may include:
 - documentation that clarifies and explains how the intervention is similar in theory, content and structure to an existing EBP;
 - documentation that the intervention has been used by the community through multiple iterations and data collected indicates its effectiveness;
 - documentation that indicates how the intervention adequately addresses elements of evidence usually addressed in peer-reviewed journal articles (nature and quality of the evaluation research design, consistency of findings across multiple studies, nature and quality of data collection methods);
 - documentation that explains how the intervention is based on an established theory that has been tested and empirically supported in multiple studies;
 - documentation that describes and explains how the intervention is rooted in the indigenous culture and tradition.

Appendix III- Primary Prevention Strategies Defined

The Center for Substance Abuse Prevention (CSAP) has established six primary prevention strategies:

Information Dissemination – This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two. *Examples include: providing a resource table at an event, having brochures available to the public as part of a resource library, mass-mailing campaigns.*

Education – This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy. *Examples include: town hall meetings, evidence-based programs, presentations to various groups.*

Alternatives – This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and drugs through these activities. *Examples include: Friday Night Live, mentoring, teen clubs.*

Problem Identification and Referral – This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted however, that this strategy does not include any activity designed to determine if a person is in need of treatment. *Examples include: student surveys, Signs of Suicide program, training of staff to recognize red flags regarding substance abuse.*

Community-based Process – This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning. *Examples include monthly coalition meetings, establishing memoranda of understanding with community partners as part of a coordinated community response to a particular issue, providing topic-focused training for partners, conducting a local needs/gap assessment.*

Environmental – This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population. *Examples include: social norm campaign, advocating for policy changes regarding school suspensions to impact perception that drug use is acceptable.*

Other – The six primary prevention strategies have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of the six strategies, it may be classified in the “Other” category.

Within these categories, the Institute of Medicine has further broken down the focus of these strategies:

Universal: Strategies aimed at the population in general.

Universal Direct strategies are delivered to an audience. *Example: town hall meeting*

Universal Indirect strategies are accessible to the population as a whole. *Example: a billboard or TV advertisement*

Selective: Strategies focused on individuals at risk of engaging in problem behaviors based on a group or environment to which they belong. *Example: evidence-based program offered to youth disadvantaged by poverty, children of alcoholics, students performing poorly in school*

Indicated: These strategies are geared towards individuals who are at high risk of engaging in problem behaviors. *Example: programming available to youth referred by Juvenile Probation, youth suspended from school.*

Appendix IV- Comprehensive Community Prevention Plan (CCPP) Guidance

The purpose of this document is to provide guidance to coalitions as they develop their CCPPs.

The goals of the CCPP are to:

- Identify, through the use of data, the substance abuse consequences and related consumption patterns that are priorities for prevention activity in your community.
- Identify the factors that impact, cause, or increase the likelihood of the negative consequences of substance abuse for your community.
- Identify the outcomes that your community will work toward with the implementation of this plan.
- Identify the strategies and activities that your community will implement to achieve the outcomes.

Expectations:

- The CCPP should follow the format provided below.
- Through the five steps of the Strategic Prevention Framework (SPF), coalitions will develop logic models (sample below) for each identified priority. This document provides a step-by-step outline for developing logic models and the CCPP.
- The data that will be used to determine the priorities will be the most recently published.
- The strategies and activities identified for each priority will be for implementation during SFY 2016 – SFY 2018 (July 1, 2016 – June 30, 2018).

Following is a Sample Logic Model:

	Priorities (Column A)	Data Indicators (Column B)	Outcome (Column C)	Intervening Variables (Column D)	Strategies (Column E)	Activities (Column F)
Description	Substance abuse consequence and consumption patterns that will be focused on in your communities	Rationale for priorities (data)	Measure of change	Factors that impact, cause, or increase the likelihood of the identified problems (priorities)	General evidence-based approaches for addressing the identified problems	Specific programs, practices, and/or policies that address the identified problems.
Example	Reduce incidence (new cases) of alcohol poisoning among middle school students	High prevalence of alcohol poisoning among middle school students	Reduction in prevalence of alcohol poisoning among middle school students	Low perception of risk Easy social access to alcohol Laws and norms favorable to use	School-based education Community awareness campaigns Increase Law enforcement	Implementation of evidence-based school curriculum Community town halls on high risk underage drinking Compliance checks for sales to minors

SAMPLE

Comprehensive Community Prevention Plan

Your Coalition's Name Here

Introduction:

The introduction should tell the story of your coalition, include such things as:

- Overview of the Coalition
- Vision or Mission
- Membership
- Geographic Service Area

Step One: Assessment

Outcome of Step One: Identify Priorities and Data Indicators for Logic Model (Completes Columns A and B of the logic models)

Assessment process description:

1. Assessment of data • Collect and analyze data related to substance abuse
 - Identify community priorities
 - Provide criteria and rationale for each priority
 - Provide logic model for each priority

2. Assessment of community infrastructure • Assessment of readiness, intervening variables, and potential barriers to success
 - Assessment of resources
 - Assessment of organizational, fiscal, and leadership capacity
 - Assessment of cultural responsiveness
 - Analysis of service gaps

Guidelines for Assessment Step

- Use the most recently published data.
- Do not include anything that is not relevant to your priorities.
- Data can include:
 - Focus groups
 - Stakeholder interviews
 - Risk and protective factors and assets
 - Quantitative outcome data, such as from the Nevada Epidemiological Profile, the YRBS, etc.
- Choose priorities based on criteria and rationale from data.
- Target populations must be identified. Identify domains (e.g., individual, peer, community, family, school), risk level of population (universal, selected, or indicated), age, geographic, gender, ethnicity, etc.
- Provide data tables as appendices (not in body of plan)

Step Two: Capacity

Outcome of Step Two: Identification and description of strengths and gaps to address each priority.

How will your coalition address capacity issues such as:

1. Mobilizing resources within your community or target group
2. Engaging key stakeholders and service providers to plan and implement sustainable prevention efforts
3. Developing cultural responsiveness and building on the existing prevention infrastructure
4. Mobilizing both financial and organizational resources
5. Focusing on sustainability of outcomes and evaluation capacity
6. Creation of sustainable partnerships to provide resources and assistance
7. Introduction of training and education to promote readiness, cultural responsiveness, leadership, data collection, monitoring, and evaluation capacity
8. Gaps in capacity

Step Three: Planning

Outcome of Step Three: Identify Outcomes, Intervening Variables, and Strategies for Logic Model (Completes Columns C and D of the logic models)

Identify the outcomes, intervening variables, strategies, and activities your coalition will target to address the priorities, gaps in capacity, and gaps in services you have addressed thus far. Complete a logic model for each of your coalition's priorities.

Step Four: Implementation

Outcome of Step Four: Identify Activities for Logic Models (Completes Column E of the logic models).

For each priority you have identified in your logic models, provide recommendations for evidence-based policies, strategies, activities, and programs to be implemented, and describe which population segment(s) they will impact.

Step Five: Evaluation

Outcome of Step Five: Describe how your coalition will measure change toward the identified outcomes.

- Describe data that will be collected and tracked for each outcome. If there are gaps in the necessary data and access to data, please describe.
- Describe how evaluation results will be used to increase the effectiveness of prevention activities in your communities.
- Describe your approach to confidentiality of data and informed consent by participants.

Appendix V- ACRONYMS / TERMS

For the purposes of this RFA, the following acronyms/definitions may be used:

Acronym	Description
<i>Assumption</i>	An idea or belief that something will happen or occur without proof. An idea or belief taken for granted without proof of occurrence.
<i>Applicant(s)</i>	Organization/individual submitting a proposal in response to this RFA.
<i>Application Package</i>	A group of specific forms and documents for a specific funding opportunity which are used to apply for a grant. Mandatory forms are the forms that are required for the application. Please note that a mandatory form must be completed before the system will allow the applicant to submit the application package. Optional forms are the forms that can be used to provide additional support for an application, but are not required to complete the application package.
<i>Assumption</i>	An idea or belief that something will happen or occur without proof. An idea or belief taken for granted without proof of occurrence.
<i>Awarded Applicant(s)</i>	The organization/individual that is awarded and has an approved contract with the State of Nevada for the services identified in this RFA.
<i>BOE</i>	State of Nevada Board of Examiners
<i>Confidential Information</i>	Any information relating to the amount or source of any income, profits, losses, or expenditures of a person, including data relating to cost or price submitted in support of a bid or proposal. The term does not include the amount of a bid or proposal. Refer to NRS 333.020(5) (b).
<i>Contract Approval Date</i>	The date the State of Nevada Board of Examiners officially approves and accepts all contract language, terms, and conditions as negotiated between the State and the successful Applicant(s).
<i>Contract Award Date</i>	The date when Applicant(s) are notified that a contract has been successfully negotiated, executed and is awaiting approval of the Board of Examiners.
<i>Contractor</i>	The company or organization that has an approved contract with the State of Nevada for services identified in this RFA. The contractor has full responsibility for coordinating and controlling all aspects of the contract, including support to be provided by any subcontractor(s). The contractor will be the sole point of contact with the State relative to contract performance.
<i>Cooperative Agreement</i>	An award of financial assistance that is used to enter into the same kind of relationship as a grant, and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the recipient in carrying out the activity contemplated by the award.
<i>Cost Share/Match</i>	The portion of a project or program costs not borne by the Federal government.
<i>Cross Reference</i>	A reference from one document/section to another document/section containing related material.
<i>Disallowed Costs</i>	Charges to an award that the awarding agency determines to be unallowable, in accordance with the applicable Federal cost principles or other terms and conditions contained in the award.

Acronym	Description
<i>Discretionary Grant</i>	A grant (or cooperative agreement) for which the Federal awarding agency generally may select the recipient from among all eligible recipients, may decide to make or not make an award based on the programmatic, technical, or scientific content of an application, and can decide the amount of funding to be awarded.
<i>Division</i>	Division of Public and Behavioral Health
<i>DUNS</i>	Dun and Bradstreet Number
<i>Equipment</i>	Tangible, nonexpendable personal property, including exempt property, charged directly to the award and having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, lower limits may be established.
<i>Evaluation Committee</i>	An independent committee comprised of a majority of State officers or employees established to evaluate and score RFA responses pursuant to NRS 333.335.
<i>Exception</i>	A formal objection taken to any statement/requirement identified within the RFA.
<i>Federal Register</i>	A daily journal of the U.S. Government containing notices, proposed rules, final rules, and presidential documents.
<i>Goods</i>	An award of financial assistance, the principal purpose of which is to transfer a thing of value from a Federal agency to a recipient to carry out a public purpose of support or stimulation authorized by a law of the United States [see 31 U.S.C. 6101(3)]. A grant is distinguished from a contract, which is used to acquire property or services for the Federal government's direct benefit or use.
<i>Key Personnel</i>	Applicant(s) staff responsible for oversight of work during the life of the project and for deliverables, as applicable.
<i>LOI</i>	Letter of Intent - notification of the State's intent to award a contract to an Applicant(s), pending successful negotiations; all information remains confidential until the issuance of the formal notice of award.
<i>May</i>	Indicates something that is not mandatory but permissible.
<i>Must</i>	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of a proposal as non-responsive.
<i>NAC</i>	Nevada Administrative Code. All applicable NAC documentation may be reviewed via the internet at: www.leg.state.nv.us .
<i>NOA</i>	Notice of Award. Formal notification of the State's decision to award a contract, pending Board of Examiners' approval of said contract, any non-confidential information becomes available upon written request.
<i>NRS</i>	Nevada Revised Statutes. All applicable NRS documentation may be reviewed via the internet at: www.leg.state.nv.us .
<i>OMB</i>	Office of Management and Budget.
<i>Pacific Time (PT)</i>	Unless otherwise stated, all references to time in this RFA and any subsequent contract are understood to be Pacific Time.
<i>Project Costs</i>	All allowable costs, as set forth in the applicable Federal cost principles, incurred by a recipient and the value of the contributions made by third parties in accomplishing the objectives of the award during the project period.

Acronym	Description
<i>Project Period</i>	The period established in the award document during which awarding agency sponsorship begins and ends.
<i>Proprietary Information</i>	Any trade secret or confidential business information that is contained in a bid or proposal submitted on a particular contract. Refer to NRS 333.020 (5) (a).
<i>Public Records</i>	All books and public records of a governmental entity, the contents of which are not otherwise declared by law to be confidential must be open to inspection by any person and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. (Refer to NRS 333.333 and NRS 600A.030 [5]).
<i>Redacted</i>	The process of removing confidential or proprietary information from a document prior to release of information to others.
<i>RFP/RFA</i>	Request for Proposal; a written statement which sets forth the requirements and specifications of a contract to be awarded by competitive selection NRS 333.020(7).
<i>Shall</i>	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of a proposal as non-responsive.
<i>Should</i>	Indicates something that is recommended but not mandatory. If the Applicant(s) fails to provide recommended information, the State may, at its sole option, ask the Applicant(s) to provide the information or evaluate the proposal without the information.
<i>State</i>	The State of Nevada and any agency identified herein.
<i>Subcontractor</i>	Third party, not directly employed by the Applicant(s), who will provide services identified in this RFA. This does not include third parties who provide support or incidental services to the Applicant(s).
<i>Sub-Recipient</i>	The legal entity to which a sub-award is made and which is accountable to the recipient for the use of the funds provided.
<i>Trade Secret</i>	Information, including, without limitation, a formula, pattern, compilation, program, device, method, technique, product, system, process, design, prototype, procedure, computer programming instruction or code that: derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by the public or any other person who can obtain commercial or economic value from its disclosure or use; and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.
<i>Will</i>	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of a proposal as non-responsive.