

Substance Abuse Mental Health Services Agency
Nevada Substance Abuse Block Grant



PRIMARY PREVENTION SET-ASIDE
CONTINUATION GUIDANCE

For Subgrantees

October 1, 2018 to September 30, 2019

OFFICIAL GUIDANCE FOR CONTINUATION SUBGRANTEES OF THE SUBSTANCE ABUSE BLOCK GRANT - PRIMARY PREVENTION SET-ASIDE Funding October 1, 2018 to September 30, 2019

The following is a brief guidance for submitting plans and budgets for the third year of a three-year application originally released October, 2015. As this is a continuation application, only those agencies awarded sub-awards from the October 2015 RFA are eligible to submit applications for the final year of funding as stated below under Funding Eligibility. Other interested parties are encouraged to reach out to their local prevention coalitions for consideration to be included in the final years application.

The plans and budgets to be submitted with this continuation application are for those projects funded through the Substance Use Block Grant only. The original Request for Applications also included state general fund awards. All general fund awards as a part of this three-year project period have already been awarded.

Awards made through this continuation application will continue funding through federal fiscal (FFY) year 19, October 1, 2018 to September 30, 2019. All applications must be submitted to the Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention by June 15, 2018 and must include: a scope of work, budget, logic model, and spending plan.

This funding is provided by the Substance Abuse and Mental Health Agency through the Substance Abuse Block Grant and is to be used for Primary Prevention (PX). The block grant is a federal grant program. The amount awarded each state is based on a mandated formula calculated using resident population, total personal income, total taxable resources, and cost of services index. This funding is susceptible to change based on approved federal budgets. As final federal awards to states under the Substance Abuse Block Grant for FFY 19 have not been determined, the budget numbers are for planning purposes only and may be subject to change. All sub-awardee's plans and budgets are considered public documents and will be available to the public. All services and activities associated with PX subawards will be administered by the Bureau of Behavioral Health Wellness and Prevention (BHWP).

PX funds are set aside specifically to target substance use disorders (SUD) through the implementation of primary prevention strategies as defined in 45 CFR §96.125 - *Attachment A*. PX funds are intended to support infrastructure and implementation of data-driven, evidence-based or evidence-informed programs, practices and strategies to produce positive outcomes in Nevada communities. A positive outcome can be shown in a reversal of substance use or a behavior as demonstrated through program evaluation.

Primary Prevention

PX funding is restricted to primary prevention activities only. Primary prevention is defined as "Programs for individuals who do not require treatment for substance abuse." This allows for a wide range of activities to prevent the onset of abuse of alcohol, the use or abuse of illicit drugs and tobacco products, or abuse of licit drugs such as marijuana and prescribed or over-the-counter medications.

- *Appendix 1.*

Funding Eligibility

Subgrantees awarded funding under the three-year funding cycle ending September 30, 2019 are eligible for continuation funding. All other entities seeking funding for primary prevention programs to be delivered to the community are encouraged to consult with and/or apply to their local Community Prevention Coalition for inclusion in this application. All Community Prevention Coalitions will assure that local prevention programs are consistent with local plans and do not result in duplication. All participants under this funding must be designated as a 501(c)(3) private not-for-profit organization, a government entity, or a federally recognized Native American Tribe or Tribal Organization. Subrecipients must be certified or in the process of being certified by the Division of Public and Behavioral Health through its Substance Abuse Prevention and Treatment Agency as a Prevention Provider. Subrecipients must have primary prevention as the main focus of their program, be able to show a minimum of six months primary prevention work on substance abuse reduction initiatives, and clearly target a priority identified in the local community coalition's Community Prevention Plan. All recipients are expected to know and implement the Strategic Prevention Framework in their organization.

- Appendix 2.

Subgrantees must also have a current Comprehensive Community Prevention Plan (CCPP) not older than three years, including a needs assessment, capacity/resource assessment and logic model. Sub-awardees must be authorized to carry out assessments on behalf of the community and collect information on activities/outcomes in each of the six core data areas:

- Consequences
- Consumption patterns
- Geographic/target population differences
- Intervening variables
- Prevention resources and infrastructure
- Community readiness

- Appendix 3.

Components of the Logic Model

All activities associated with this funding must target identified substance use problems within the community that can be addressed and reduced through primary prevention strategies. Activities in the logic model must be prioritized in accordance with the coalition's Comprehensive Community Prevention Plan as updated and submitted to the Bureau of Behavioral Health Wellness and Prevention every three years. Programs may address risk and protective factors that contribute to problems on the population level, educate and counsel on substance abuse, as well as provide for activities to reduce the risk of substance abuse in defined populations. Subgrantees will give priority to programs for populations that are at risk of developing a pattern of substance abuse and assure that programs receiving funding develop community-based strategies for the prevention of such abuse. This includes strategies to discourage the use of alcoholic beverages, illicit drugs and tobacco products by individuals to whom it is unlawful to sell or distribute such products. *- Appendix 4.*

Logic Models must be developed around the following priorities, strategies, and processes:

- The 14 State Priorities, which incorporate SAMHSA's Strategic Initiatives. *- Appendix 5.*

- Six Primary Prevention Strategies. - *Appendix 6.*
- Institute of Medicine (IOM) Model. - *Appendix 7.*
- Evidence-based Strategies. - *Appendix 8.*
- Cultural Competency. - *Appendix 9.*
- Models and plans that are **Specific, Measurable, Achievable, Realistic, and Time-limited (SMART).** - *Appendix 10.*
- Contain Outcome Objectives. - *Appendix 11.*
- CSAP Codes. - *Appendix 12.*

For each project cycle, a scope of work and budget narrative will be required. Please refer to the instructions for the scope of work in *Appendix 13* and the instructions for the budget in *Appendix 14*. Templates for the Scope of Work and budget are attached to this announcement.

Budget Building and Reimbursement Requests

Budget building is a critical component of the application. The approved budget and scope of work will become the justification for reimbursements. The submitted budget must support the scope of work. Budget categories should be calculated carefully to avoid reimbursement problems at a future date. A request for reimbursement that includes additional expenditures outside the approved scope of work or beyond the approved budget amounts will require prior written approval and may cause reimbursement to be delayed or denied.

A minimum of 5% of the total budget is required for evaluation. As part of the state’s community-based strategy, coalitions may charge another coalition or entity that is not their subrecipient for employee time used to mentor and build capacity of the other coalition or entity. It is requested that the Bureau of Behavioral Health Wellness and Prevention be notified of such arrangements.

Within the subgrant, flexibility is given allowing budgeted funding to be moved between budget categories if the total dollars for the grant period moved are within 10% of the total budget. If more than 10% needs to be moved, a Subgrant Amendment together with a justification on the reason for the change in budget need to be submitted to the Bureau of Behavioral Health Wellness and Prevention for approval. Your decisions on how to move funds must remain consistent with your objectives as stated in your scope of work. If the funding change will significantly change the approved scope of work or the scope of work must be changed for other reasons, an amendment will also be required. The two forms to submit for a budget change are: PX Budget Change Request Form, and Subgrant Exhibit B Amended Budget. The first form describes how dollars are being moved from one category to the other without changing the total amount of the award and provides a justification. Justifications should be brief and to the point, e.g. “Activity Leader position was eliminated and remaining \$5,000 will be used for training.” The second form, Subgrant Exhibit B details the added expenses or the subtracted expenses by category. The Total Cost on this form should be zero.

In the event Subgrantee expenditures do not fulfill the awarded purpose, that portion not in compliance must be refunded to the Division of Public and Behavioral Health. Expenditures must be allowable under Title 2 of the Code of Federal Regulations (2 CFR), Section 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Other Fiscal Expectations

- A completed Spending Plan must be submitted with your budget and scope of work. The purpose of a Spending Plan is to communicate expected monthly expenditures to reflect planned activities throughout the grant period. This information will be used to monitor the spend-down of the grant. The spending plan is not binding and necessary changes throughout the grant period are expected. The spending plan template form is attached.
- Requests for Reimbursement and allowable expenses: Requests for reimbursement require the following forms and backup documentation: Section D, Excel spreadsheet with information in tabs if applicable, software ledger such as QuickBooks, travel forms and backup receipts, copies of checks if they do not appear itemized on the ledger. Please refer to Management Memorandum 17-005 RFR Submission Policy [Attachment C](#). Travel reimbursement claim form and Excel spreadsheet Form are attached.
- Section D is issued in Word format with the executed grant. State staff will try to set up the header of section D, but it is ultimately the responsibility of the subgrantee to ensure the top portion of the Section D contains correct information. This includes grant information, HD number, coalition information, contact information, and the month of the reimbursement request. Please do not use old forms. Common mistakes resulting from the use of old forms are incorrect grant HD numbers, past executive director's names, and past budgets being carried forward.
- The standing deadline for requests for reimbursement is the 15th of month following the month in which the expenditures occurred. Contact BHWP for special situations. Expenditures submitted for reimbursement must be allowable within the guidelines of the subgrant and comply with both the federal 2 CFR Part 200 and the State of Nevada Administrative Policies – [Appendix 15](#)
- Record keeping: All documents pertaining to a request for reimbursement should be kept together for easy access during a site monitor. This means Section D, a fiscal ledger, back-up receipts, check copies and travel claims.
- Incentives, gift cards, must be pre-approved by the Bureau of Behavioral Health and Wellness as allowable and have separate inventory accounting documents. They must be fully utilized within the same subgrant period of purchase and may not exceed 1% of the subgrant total. Incentives are limited to a value of \$30 per person or less and must be tracked by the program that is distributing them in the following manner:
 - Identify the total costs of the incentives being tracked;
 - A declining balance of the incentives as they are distributed;
 - A unique identifying number for the incentive;
 - The cost, per item;
 - To whom the incentive was provided;
 - The date the incentive was issued or provided;
 - The reason or purpose the incentive was provided;
 - A signature of the staff member that issued the incentive;
 - Demonstrate full utilization of the incentives that were purchased within the same subgrant period that they were purchased.

- **Fiscal Monitors:** The subrecipient onsite monitoring program is designed to meet the federal requirement contained in 2CFR the frequency of a monitor will be determined by the outcome of a program's risk analysis. Coalitions can expect an annual fiscal monitor. Once a program is considered low risk, the frequency of a fiscal monitor may slow to every three years. If a program is found to be high risk, fiscal monitoring will occur twice a year. Other considerations for more frequent fiscal monitors include: 1) a request from the program for review and technical assistance; 2) indications contained in the review of outside audit reports; or 3) complaints with fiscal implications. A fiscal monitor is not an audit. Typically, documents that have been submitted electronically will be reviewed. On site, a random sampling will be reviewed, and any concerns will be noted and discussed with the program. Programs may correct small inconsistencies immediately during the visit or may be required to submit a corrective action plan to the Agency within 30 days.
- **Audits:** 2CFR-200 Sub-part F-Audit Requirements requires all non-federal entities that expend \$750,000 or more in total federal funding (across agencies) must have a Single or Program Specific Audit conducted for that fiscal year. The anticipated cost for an audit may be proportionately included in your budget.
- **A Year-End Financial Report,** completed annually, must be submitted by sub-recipients who expend less than \$750,000 in combined federal and state funds in their fiscal year.
- **Subrecipients:** All dollars flowing from a federal grant remain subject to the federal rules and guidelines associated with the source, regardless of how many hands it passes through prior to reaching the community. Sub-awardees must therefore follow consistent protocols when implementing sub-awards. Documentation must be created and maintained regarding procurement, deeming processes, performance measures, monitoring, program fidelity and evaluation.

Reporting Expectations

The federal funder for the Substance Abuse Block Grant Primary Prevention requires an annual report from the state describing how the dollars were spent across Nevada communities. Expenditure breakdowns by strategy and categories, by service, and by population is required. Strategies used to address identified risks, the number of providers implementing each strategy, targeted substances performance measures, and evidence-based programs implemented are a part of the information required. The quarterly report form you are required to submit for this grant attempts to capture some of the reporting requirements. Please see the SAMHSA Reporting Requirements in the attached folder to be familiar with the type of information to include in the report. The reporting form template is attached. Information to incorporate in the report includes:

- Expenditures by Six Strategies (CSAP)
- Expenditures by IOM Categories (CSAP)
- Numbers by service populations (sex, age, race, ethnicity, target populations)
- Planning, coordination and needs assessment – success and barriers
- Performance measures/Evaluation- measure of the effectiveness of prevention programs

The Bureau of Behavioral Health Wellness and Prevention is currently working to implement an electronic data collection system called WITS. Once WITS is fully implemented, timely and thorough reporting will be required. Until WITS is fully operational, subrecipients may be required to provide all

reports and data on the attached quarterly report form. Submission requirements will be outlined in the sub-award documents resulting from this application process.

Risk Analysis

Risk Analysis is performed on all applications for new funding and continue throughout the funding cycle on an annual basis. The standards that are the basis for the risk analysis remain attached to the funding, regardless of how many hands that funding passes through. Therefore, when state staff are analyzing a sub-awardee, they will also be looking at whether the sub-awardee is regularly performing thorough risk assessments of their subrecipients. A scoring system is used to determine if an applicant or sub-awardee is low or high risk. Existing subgrantees will be assessed according to completeness of their internal written policies and procedures and their adherence to those policies. They will be evaluated on their ability to wisely and appropriately use awarded funds, their fiscal management, the accuracy of budgets, requests for reimbursement, other documents submitted to the Agency, and timeliness of submissions. Programs funded by the subgrantees will also be evaluated for relevance to their CCPP, for the evidence used to base the selection of programs and to the evaluation of and fidelity to the program as contained in the program guidance. The Sub-awardees assessed at an elevated risk level may receive reduced funding, while a very low-risk subgrantee may receive elevated funding. Subrecipients who operate under special terms and conditions will be considered major risks. New applicants will additionally be assessed on their readiness to become a successful subrecipient. *Appendix 17* lists the factors included in the risk assessment.



As a reminder, all continuation applications are due by June 15, 2018 and may be submitted to Meg Matta electronically or in hard copy.

If you have any questions concerning this guidance, please contact:

Meg Matta, B.S., C.P.S.

Health Program Specialist – Prevention

Nevada Department of Health and Human Services

Division of Public and Behavioral Health | Behavioral Health Wellness and Prevention

4126 Technology Way | Carson City, Nevada 89706

T: (775) 684-2227 | F: (775) 684-4185 | E-mail address: mmatta@health.nv.gov