

PACT Coalition for Safe and Drug Free Communities Request for Application (RFA)



Application Specifications at a Glance

Funding Period:	February 1, 2021- September 29/30, 2021 (Funding will be awarded for a 8-month period with the opportunity for continuation based on funding in years 2 & 3, October 1, -September 29/30)
Available Funds:	\$125,000 contingent on available funding
Types of Services:	Substance Abuse Prevention
Target Population:	Rural residents of Clark County
Service Area:	Rural Clark County, population size less than 35,000
Eligibility:	Private not-for-profit organization, 501(c)(3) or local governmental entity
Mandatory Bidders Conference:	November 17, 2020- 3 pm (zoom)
Letter of Intent Due:	November 20, 2020 at 4:00 pm
Application Deadline:	December 18, 2020 at 4:00 pm
Copy Requirements:	1 Electronic Submission

PACT Coalition for Safe and Drug-Free Communities will accept written applications from private not-for-profit organizations and governmental agencies to fund substance abuse prevention programming in rural Clark County. Partnership for Success funding and Substance Abuse Prevention and Treatment Block Grant funding is made available from the Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency.

I. General Information

Background

The purpose of this funding is the implementation of evidence-based direct service substance abuse prevention programs, practices, and strategies at the community level (Attachment D). The Substance Abuse Prevention and Treatment Agency's (SAPTA) currently funded local substance abuse prevention coalitions will issue sub grants to local providers and agencies to implement prevention activities. 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 PACT's Comprehensive Community Prevention Plan (CCPP). PACT's most recent CCPP and needs assessment are available at www.drugfreelasvegas.org

PACT Priorities

The PACT Coalition identified three priorities for developing effective prevention programs in their target service area. These include:

- Prevent the onset of childhood and underage drinking and drug use, reduce the progression of substance abuse.
- Promote reduction of Adverse Childhood Experiences through Primary Prevention.

SAPTA priorities supported by PACT

- Engage cross-systems expertise, such as educational institutions, first responders, law enforcement, etc., to increase or leverage training and educational opportunities and promote community level change
- Develop and strengthen linkages to available resources
- Support earlier access to prevention by targeting students in high-risk environments needing access to after-school activities/programming for youth empowerment
- Create or implement strategies to reduce binge-drinking and drug use in youth under the age of 18 and young adults up to age 24
- Target substance abuse prevention on Native American communities among youth and adults
- Target substance abuse prevention on people that are lesbian, gay, bisexual, transgender and questioning (LGBTQ)
- Develop and/or increase collaboration and partnership with the military; active service, veterans, reservists, National Guard, and their families
- Develop targeted prevention efforts aimed at older adults at risk of developing a dependence on opioids and alcohol
- Target substance abuse prevention on people speaking a language other than English
- Focus prevention activities on prescription drugs used for non-medical purposes, or without a prescription
- Focus prevention activities around use of e-cigarettes, including the dangers of use and changes in social norms
- Focus prevention activities around marijuana, including medical marijuana dispensaries, recreational issues and changes in social norms

Restrictions on Funding

- Screening, brief intervention and referral to treatment;
- Education to people in treatment;
- Death prevention such as suicide or overdose reversal;
- Purchase of naloxone and the necessary materials to assemble overdose kits and to cover the costs associated with the dissemination of such kits;
- Enforcement of alcohol, tobacco or drug laws, including compensation for law enforcement officials' time;
- Travel to conferences focused on domestic violence, suicide, mental health, or other areas that may involve substance use but which the primary focus is not substance use prevention.
- Providing inpatient hospital services;
- Making cash payments to intended recipients of health services. (gift cards must be justifiable as a component of an initiative, activity or event and have prior approval from the Bureau. Gift cards, coupons and incentives are unallowable if they can be turned into cash or used to purchase gas, groceries, alcohol or tobacco products.);
- Purchasing or improving land;
- Purchasing, constructing or permanently improving a building;
- Purchasing major equipment;
- Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds (match);
- Providing individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (unless the Surgeon general of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with HIV/AIDS); or
- Providing financial assistance to any entity other than a public or nonprofit private entity. This means that if the grantee provides sub-grants to community-based or intermediary organizations, these organizations cannot be for-profit entities;
- Savings accounts for excess or unspent funds;
- Submission of reimbursement requests in advance of expenditure

II. RFA Timeline

Application Released:	November 10, 2020
Mandatory Bidders Conference (see specifics below):	November 17, 2020- 3 pm (zoom)
Letter of Intent Due (Attachment A):	November 20, 2020 – 4:00 pm
Application Due:	December 18, 2020 – 4:00 pm
Grant Award Notifications:	January 15, 2021
Project Period Begins:	February 1, 2021

** A Mandatory Bidders Conference will be via zoom from 3:00 pm- 4:30 pm on Tuesday, November 17th. If an applicant is unable to attend (must be signed in at start) the video recording must be requested and watched. Requests can be made to PACT Executive Director, Jamie Ross at jross@drugfreelasvegas.org.

Bidders Conference Log-In

Join Zoom Meeting

<https://zoom.us/j/94539247605?pwd=SFewVCt3ZWZtcmhOK2x6anpzUDQ0dz09>

Meeting ID: 945 3924 7605

Passcode: 020618

Join audio by phone: 1 669 900 9128

III. Funding Limitations, Commitments, Eligibility, and Legal Requirements

Funding Limitations

This funding is available for an 8-month period beginning February 1, 2021, with the opportunity for continuation in years two and three dependent on continued funding from state and federal sources. Total funds awarded to rural Clark County sub grantees through this RFA will not exceed \$125,000.

Applications will be evaluated on a competitive basis to implement evidence-based prevention programs, practices and strategies. 100% of the funding must be spent on programs meeting the criteria outlined in Attachment E: Identifying and Selecting Evidence-Based Interventions.

Funds may be used to support programs, practices, and strategies that will fill service gaps without duplicating existing services or activities at the community level. Funding awards will be determined through technical and objective review processes. All awards are contingent on the continued availability of funds. Non-competitive continuation funding will be available the following 2 years: October 1, 2021 (2022) – September 30, 2022 (2023) programs in good standing. PACT reserves the right to modify or reject any or all sub-grantees. All sub-grantees must conform to the conditions, guidelines and timelines in this RFA.

Applicant and Sub Grantee Commitments

All applicants must:

- A. Submit a Letter of Intent (Attachment A).
- B. Implement evidence-based direct service substance abuse prevention programs, practices, and strategies at the community level using the criteria outlined in the “Definition of Evidence-Based for Substance Abuse Prevention” document updated in 2009 by the State of Nevada Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency (Appendix C).

All sub grantees must demonstrate a commitment to:

- A. Meet all programmatic evaluation and data collection requirements as required by PACT and SAPTA.
- B. Comply with PACT Minimum Training Requirements.
- C. Meet all local, state and federal requirements, as outlined in assurance (Attachment H).
- D. Building partnerships with coalition, members and community partners to build capacity and enhance community resources and programming.

Eligibility

All applicants must meet the following requirements:

- Must be a private nonprofit organization, 501(c) (3) or local government entity. A copy of the organization's Internal Revenue Service letter documenting the 501(c) (3) status will be required prior to allocation of funds. Do not provide as attachment to this application.
- Must be certified by SAPTA to provide primary prevention services. If an applicant is not certified, they must submit an assurance that an application for certification has been filed with SAPTA (Attachment J). Applicants are not required to pay the \$100 certification fee unless their application is approved. For information on certification requirements and applications, contact SAPTA at 775-684-4295.

Legal Requirements

PACT and SAPTA are in compliance and require all sub grantees to be in compliance with all local, state and federal laws and regulations. This compliance, which includes civil and human rights laws and regulations, insures that all programs and sub grantees are free from any discrimination. No individual will be excluded from participating in any program, service, or benefit based on his/her race, ethnicity, national origin, sexual preference, disability, age, gender, or religious preference. All sub grantees must have a valid Nevada and local jurisdiction business license, be registered with SAM (System for Award Management) and have a valid DUNS number/ account. This funding may not be used to supplant current prevention program activities or support inherently religious activities. It may be used to expand or enhance current program activities.

IV. Application Instructions

Please consider the following suggestions when preparing the application:

- Respond to all questions in the order provided.
- Ensure budget figures are mathematically correct and the justification is clear and descriptive.
- Do not use jargon specific to your agency or program.
- Do not assume the objective reviewer is familiar with your organization.
- Avoid acronyms or clearly describe them when used for the first time.
- Observe page limits and formatting.
- Link together sections of the application to create a broad picture of the program you wish to implement.
- Allow adequate time to secure required signatures.
- All signatures on original documents **must be in blue ink.**
- PACT may require additional information as needed for review (Attachment J) and applicants who do not submit additional information if requested will not be selected to move forward.

Applications must be typed and must contain all of the information requested below. The information should be organized in the order listed and each section of the application should begin on a new page. The first page of the application is to be the Application Summary (Attachment B). Incomplete applications will not be reviewed and will be returned for corrections and resubmitted to PACT.

Applications will be returned for correction for the following reasons:

- Failure to supply one (1) electronic copy sent to jross@drugfreeasvegas.org
- Failure to use 12-point font size, single space, portrait orientation and 1” margins.
- Failure to respond to all sections of the RFA.
- Submission of incomplete, inaccurate or false information.
- Submission of an application with excessive typographical errors, misspellings, or grammatical errors.
- Failure to number pages.
- Failure to observe page limitations.
- Failure to use forms provided.

Please note:

- Copies of all required forms for this RFA are included in the Attachment Section of this document or as attachments on website.
- Attachments that are not requested in the RFA or sections that exceed page limitations will not be read or reviewed.
- Applications with handwritten forms will not be read or reviewed.

Any application received after the deadline will be returned unread and will not be considered for funding. All applications must be received by PACT by the deadline. There are no exceptions. Any application that is incomplete will not be reviewed.

Contact and submittal information:

Jamie Ross, Executive Director: jross@drugfreelasvegas.org
1210 S Valley View #114
Las Vegas, NV 89102
Phone: (702) 582-7228
Fax: (702) 866-2330

VI. Application Sections, Attachments, and Scoring

Scored Components

A. Application Summary Form Attachment B Scoring – 5 Points

The Application Summary Form is included in the Attachments Section. The total PACT request must equal the “Total Request” indicated on the Budget Request forms.

The Application Summary Form will be the first page of the application and will be the equivalent of a cover page. Do not submit a different cover page or cover letter.

B. Narrative – Total Narrative section must be no more than 4 pages in length. Attachment C

Organization Capacity Scoring – 10 Points

- Demonstrate the human and financial resources the organization has to provide a quality program, and management procedures capable of implementing the proposed program, practice or strategy.
- As part of your response, provide a brief background on your Project Director and Finance Officer.
- Describe the organization’s experience specific to providing prevention programming using evidence-based practices.
-

Proposed Program Scoring – 35 Points

- Describe the evidence-based program to be implemented, including a website link for reviewers.
- Describe the local/regional need for the program based on local data and/or information. Include how proposed program addresses PACT and SAPTA priorities.
- Provide a clear definition and description of the geographic area and target population to be served by the program. Specify numbers to be served, age of program recipients, ethnicity, special populations, etc. Include how the evidence-based program addressed cultural competency (race, ethnicity, socioeconomics, gender, sexual orientation, etc.).
- Describe evaluation methods included with the evidence-based program and other evaluation methods employed by organization to measure program effectiveness.

Collaboration and Sustainability Scoring – 15 Points

- Describe organization’s current involvement/relationship with PACT or, if none exists, plans to engage in coalition efforts.
- Describe collaboration with other community partners specific to the proposed programming, including whether other organizations are conducting this program and how duplication is being avoided.
- Describe collaborative efforts to sustain program or leverage other resources and any best practices currently utilized in your program or organization.

C. Scored Attachments

Goals, Objectives & Activities

Scoring – 15 Points

Table Attachment D

2 – 4 goals

Applicants are asked to use the PACT Priorities outlined above.

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. For example, *“Deliver (name of name of program) to 100 middle-school students focusing on the use of e-cigarettes each semester.”* Check the appropriate box, evidence based or not evidence based in the objective section.

CSAP Strategy of each Objective: 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. See Appendix B for definitions of CSAP strategies. Successful applicants will include these strategies in the planned prevention objectives and if funded, will be required to report costs associated with the above-mentioned six prevention strategies in their monthly Request for Reimbursement.

Short Term Outcome, Measurement: Describe documentation your agency will use to measure short-term impact. This information will be requested as part of the quarterly reporting process.

See Attachment D for Template

Budget Request and Justification Forms

Attachment E

Scoring – 20 Points

The applicant must complete the required budget forms for this specific project. Handwritten forms will not be accepted. If the applicant intends on utilizing other funding to support this effort, please indicate how in the justification section. For example, if rent is already paid by existing revenue, the rent should be shown reflecting

the type of funding used to cover the cost. The total amount requested on the Budget Request and Justification Form must match the total amount requested on the Application Summary Form.

Please note, indirect costs are not allowable.

Timeline

Attachment F

Complete implementation timeline using attached table only. See attachment G for template.

Conflict of Interest Policy Statement

Attachment G

Applicants are required to read and sign the Conflict of Interest Policy Statement **in blue ink**

SAPTA Certification

Attachment H

Possible Additional Requested Documents

In order to fully understand each organization, it may be necessary to collect additional information. Please see “Possible Additional Requested Documents”

VII. Summary of Required Contents, Maximum Scores, and Attachments

SECTION	ASSIGNED MAXIMUM POINTS	ATTACHMENTS
Letter of Intent	0	A
Application Summary Form	5	Attachment B Use as cover page
Organization Capacity	10	C
Proposed Program	35	C
Collaboration and Sustainability	15	C
Goals and Objectives	15	D
Budget Request and Justification Form	15	E
Timeline	0	F
Conflict of Interest	0	G
SAPTA Certification	0	H
TOTAL POINTS	100	

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III. Forms and Attachments

ATTACHMENT A

**LETTER OF INTENT TO SUBMIT APPLICATION
1 PAGE LIMIT**

In order for PACT to properly plan for the review of applications and the allocation of funds, it is necessary to have preliminary notification of your plans. Please put this letter on your agency letterhead. Please sign in blue ink and submit this Letter of Intent by **November 20, 2020 – 4:00 pm**, scan and email to jross@drugfreelasvegas.org.

Name of Agency:

Contact Person:

Title:

Mailing Address:

City/State/Zip

Telephone:

E-Mail Address:

Proposed Program:

Brief description of program to be implemented (2-3 paragraphs – must not exceed 1 page in length)

Signature/Title

Date

ATTACHMENT B

APPLICATION SUMMARY

Agency Name: _____

Agency Contact: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Total Funding Requested: _____

Proposed Program(s) to be funded: _____

Service Area of Program(s): _____

_____ Applicant is a 501(c)(3) or local government entity

_____ Applicant currently is a SAPTA Certified Prevention Provider
Current certification expires: _____

_____ Applicant is not currently certified, but has submitted an application for certification
from SAPTA

_____ New applicant

Please Sign In Blue Ink

Director's Name: _____ Date: _____

Director's Signature: _____

**ATTACHMENT D
GOALS AND OBJECTIVES**

**Complete 2-4 goals and objectives using the template below. Do not use any other templates
No page limit**

<p>Goal: Select PACT priority strategy <i>Example: PACT #1: Decrease rate of high school students who ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs.</i></p>			
Objectives: (Specific, Measurable, Achievable, Realistic and Time-phased)	Activities	CSAP Strategy	How will you measure each objective? Short-term outcome?
<p><i>Implement _____ (name of program) program to 40 children ages 6-12.</i></p> <ul style="list-style-type: none"> • <i>Evidence Based Reference:</i> • <i>Non evidence based Reference:</i> 	<p><i>1.1 Train staff in _____ (name of program).</i></p> <p><i>1.2 Promote the program by working with youth-serving organizations, including civic groups and schools to recruit participants.</i></p> <p><i>1.3 Carryout programming to fidelity, including the evaluation use of the evaluation tools (often pre/post survey).</i></p> <p><i>1.4 Be responsive to PACT, including submission of monthly Request for Reimbursement and quarterly grant reports.</i></p>	<p><i>Education</i></p>	<p><i>Pre/Post survey, # participants and attendance Anecdotal information from youth and parents to program staff</i></p>

**ATTACHMENT E
BUDGET AND JUSTIFICATION**

Budget and justification in excel form is required, do not use any other forms

See additional documents for excel form

No page limit

**ATTACHMENT F
TIMELINE**

**Submit this table as Attachment G.
Do not use any other forms**

Task/Activity	Timeline											
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Ex: Purchase curriculum and train staff	X	X										
Collaboration with XXX agencies to recruit participants		X	X									
Conduct 6 sessions of program				X	X		X	X	X	X		
Evaluation, etc.												

ATTACHMENT G

**APPLICANT AGENCY
CONFLICT OF INTEREST POLICY STATEMENT**

Per PACT’s Ethics and Conflict of Interest Policies and Procedures, a conflict of interest exists when an applicant agency representative has a professional affiliation or personal or immediate family financial interest, either directly or indirectly, in a contract, business transaction, or other matter that is under consideration by any decision making body of PACT.

In the event of a real or potential conflict of interest, the person involved shall promptly disclose to PACT all relevant facts and circumstances relating to said interest or relationship. If you believe that you have a conflict of interest, please respond below:

1. I, and/or a family member or person with whom I have a close personal relationship, serves as an Executive Board member, or in another similar capacity, with PACT. These representatives are:

2. I am not sure whether I have an official conflict of interest, but I believe the following information may be important:

I understand and agree to adhere to the statements above regarding conflict of interest. I understand that disclosing this information will not affect my agency’s ability to secure funding from PACT.

Applicant Agency Signature/Title

Date

ATTACHMENT H
SAPTA CERTIFICATION

Substance Abuse Prevention and Treatment Agency (SAPTA) Prevention Certification/Application

All agencies must either

A) Be currently SAPTA Prevention Services Certified and provide **proof of certification** as Attachment J in their application

or

B) Have completed their SAPTA Prevention Services Application and turned it into SAPTA prior to completion of this application and provide a **copy of the application your organization has turned in to SAPTA** as Attachment D in the application. (It is not necessary to pay the \$100 application fee until you have been awarded funds by PACT.)

Applications can be found on SAPTA's website at

[http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalSAPTA/dta/Partners/Certification/Prevention%20Certification%20Application\(1\).pdf](http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalSAPTA/dta/Partners/Certification/Prevention%20Certification%20Application(1).pdf)

ADDITIONAL POSSIBLE REQUESTED DOCUMENTS

It is possible that to ensure the reviewers have a complete picture of each organization, they may need additional information. These are some additional documents that may be requested. Please do not submit these attachments unless specifically asked for them

- Proof of tax status and category (such as 501(c)(3),
- Nevada Secretary of State articles of incorporation
- Most recent audited annual financial statements and management letter (for a year end period within the last 18 months) for organizations with annual revenues >\$300,000.o
- If annual revenue is <\$300,000, last year's internally prepared financial statements will suffice (balance sheet, income statement, and statement of functional expenses)
- List of partners
- Key Staff's resume and job description
- An organizational chart, if one is available
- Board member list, with affiliations
- Board meeting minutes for the last year or since inception
- Audited financials for the past 3 years
- Projected cash flow for 12 months
- Policy on internal controls
- A copy of personnel policies
- A sample of forms included in personnel file
- A sample newsletter
- A sample of program collateral
- Any planning documents (e.g., strategic or business plan, fund development plan)

APPENDIX A

SAPTA EVIDENCE BASED PROGRAM DEFINITIONS

Division of Public and Behavioral Health

Substance Abuse Prevention and Treatment Agency

Definition of Evidence-Based for Substance Abuse Prevention

Revised July 2009

Introduction

The Substance Abuse Prevention and Treatment Agency (SAPTA) is committed to the implementation of effective substance abuse prevention programs, strategies, policies, and practices by supporting community coalitions and their partners.

The purpose of this document is to provide program policy for one operational definition and structure for the implementation of Evidence Based Practices by prevention and other SAPTA funded program providers with oversight by community coalitions and/or SAPTA. In addition, this document will guide the prioritization and allocation of funding available through this agency. This program policy is to assist prevention providers certified by SAPTA to implement activities that meet one of the three following definitions for evidence-based prevention practices. Evidence-based practices in prevention are defined by the Substance Abuse and Mental Health Service Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) in their Identifying and Selecting Evidence-Based Interventions Guidance Document (Revised January 2009). According to their definition, an Evidence-Based intervention is defined by inclusion in one or more of the three categories below:

- A. Included in Federal registries of evidence-based interventions; OR
- B. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; OR
- C. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts (as specified in the Guidelines that follow), all of which must be met:
 - Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model, AND
 - Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature, AND
 - Guideline 3: 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
 - Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating 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).

Defining Evidence-based

SAPTA, in implementing the evidence-based definition for substance abuse prevention, realizes that it is important to provide a structured definition that will guide SAPTA funded prevention providers when choosing their prevention activities. Below is a review and further explanation of the three definitions that will be used by SAPTA and its funded providers when choosing community based prevention programs, policies, strategies and practices to be implemented.

Three Definitions of Evidence-Based

A. Included in Federal registries of evidence-based interventions:

Any program, policy, strategy or practice that appears on a Federal registry of approved prevention interventions that uses terms such as “Model”, “Best Practice”, “Promising Practice”, “Evidence-based”, or “Principle of Effectiveness”, etc.

When a provider identifies a program, practice, policy, or strategy, the activity chosen must coincide with a prioritized substance abuse prevention need that has been identified by SAPTA or a SAPTA funded coalition. Programs that meet this definition may address, but are not limited to; risk and protective factors, intervening variables, causal factors, and/or strategies that have been identified by SAPTA or a SAPTA funded community Substance Abuse Prevention Coalition (Coalition). SAPTA recognizes and endorses the use of CSAP’s recognized six prevention strategies (Information Dissemination, Prevention Education, Alternative Activities, Problem Identification and Referral, Community-based Process, or Environmental) and the Institute of Medicine’s Continuum of Care, and the Strategic Prevention Framework as part of the foundation of evidence-based substance abuse prevention planning and implementation.

These prevention activities may be chosen from a variety of federal registries of approved programs and practices that make up the current standards recognized in substance abuse prevention nationally. These include:

Approved Registries

1. PEW – Results First Clearinghouse Database
<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>
2. CEBC – California Evidence-Based Clearinghouse
<https://www.cebc4cw.org/>
3. CASEL – Collaborative for Academic, Social, and Emotional Learning
<https://casel.org/guide/>
4. Youth.gov
<https://youth.gov/>
5. NIDA – National Institute on Drug Abuse
<https://www.drugabuse.gov/>
6. SAMHSA – Substance Abuse and Mental Health Services Administration
<https://www.samhsa.gov/ebp-resource-center>
7. OJJDP – Office of Juvenile Justice and Delinquency Prevention
<https://ojjdp.ojp.gov/evidence-based-programs>
8. Crime Solutions – National Institute of Justice
<https://crimesolutions.ojp.gov/programs-practices>

Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals: Providers wishing to use a program or intervention not on a Federal registry, may choose, as an option, a prevention program, policy, practice, or strategy that has been published in a peer reviewed journal and shown to have positive results in substance abuse prevention or a related field. Other related fields include but are not limited to education, tobacco prevention, public health, HIV/AIDS, mental health, developmental assets, resiliency, etc.

B. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts (as specified in the Guidelines that follow):

If a proposed activity does not meet either of the above definitions, documented effectiveness of the proposed intervention desired may be considered on a case by case basis. In the event that documented effectiveness will be used, the proposed prevention activity must meet each of the guideline definitions below in order to be considered.

- Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model, AND
- Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature, AND
- Guideline 3: 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
- Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating 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).

SAPTA recognizes that in order for all providers in Nevada to meet these standards they may require technical assistance, resource development, and training. SAPTA will support the efforts of the community coalitions to work with providers so that they can meet the requirements of evidence-based prevention in the selection, development, and implementation of substance abuse prevention activities in Nevada. The SAPTA funded coalitions will be responsible for maintaining documentation regarding and related to the selection criteria and the utilization of the criteria and providing this documentation to SAPTA.

APPENDIX B

CSAP 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.* Partnership Douglas County RFP

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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.*