KENNY C. GUINN
Governor

MICHAEL J. WILLDEN
Director

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To: Task Force Members, Fund for a Healthy Nevada

Copy: Michael J. Willden, Director, Department of Human Resources (DHR)
Mike Torvinen, Administrative Services Officer IV, DHR

From: Laura Hale, Social Services Program Specialist III, DHR

Date: November 12, 2003

Subject: Consideration of the Request for Applications

The attached draft Request for Applications has been significantly modified from the last version to incorporate changes to statute, funding criteria, procedures, scoring, and evaluation.

The changes are highlighted in blue print and will be presented for your information and consideration.

State Of Nevada
Task Force for the Fund for a Healthy Nevada

FUND FOR A HEALTHY NEVADA

GRANT APPLICATION GUIDE
FISCAL YEARS 2005 AND 2006

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STATE OF NEVADA
TASK FORCE FOR THE FUND FOR A HEALTHY NEVADA
FY 2005 and 2006
GRANT ANNOUNCEMENT and APPLICATION GUIDE

Note: This application is also available at www.healthynevada.state.nv.us

BACKGROUND

Source and Purpose of Funds

The tobacco industry nationally agreed in 1998 to pay $206 billion to the states over the next 25 years as a settlement for health related costs incurred by the states. Nevada's share of the Tobacco Settlement is estimated at $1.2 billion through 2025 and a portion is to be distributed by the Task Force for the Fund for A Healthy Nevada (hereinafter referred to as the Task Force) for grants to prevent, reduce or treat the use of tobacco; and grants to improve healthcare for children, or services to persons with disabilities. The Department of Human Resources (hereinafter referred to as the Department) will administer these grants.

The Task Force has identified specific priority areas for the upcoming funding cycle. A limited number of applications outside these priority areas may be selected for award, but those applications addressing the priority areas will be given greater weight (See Scoring Matrix).

FIRST TIER PRIORITIES

- Tobacco Control and Treatment*
- Disabilities: Respite and Independent Living**
- Oral Health
- Chronic Disease (Can be addressed under tobacco control)
- Substance Abuse

SECOND TIER PRIORITIES

- Access to Health Care
- Family Planning
- Immunization
- Injury and Violence Prevention
- Maternal and Infant Health (Can be addressed under tobacco control)
- Fitness and Nutrition

*Note 1: Funding of tobacco control and treatment programs is required under NRS 439.630.
**Note 2: Funding of respite, independent living and positive behavior support programs is required under NRS 439.630, effective July 1, 2004, which begins the funding cycle for this application.

The Department receives numerous federal and state allocations each year that are in addition to the Tobacco Settlement monies. The Healthy Nevada grants are intended for new or expanded programs. The Task Force is prohibited from funding programs that supplant existing methods of funding that are available to non-profit or public agencies. Applications must clearly demonstrate the proposed program or project will be an <u>expansion</u> of an existing program or project, or will be a <u>new</u> program or project. Programs or projects previously funded by the Task Force will be considered for continuation, but must document the following: accountability, continued unmet need for services, and solicitation of additional funding sources.

Available Funds
The Tobacco Settlement payout schedule is projected over a 25-year period but the level of funding to all states, including Nevada, will be dependent upon the level of tobacco sales nationally each year. The following table shows estimated available grant funds (without consideration of any carryover) for state fiscal year (SFY) 05 and SFY06.

	Tobacco Control/Treatment (20%)	Children's Health (10%)	Disability Services (7.5%)***
SFY05	$3,765,272	$1,882,636	$1,411,977
SFY06	$3,810,767	$1,905,384	$1,429,038

***Note 3: An additional 2.5% of the available funds is set aside for matching funds through Medicaid waivers, for prescriptions for eligible people with disabilities.

The Task Force will reserve at least 30 percent of funds available for distribution in each new funding cycle for awarding to applicants that did not receive grants in the current funding cycle, to the extent possible.

Funds to be awarded for basic research shall be limited to not more than 10 percent of funds available for distribution in that grant cycle.

In order to facilitate meaningful outcomes, it is the recommendation of the Department's Grants Management Unit that a minimum funding level be set at $15,000.

Eligibility
All nonprofit and public agencies (including state and local governmental agencies, universities and community colleges), can apply if interested in providing services to Nevada residents consistent with statute. In accordance with Nevada Revised Statute 439.630, paragraph 1, allocations are for programs that:

- Prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco;
- Improve health services for children; or
- Improve the health and well-being of persons with disabilities through the following programs:
    - Respite for persons caring for persons with disabilities;
    - Positive behavioral supports to persons with disabilities; and
    - Assistance to persons with disabilities to live safely and independently in their communities outside of an institutional setting.

(See Appendix D for elaboration of disability services.)

Applicants interested in applying for funding of two or more projects must provide separate and distinct applications. In cases where a single project or program addresses multiple funding categories, applicants must provide separate budgets for each funding category.

Awarding and Funding Process
Department staff will review applications in a two-step process. A technical review of applicant information, executive summary, timeline, budget forms, and the fiscal management checklist

list will be conducted, with a **limited** opportunity for applicants to correct any technical problems, prior to submission of the full proposal. For continuation or expansion of existing grants, performance reports will also be required as part of the technical review.

Once the full application is submitted, **no further adjustments will be accepted prior to the negotiation period**. Department staff will read and score the proposals in accordance with a scoring matrix (See Appendix B). Summaries of the applications, with scores and categorical rankings will be forwarded to the Task Force for review.

Task Force funding recommendations will be based on the following four factors: 1) Department staff's summaries and scores; 2) Geographic distribution of the proposed grant awards; 3) Conflicts or redundancy with other federal, state or locally funded programs, or supplanting of existing funding; and 4) The overall service funding mix. It is the recommendation of the Grants Management Unit that specific budget items be identified by the Task Force, if an award is made which reduces the overall proposed budget.

Applicants will be notified of their status after the Task Force has made its recommendations. Department staff will conduct negotiations with the applicants recommended for funding, to address any specific issues identified by the Task Force. Adjustment of budgets and goals may be required at this time.

Not all applicants who are contacted for final negotiation will necessarily receive an award. All questions and concerns must be resolved before a grant will be awarded. Upon successful conclusion of negotiations, Department staff will complete and distribute notices of grant award, general conditions, and grant instructions to grantees.

Decisions of the Department, in accordance with Task Force recommendations, are final. There will be **no appeal process**. Although funding recommendations are based on a two-year cycle, second year funding will be contingent upon the availability of funds and Task Force review of the grantee's progress with the funded project or program.

Contact Information
For additional information on the grants or application process, contact the Department of Human Resources, Grants Management Unit, at (775) 684-3470 or via email to gmu@dhr.state.nv.us.

For additional information about the Task Force for the Fund for a Healthy Nevada, contact the Legislative Counsel Bureau, Research Division, at (775) 684-6825.

Questions and Answers
Questions may be submitted to the Grants Management Unit through January 11, 2003, and will be posted to the website www.healthynevada.state.nv.us, with responses, through January 12, 2003.

Submission of Applications
Separate schedules for submission apply to different funding categories, as identified in the Time Table below. Each schedule will incorporate a two-step process with technical and comprehensive reviews. **Failure to submit applications in accordance with the Time Table below will result in disqualification.**

TIME TABLE

	Tobacco-Related Programs	Improving Children's Health or Services to Persons with Disabilities
12/1/03	Publish Grant Announcement and Release Grant Application	Publish Grant Announcement and Release Grant Application
12/16/03	Application Orientation – Las Vegas Videoconference to Carson City	Optional
1/9/04	Application Orientation – Carson City Videoconference to Las Vegas, Elko and Ely	Application Orientation – Carson City Videoconference to Las Vegas, Elko and Ely
1/12/04	Post final Q & A for RFA	Post final Q & A for RFA
1/15/04	Optional	Application Orientation – Carson City Videoconference to Las Vegas
1/16/04	**Technical elements of application due**: Applicant Information, Executive Summary, Timeline, Budget forms, Fiscal Management Checklist, and Performance Report (current grantees only).	N/A
1/30/04	**Full application due** with original signatures and 11 copies	N/A
2/16/04	N/A	**Technical elements of application due**: Applicant Information, Executive Summary, Timeline, Budget forms, Fiscal Management Checklist, and Performance Report (current grantees only).
3/1/04	Department summaries and scores forwarded to LCB	**Full application due** with original signatures and 11 copies
3/29/04	N/A	Department summaries and scores forwarded to LCB
4/20/04	Task Force Funding Recommendations	N/A
4/21/04	N/A	Task Force Funding Recommendations
4/21/04 – 6/30/04	Grant Negotiations and finalization of Grant Agreements	Grant Negotiations and finalization of Grant Agreements

Applications may be mailed to: Department of Human Resources,
Fund for a Healthy Nevada
505 E. King St., Room 600
Carson City, NV 89701

Or, they may be hand-delivered to one of the following addresses **Monday through Friday between 8 a.m. and 5 p.m., except on state holidays**:

Department of Human Resources
Director's Office
505 E. King St., Room 600
Carson City, NV 89701

Department of Human Resources
Grants Management Unit
3100 West Sahara, Suite 208
Las Vegas, NV 89102

NOTE:

- **ALL APPLICANT SUBMISSIONS MUST BE POSTMARKED, OR DATE STAMPED AS RECEIVED, NO LATER THAN DUE DATES INDICATED IN THE TABLE ABOVE.**
- **NO FAXES OR E-MAILS WILL BE ACCEPTED.**
- The Task Force is not responsible for any costs incurred in the preparation of the application and applications become the property of the Task Force. The Task Force reserves the right to accept or reject any or all applications. Projects awarded funding are those deemed best for the people of the State of Nevada.

INSTRUCTIONS

Formatting

- The technical elements of the application must be completed using the forms in Appendix A. Forms may be duplicated or expanded – **but not modified contextually**- as needed.
- The Executive Summary must not exceed 1 page.
- The narrative sections of the application (9 elements) must not exceed 12 pages, total.
- No additional materials will be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.
- Applications MUST be typed or computer generated. This sentence is in 12-point font. Do not use a font size smaller than this.
- Applications may be spaced single, double, or 1.5 with at least 1" margins all the way around.
- The application must be on 8 ½ X 11" paper, single-sided, numbered sequentially at the bottom of the page, and not bound. Please staple in the top left corner.

NOTE: FAILURE TO FOLLOW THESE FORMATTING INSTRUCTIONS WILL DISADVANTAGE YOUR APPLICATION AS COMPARED TO THOSE SUBMITTED ACCORDING TO THE GUIDELINES. UP TO 5 ADDITIONAL POINTS MAY BE AWARDED IN ACCORDANCE WITH THE SCORING MATRIX IN APPENDIX B.

Technical Elements

A single copy of the following sections of the application is to be submitted and approved, prior to submission of the full application, in accordance with the Time Table.

Applicant Information

Complete form 1 from Appendix A, providing all requested information and an original signature. Be sure figures on form 1 match figures from other forms or narrative sections.

Non-profit organizations must list any current certifications of accreditation. If a grant is approved for your organization, and you do not have current accreditation, you will be required to begin this process within the grant period.

Executive Summary

No form is provided for the Executive Summary. Organize a one-page summary covering the following eight topics.

1) Brief description of the project and the need(s) to be addressed.
2) What services will be offered and by whom.
3) Who will receive services, the size of the population to be served, and where they live.
4) The funding requested for year one and year two, and the amount and source of additional support, if applicable.
5) How the project accomplishments will be documented and project outcomes measured.
6) Brief description of collaboration efforts with existing programs or forming new partnerships to provide the proposed services.
7) Brief description of any innovative methods this program will use to service target population.
8) Describe sustainability of the program.

Timeline

Using form 2 from Appendix A as a guide, construct a table to identify timelines and measurement for goals, objectives, and major project tasks to accomplish within the grant period. State fiscal year 2005 runs from July 1, 2004 through June 30, 2005. State fiscal year 2006 runs from July 1, 2005 through June 30, 2006.

Budget Forms

Using the budget definitions below, complete budget summary forms 3 and 4 from Appendix A, for the 1st and 2nd year budgets, respectively. For Item A, in the first column of the table, enter only the amount you are requesting from the Fund for a Healthy Nevada. All other funding sources for this specific project must be identified in the remaining columns, with a separate column for each separate source, including in-kind, volunteer, or cash donations. Funding from each source must be identified as "Pending" or "Secured."

Complete Item B of the form if you anticipate other funding for this project, but it is not yet secured. Note when a funding decision is expected for any amounts of your budget that are pending, other than the Fund for a Healthy Nevada request.

Complete Item C of the form, if you anticipate any program income through this project. Provide an explanation of how you are calculating that income.

Additional Resources (In-Kind, Volunteer, or Cash Donations)

Additional resources are not required as a condition of these grants but will be considered favorably. Such resources might include in-kind contributions, volunteer services, or cash contributions. In-kind items must be non-depreciated or new assets with an established monetary value.

Definition of In-Kind: Any property or services provided without charge by a third party to a second party are In-Kind contributions.

First Party:	Fund for A Healthy Nevada
Second Party:	The grantee (and sub-grantee of project supported by the grant)
Third Party:	Everyone else

If the grantee (second party) provides the property or services, then it is considered "cash" contributions, since only third parties can provide IN-KIND contributions.

When costing out volunteer time, remember to calculate the cost based on the duties, not the volunteer's qualifications. For example, an attorney may donate his or her time to drive clients a certain number of hours per month but the donation is to be calculated on the normal and expected pay received by drivers, not attorneys!

Program Income

Your program may charge reasonable fees/subsidies/costs to be paid by recipients of services. Any estimated cash income generated in such a way must be identified and reported on Budget Form 3 or 4. Also note whether the project plans to have a sliding fee schedule, and if so, describe that schedule.

Complete budget narrative forms 5 and 6 from Appendix A, for the 1st and 2nd year budgets, respectively. Be sure to identify administrative costs for each budget category, providing a total amount and percentage for indirect costs at the end of the budget narrative. **The column for extensions should only include funds you are requesting from the Task Force for the Fund for A Healthy Nevada. Budget items funded through other sources should be included in the budget narrative description, but not in the extension column.**

Be sure all figures add up correctly and that totals match within and between all forms and sections.

Budget Definitions

NOTE: ***Not more than 8 percent of the grant may be used for administrative expenses or other indirect costs. (NRS 439.630 (1.i.)***

Indirect costs are those costs that are not readily identifiable with a single project or activity, but rather are necessary for the overall operation of the organization. Examples might include: general administrative support (Personnel); general office furniture (Equipment); space rental (Operating); or audit costs (Other).

Any budget items that are not specific to this proposed project must be identified as indirect, and the total must not exceed 8% of the overall budget. You may spread these costs throughout different budget categories, or you may simply identify a budget line item as "8% indirect costs" under the "Other" budget category. In the latter case, this would simply be 8% of the overall budget, and you would not be able to claim any specific indirect costs in the preceding budget categories.

If your organization has a predetermined indirect cost rate, you may only charge up to 8% to this project, and any items included in the indirect cost pool may not be charged directly to this project.

Personnel:
Staff who are employees of the applicant organization should be identified here. List direct and indirect staff separately (positions and % of time to be spent on the project) and total cost. Calculate the total personnel cost. Any class of personnel included in an indirect pool may not be charged directly to this project.

Fringe Benefits:
List each position and provide a breakdown of the amounts and percentages comprising the fringe benefits provided such as health insurance, FICA, etc. List fringe benefits for indirect positions separate from direct positions. Any class of fringe benefits included in an indirect pool may not be charged directly to this project.

Contractual/Consultant Services:
Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. Typically, there should be no indirect costs in this category. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for Healthy Nevada grants.

Staff Travel/Per Diem:
Travel costs must provide direct benefit to this project. Identify staff who will travel, the purpose, frequency, and projected costs. State rates for per diem, lodging and mileage should be used. Out of state travel, or non-standard fares or rates require special justification. There should be no indirect costs in this category.

Equipment:
List equipment to purchase or lease costing $500 or more, and justify these expenditures. "Equipment" costing less than $500 should be listed under "Supplies." Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled and tracked as such.

OPERATING COSTS

Supplies:
List and justify tangible and expendable property, such as office supplies, program supplies, etc. As a general rule, specific supplies do not need to be priced individually, but a list of typical program supplies is helpful. Items that have particularly high costs should be identified specifically. Supplies that are not purchased specifically for the project, but are part of shared costs, must be identified as indirect.

Occupancy:
Identify and justify any facilities costs associated with the project, such as rent, maintenance expenses, insurance, as well as utilities such as power and water. Typically, these costs are indirect because they serve multiple program purposes, and are not specific to any one project. However, costs for installing or maintaining services specifically for this project purpose are direct and can be charged accordingly.

Communications:
Identify and justify any communications costs associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.

Public Information:
Identify and justify any costs for brochures, project promotion, media buys, etc. There should be no indirect costs in this category.

Other Expenses:
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Sub-awards. mini-grants, stipends or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Administrative or Other Indirect Costs:
At the end of the budget narrative forms, please include the total dollar amount for indirect costs and show it as a percentage of the total funds being requested from the Task Force for the Fund for A Healthy Nevada. Examples include; depreciation and use allowances, facility operation and maintenance, and general administrative expenses such as accounting, payroll, legal and data processing expenses. Indirect costs may not exceed 8% of the total funds being requested.

Performance Report – Current Grantees Only

Only complete form 7 if this application is a continuation or expansion of a current-cycle grant under the Fund for a Healthy Nevada. Provide data for programmatic and fiscal activity through December 31, 2003, or through the end of the grant term, if your grant has already been completed.

This section will be evaluated separately based on: 1) Program progress in relation to approved goals; 2) Demonstrated compliance with promised leveraging; 3) Documentation of continuing unmet need; and 4) Compliance with Grant Instructions.

Fiscal Management Checklist–

Provide current information and documents demonstrating the fiscal management capacity of your organization.

This section will be evaluated separately based on your organization's capacity to administer the grant.

Project Narrative

No form is provided for the project narrative. Specific instructions for each category are provided below. Please construct your responses with category headings in the order listed below:

- **Importance of project purpose.** (30 points possible)
- **Meeting the unmet needs of those to be served.** (20 points possible)
- **Size of population to be served.** (10 points possible)
- **Documenting and measuring outcomes.** (15 points possible)
- **Cost effectiveness of the project.** (10 points possible)
- **Innovation.** (10 points possible)
- **Collaboration.** (10 points possible)
- **Leveraging of additional resources.** (5 points possible)
- **Potential for ongoing sustainability of the project.** (5 points possible)

IMPORTANT !!!

Provide a response to each category <u>in the order provided</u>. Ensure your response addresses all of the instructions listed for each category. Check for spelling mistakes, stylistic inconsistencies, redundancies, factual omissions, and unsupported assumptions. Before submitting the application, a good strategy is to let someone unfamiliar with the project read and critique the project narrative.

When developing the grant application, keep in mind that the only programs or projects that this grant money may be awarded for are:

- **Programs or projects that prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco; and**
- **Programs or projects that improve health services for children and/or the health and well being of persons with disabilities.**

Importance of Project Purpose
Describe the problem or unmet need that you propose to address and how it relates to the eligibility criteria for these grants. **Document the scope of the need within the area you propose to serve**. Cite the source and date of any statistics or other supporting data used.

For services to improve children's health care, projects that fall within the first tier priorities of the Task Force: oral health, substance abuse or chronic disease, will be awarded an additional 15 points. Projects that fall within the second tier priorities of the Task Force: access to health care; family planning; immunization; injury and violence prevention; maternal and infant health; or fitness and nutrition; will be awarded an additional 10 points.

Task Force priorities for tobacco control and treatment, including related chronic disease, and for disability services, including respite, independent living, and positive behavior supports, fulfill statutory requirements and have separate funding allocations. Projects within these areas MUST meet these requirements to be eligible for funding. Therefore, bonus points would be superfluous.

Meeting the Unmet Needs of Those To Be Served
Document the extent to which the problem identified above is not otherwise addressed in the area you intend to serve. Clearly describe the services to be provided by your program or project, and the method(s) for delivery of those services.

See Appendix C for guidance on programs to prevent or treat tobacco use and its consequences. Your project should replicate evidence-based programs and include best practices to measure impact and improve outcomes.

See Appendix D for guidance on programs to improve the health and well-being of persons with disabilities. Your proposed project should meet the definitions provided for respite, independent living, and positive behavior support.

If you are proposing mini-grants, subcontracts, or sub-awards of any kind, you must provide a justification for why your organization should serve as an intermediary between the Fund for a Healthy Nevada and the organization providing the service(s). You must also document your ability to administer the sub-awards in accordance with all applicable regulations and requirements.

Indicate whether there is a waiting list for the proposed services, and provide the number of prospective clients on the list.

Size of Population To Be Served
Estimate the number and age of persons **to be served** by the project and their geographic location (city, county, rural area, etc.). Specify direct or indirect services; e.g., providing goods or services directly to individuals, versus collective outreach or impact.

Documenting and Measuring Outcomes
Describe the measures that you will use to track both outputs and outcomes of your project. Output measures define either the quantity or quality of **effort** put forth for the project, and answer questions such as: 1) How much service did we deliver?; or 2) How well did we deliver service? Outcome measures should go beyond efforts, to try to determine the **effect** of those efforts. If possible, you should attempt to answer the following questions: 1) How much change for the better did we produce?; and 2) What percentage of people are better off?

Be sure to clearly define your selected measures and the procedures you will implement to track them. If a grant is awarded, you will be required to report your progress, in terms of these measures, on a quarterly or annual basis, depending on the difficulty of measurement.

See Appendix E for evaluation guidance on programs to improve children's health or to serve people with disabilities. If your project addresses either of these areas, you MUST select one or more of the uniform measures listed. The full evaluation plan can be accessed on line at www.healthynevada.state.nv.us. Technical assistance related to this plan will be provided to new grantees, following Task Force funding recommendations in the spring. Participation will be required.

For tobacco control and treatment programs, an evaluation plan is being developed. The State Health Division's Tobacco Prevention and Education program is working with the Centers for Disease Control to provide a free workshop in January 2004, which will be open to all applicants. As more information becomes available, it will be posted to the website at www.healthynevada.state.nv.us. Additional technical assistance workshops will be held during the new grant cycle. Participation will be required.

The Cost Effectiveness of the Project
Instructions:
Describe non-cash resources other than a grant from the Fund for a Healthy Nevada that will be used to create, sustain, or expand the service. These can include, but are not limited to, in-kind support, staff and volunteer hours, and collaborative efforts with other agencies.

Document any expected cost savings associated with project services relative to costs of not providing the services. These costs may be those that would otherwise be incurred by the state or individuals. For example, costs of in-home care vs. hospitalization or nursing home care. Cite the source and date of any statistics or other supporting data used.

Provide cost per unit of service delivered; e.g., cost per person served, cost per person reached in announcements. This is calculated by dividing the estimated number to be served by the total funds budgeted.

Innovation
Describe any unique services or elements of service to be provided, such as entirely new services, new methods of delivery for existing services, or expansion of services to a new area or a new population. Be sure to explain how the proposed service(s) are different from services already provided in the categories of children's health, disabilities, or tobacco control/treatment.

Collaboration
Identify existing or proposed collaborators for the project and their level of participation. Describe how this program will encourage the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services.

Leveraging of Additional Resources
Describe whether this grant money will be used as a matching contribution to obtain additional money from another source.

Describe other grant resources that have been examined to maximize expenditures through local, federal and private contributions.

Provide information regarding grant funding that your organization receives from any source.

Potential for Ongoing Sustainability of the Project
Describe resources or planning that support sustainability, including diverse funding sources, staff commitments, and longevity of the organization.

Assurances
Complete the assurances form 9 in Appendix A, provide the name and title of the authorized representative for your organization, and obtain that person's signature and date of signature.

Application Checklist
Complete the checklist form 10 in Appendix A, identifying those items included in the application that you are submitting.

DO NOT SUBMIT THE NARRATIVE SECTIONS, THE ASSURANCES, OR THE APPLICATION CHECKLIST UNTIL THE TECHNICAL ELEMENTS HAVE BEEN APPROVED BY THE DEPARTMENT OF HUMAN RESOURCES, GRANTS MANAGEMENT UNIT.

FOLLOWING APPROVAL OF THE TECHNICAL ELEMENTS, SUBMIT THE FULL APPLICATION WITH ONE ORIGINAL SIGNATURE COPY AND ELEVEN (11) COPIES.

Checking your work before submission saves time. Early submission reduces anxiety.

APPENDIX A

All forms in Appendix A must be completed for submission.

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
GRANTS MANAGEMENT UNIT

Fund for a Healthy Nevada Grants

FORM 1

1.	**Agency Name:**				
Address:					
Contact Person/Title:					
Phone:		**FAX:**		**Email:**	
Federal Tax I.D. #:					
Type of Agency	[ ] Non-profit [ ] Local/State Government		[ ] University/College [ ] Tribal Government		
Agency Accreditations (List All) **Name of Accrediting Agency**			**Expiration Date**		

2.	**Brief description of proposed program:**		
3.	**Amount of Healthy Nevada funds requested:** **FY05:** **FY06:** **Total Request:**		
4.	**Name of applicant's authorized representative** **Signature:**	**Title:**	**Date:**
5.	**Name of Fiscal Agent and representative** **Signature:**	**Title:**	**Date:**

6. **List all current grants to your organization from State of Nevada entities.**

Funding Entity	Grant Period	Amount

7. **Please describe any tobacco-use policy your organization enforces.**

Fund for A Healthy Nevada

Applicant Name_____

Timeline

FORM 2

Goal #1:			
Objective A:			
Activities	**Evaluation Measures**	**Begin Date**	**End Date**
Objective B:			
Activities	**Evaluation Measures**	**Begin Date**	**End Date**
Goal 2:			
Objective A:			
Activities	**Evaluation Measures**	**Begin Date**	**End Date**

Fund for A Healthy Nevada

PROPOSED BUDGET SUMMARY **FORM 3 and 4**

A. Budget:

FUNDING SOURCES	***Name of Grant Program***							Program Income	TOTAL
PENDING OR SECURED	Pending								
TOTAL INCOME	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EXPENSE CATEGORY									
Personnel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Contract Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Staff Travel/PerDiem	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Operating	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL EXPENSE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
These boxes should equal 0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Total Indirect Cost $ -
Indirect % of Budget #DIV/0!

B.
Explain any items noted as pending:
XXXXXX Funding: Pending approval by the XXXXXX

C.
Program Income Calculation:

D.
Budget Justification:

BUDGET NARRATIVE – YEAR 1

FORM 5 & 6

NOTE: Only include amounts to be funded by the Fund for A Healthy Nevada in the Extension column.

Expense Category	**Description** (Quantity, item, relation to project)	**Unit Cost or Salary**	**Extension (See Note)** (Quantity *x* Unit Cost)
Personnel List program Indirect staff (positions and percent of time to be spent on the project) and total cost. List program Direct staff (positions and percent of time) and total cost. Calculate the total personnel cost.	**Indirect: ($_____for category.)** **Direct:**		
		TOTAL:	
Fringe Benefits List each position and provide a breakdown of the amounts and percentages comprising the fringe benefits provided such as health insurance, FICA, etc List fringe benefits for Indirect positions separately from Direct positions.	**Indirect: ($_____ total for category.)** **Direct:**		
	Be sure totals match Budget Form A.	**TOTAL:**	

Fund for A Healthy Nevada

Indirect costs must be identified within each category. **Form 5 Cont.**

Expense Category	**Description** (Quantity, item, relation to project)	**Unit Cost**	**Extension** (Quantity *x* Unit Cost)
Contractual/Consultant Identify project workers who are not regular employees of the applicant organization. Include costs of labor, as well as travel, per diem, or other costs associated with this service. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc. for each site.	**Indirect: ($_____** total for category.) **Direct:**		
		TOTAL:	
Staff Travel/Per Diem: Identify staff who will travel, the purpose, frequency, and projected costs. Utilize state rates for per diem, lodging and mileage as a guide. Out of state travel or non-standard fares require special justification.	**Indirect: ($_____**total for category.) **There should be no indirect in this category** **Direct:**		
		TOTAL:	
Equipment: List equipment to purchase or lease costing $500 or more, and justify these expenditures. "Equipment" costing less than $500 should be listed under "Other Expenses."	**Indirect: ($_____**total for category.) **Direct:**		
		TOTAL:	
	Be sure totals match Budget Form A		

Fund for A Healthy Nevada

Indirect costs must be identified within each category. See separate instructions. **Form 5 Cont.**

Expense Category	**Description** (Quantity, item, relation to project)	**Unit Cost**	**Extension** (Quantity *x* Unit Cost)
OPERATING **Supplies:** List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit costs for general items are not required. Listing of typical or anticipated program supplies should be included.	**OPERATING Includes Supplies, Occupancy, Public Information, and Other** **Indirect: ($**_____ total for category.) **Direct:**		
		TOTAL:	
Occupancy: Identify and justify any facilities costs associated with the project, such as rent, maintenance expenses, insurance, as well as utilities such as power, water, and telephone service. These are typically indirect costs.	**Indirect: ($**_____ total for category.) **Direct:**		
	Be sure totals match Budget Form A.	**TOTAL:**	

Fund for A Healthy Nevada

Indirect costs must be identified within each category. See separate instructions. **Form 5 Cont**

Expense Category	**Description** (Quantity, item, relation to project)	**Unit Cost or Salary**	**Extension** (Quantity *x* Unit Cost)
Public Information: Identify and justify any such costs (printing of brochures, etc.). This category can also include costs for appropriate project promotion, such as media buys, etc.	**Indirect: ($_____total for category.)** **There should be no indirect costs in this category.** **Direct:**		
Other Expenses: Identify any relevant expenditure associated with the project, that does not fit a specific category above. This might include client related costs for program participation, a flat indirect cost rate, or indirect costs that are not related to occupancy. Mini grants, scholarships, or stipends should be included here, but require special justification.	**Indirect: ($_____ total for category.)** **Direct:**		
	Be sure totals match Budget Form A	**TOTAL:**	
		GRAND TOTAL:	

INDIRECT TOTAL: $ = % of total requested funds.

Fund for A Healthy Nevada

PERFORMANCE REPORT (CURRENT GRANTEES ONLY) FORM 7

1) Complete the table below with approved goals, a brief summary of major related activities, and indicate whether activities are in progress or completed. Include quantitative measures where appropriate. (25 pts)

Goals	Bulleted Summary of Major Activities	Status

PERFORMANCE REPORT (Cont) Form 7 Cont

2) Complete the table below comparing proposed and actual contributions for the current grant (25 pts).

Source	Proposed Contributions for Current Grant	Actual Contributions or Additional Funding Received	Status (Funded or Pending)

3) Document the degree to which the current grant has addressed an unmet need, and the current status of this need, i.e., increasing, declining, or continued at the same level. Cite statistics as appropriate. (25 pts)

Compliance with Grant Instructions (25 points)	Internal Use Only (0-5 points each)
1) Requests for funds are accurate and timely	
2) Progress reports are accurate and timely	
3) Required insurance coverage is in place	
4) Fiscal and administrative procedures are adequate	
5) Approvals requested and obtained prior to revisions	

FISCAL MANAGEMENT CHECKLIST — FORM 8

Answer each item "Yes" or "No" with an "X." Provide an explanation for all "No" answers.

The checklist items will be randomly selected for review during future monitoring visits.

Yes	No		Personnel and Fiscal Management
		1	Does the agency have written personnel policies covering at a minimum: job descriptions, leave policies, recruitment and selection, evaluation, travel, salary ranges, fringe benefits, grievance procedures, disciplinary procedures, termination procedures, conflict of interest, sexual harassment, substance abuse, lobbying, confidentiality, and equal employment practices?
		2	Does the agency have an accounting manual covering all of the following: separation of duties, accounts payable, accounts receivable, internal control, purchasing, check signing policies, payroll, cash receipts, procurements, property management, timesheets, travel, conflict of interest, nepotism?
		3	Are procedures in place to minimize elapsed time between receipt and expenditure of funds and for determining allowability and allocability of costs?
		4	Are accounting records supported by source documents?
		5	Are records adequate to identify the source and use of funds?
		6	Does the agency have a process for reconciling project expenses with revenues?
		7	Fiscal and program records are retained for at least 4 years after the end of the grant period?
Yes	**No**		**Attachments**
		8	Attach a list of the members of the agency's governing board, their affiliations, and their terms of office.
		9	If the agency required to complete an OMB A-133 audit (required of agencies receiving more than $500,000 annually in federal funds from all federal sources), attach the following from the most recently completed audit: a) the auditor's letter on "Report on Compliance with Requirements Applicable to each Major Program and on Internal Control over Compliance in Accordance with OMB Circular A-133" and b) the Schedule of Findings and Questioned Costs. If the agency is not required to complete an OMB A-133 audit, attach the most recently completed Financial Statement completed by the agency's auditing firm.

Explanation for "No" answers:

Fund for A Healthy Nevada
ASSURANCES FORM 9

A signature below indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Certification that neither the grantee nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
8. No funding associated with this grant will be used for lobbying. See attached statement on lobbying.
9. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
10. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
11. Compliance with Grant Instructions for the Fund for A Healthy Nevada (available online at www.healthynevada.state.nv.us).

Name of Organization

Signature of Authorized Representative Date

Name and Title (typed)

APPLICATION CHECKLIST **Form 10**

Please assemble the application in the order shown below, put a check for each item completed, and sign below.

____ **Applicant Information**

____ **Timeline**

____ **Budget Summary**

____ **Budget Narrative**

____ **Performance Report (Current Grantees Only)**

____ **Fiscal Management Checklist**

____ **Executive Summary**

____ **Importance and Impact of Project Purpose**

____ **Meeting the Unmet Needs of Those to be Served**

____ **Size of Population Served**

____ **Documenting and Measuring Outcomes**

____ **Cost Effectiveness of the Project**

____ **Innovation**

____ **Collaboration**

____ **Leveraging of Additional Resources**

____ **Potential for Ongoing Sustainability of the Project**

____ **Assurances**

____ **Application Checklist**

Applicant Agency:_____

APPENDIX B

Scoring Matrix and Guidelines

Information Only

Healthy Nevada Applications –Scoring Matrix

Following formatting instructions will result in extra points as follows:

	POINTS
• Executive Summary meets 1-page limit	1
• Narrative sections meet 12-page limit	1
• Font size is at least 12-point	1
• Margins for narrative section are at least 1"	1
• Application is on 8 ½" X 11" paper, single-sided, and numbered sequentially	1
	TOTAL 5

Each of the 9 categories in the required grant narrative will be scored as follows:

1. Importance of Project Purpose (15 points possible)

• Problem or unmet need is not clearly defined.	1 - 3
• Problem or unmet need is clearly described but not documented for area to be served.	4 - 7
• Problem or unmet need is clearly described and adequately documented.	8 - 11
• Problem or unmet need is clearly described and well documented.	12 - 15

For Projects to Improve Children's Health Only*

An additional 15 points will be awarded for addressing one or more of the following Task Force **First Tier** priorities:

- Oral Health
- Substance Abuse
- Chronic Disease

An additional 10 points will be awarded for addressing one or more of the following Task Force **Second Tier** priorities:

- Access to Health Care
- Family Planning
- Immunization
- Injury and Violence Prevention
- Maternal and Infant Health
- Fitness and Nutrition

*NOTES: 1) Tobacco/Control and Treatment programs are required by statute and are funded separately, in accordance with NRS 439.630. 2) Disability programs for respite, independent living, and positive behavior supports are required by statute and are funded separately, in accordance with NRS 439.630.

2. Meeting the Unmet Needs of Those to be Served (20 points possible)

• Unclear how the problem or need will be addressed.	1 - 4
• Problem or need addressed, insufficient documentation of services and methods.	5 - 8
• Limited documentation of services, methods, and degree to which needs are met.	9 - 12
• Services, methods, and degree to which needs are met are well documented.	13 - 16
• Well documented with indication of a waiting list for prospective clients.	17 - 20

3. Size of the Population to be Served (10 points possible)

	Urban Locations		Rural Locations	
	Direct	Indirect	Direct	Indirect
0 – 99	1	1	2	1
100 – 499	2	1	4	2
500 – 999	4	2	6	4
1000 – 1999	6	4	8	6
2000 – 9999	8	6	10	8
10,000 – 29,999	10	8	10	10
Over 30,000	10	10	10	10

4. Documenting and Measuring Outcomes (15 points possible)

- Outcomes, outputs, indicators or other means of measurement are unclear. 1 - 3
- Outcomes, outputs or indicators provided; measurement procedures insufficient 4 - 7
- Clear outputs or indicators and adequate measurement procedures. 8 - 11
- Clear outputs and outcomes with comprehensive measurement procedures. 12 - 15

5. Cost Effectiveness of Project (10 points possible)

- Minimal additional resources or cost savings indicated. 1 - 2
- Documented additional resources and cost savings. 3 - 6
- Significant additional resources, cost savings, and per unit cost documented. 7 - 10

6. Innovation (10 points possible)

- Expansion of existing service to new area or new population. 1 - 4
- New method of delivery for existing service. 5 - 8
- Provision of entirely new service. 9 - 10

7. Collaboration (10 points possible)

- Collaboration encouraged, no specific partners proposed. 1 - 2
- Specific partners proposed at multiple levels. 3 - 6
- Existing partners integrated at multiple levels. 7 - 10

8. Leverage (5 points)

- Minimal additional funding sources proposed or secured. 1
- Limited additional funding sources proposed or secured. 2 - 3
- Significant additional funding sources proposed or secured. 4 - 5

9. Potential for Ongoing Sustainability of the Project (5 points possible)

- Minimal resources or planning for sustainability. 1
- Limited resources or planning for sustainability. 2 - 3
- Significant resources or planning for sustainability. 4 – 5

Healthy Nevada Grants – Performance Report Scoring Matrix

1. Progress on goals (25 points possible)

• Minimal progress on goals	1-5
• Insufficient progress on goals	6-10
• Adequate progress on goals	11-15
• Significant progress on goals	16-20
• Met or exceeded goals	21-25

2. Leveraging of funds (25 points possible)

• Minimal leveraging of funds	1-5
• Insufficient leveraging of funds	6-10
• Adequate leveraging of funds	11-15
• Significant leveraging of funds	16-20
• Met or exceeded proposed leveraging	21-25

3. Addressed unmet need (25 points possible)

• Minimal needs met	1-5
• Insufficient needs met	6-10
• Adequate needs met	11-15
• Significant needs met	16-20
• Met or exceeded documented need	21-25

4. Compliance with Grant Instructions (25 points possible – 0 to 5 points each)

• Requests for funds are accurate and timely	0-5
• Progress reports are accurate and timely	0-5
• Required insurance coverage is in place	0-5
• Fiscal and administrative procedures are adequate	0-5
• Approvals requested and obtained prior to revisions	0-5

APPENDIX C

Guidelines for Tobacco-Control Programs

Information Only

Components of Comprehensive Tobacco Control Programs[1]

Community Programs to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke

Goals

1. Prevention of the initiation of tobacco use among young people;
2. Increase cessation attempts for current tobacco users;
3. Protection from environmental tobacco smoke;
4. Elimination of disparities in tobacco use among populations.

Strategies

A. Increase the number of evidence-based education and prevention programs for different segments of the community, particularly at-risk communities.
B. Use state and local counter-marketing campaigns to place pro-health messages that inform, educate, and support local tobacco control initiatives and policies and raise awareness about the dangers of secondhand smoke exposure;
C. Promote the adoption of public and private tobacco control policies; and
D. Measure outcomes using surveillance and evaluation techniques.

Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Goals

1. Prevent chronic disease;
2. Early detection of chronic disease

Strategies

A. Increase the number of community interventions that link tobacco use as a risk factor for chronic disease.
B. Increase the number of public information campaigns that highlight the relationship between environmental tobacco smoke and chronic diseases such as asthma, heart disease and cancer.

School Programs

Goal

1. Reduce or delay adolescent initiation of tobacco use.

Strategies

A. Implement CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, including tobacco-free policies, evidence-based curricula, teacher training, parental involvement, and cessation services.
B. Implement and incorporate evidence-based curricula identified through CDC's Research to Classroom Project into a comprehensive school program to prevent tobacco use and addiction. Life Skills Training and Project Towards No Tobacco Use are two curriculums that have been shown to reduce tobacco use among adolescents when implemented as directed..
C. Link school-based efforts with local community coalitions and statewide counter-advertising programs.

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[1] Based on *Best Practices for Comprehensive Tobacco Control Programs – August 1999.* Atlanta GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, August 1999. Reprinted, with corrections.

Statewide Programs

Goal

1. Increase the capacity of local programs.

Strategies

1. Provide resources for and technical assistance on:
    a. Evaluation;
    b. Media advocacy;
    c. Implementing tobacco-free policies;
    d. Reducing youth access to tobacco; and
    e. Community programs to reduce tobacco use.

Counter-Marketing

Goals

1. Promote tobacco use cessation;
2. Decrease tobacco use initiation;
3. Increase public support for tobacco-control intervention; and
4. Increase the number of pro-health messages that highlight the dangers of secondhand smoke exposure.

Strategies

A. Use paid television, radio, billboard, and print media to convey tobacco-control messages and link these public information efforts to ongoing programs and initiatives;
B. Use press releases, local events, health promotion activities;
C. Reduce, replace or counter tobacco industry sponsorship and promotions;
D. Combine messages on prevention, cessation, and protection from secondhand smoke;
E. Target both young people and adults, address both individual behaviors and public policies;
F. Include grassroots promotions, local media advocacy, event sponsorships, and other community tie-ins;
G. Maximize the number, variety, and novelty of messages and production styles rather than communicate a few messages repeatedly;
H. Use non-authoritarian appeals that avoid direct exhortations not to smoke and do not highlight a single theme, tagline, identifier, or sponsor.

Tobacco Cessation and Nicotine Dependence Treatment Programs

Goals

1. Increase cessation attempts among current tobacco users.
2. Increase access to cessation and treatment programs.
3. Eliminate disparities in tobacco use among different population groups.
4. Raise awareness regarding cessation and treatment options.

Strategies

A. Implement evidence-based programs with measurable outcomes.*
B. Develop collaborative relationships to foster continuity of care toward long-term intervention.
    a. Partner with medical community, schools, adult education programs, community-based organizations, substance abuse treatment programs, wellness and fitness professionals, pharmaceutical companies, and others interested in promoting health.

b. Partner with service providers targeting at-risk and minority populations to develop specific outreach and interventions.

C. Promote tobacco cessation and nicotine dependence treatment programs through media and information placement.

D. Integrate tobacco dependence referral and treatment interventions into routine health care.

*See Evidence-Based Criteria for Tobacco-use Counseling Programs

For more information on Tobacco Control programs, see the following Internet sites:

www.thecommunityguide.org/tobacco/default.htm, www.cdc.gov/health/tobacco.htm

Evidence Based Criteria for Tobacco-Use Cessation Programs[2,3]

1. **Format:** Tobacco cessation programs utilizing more than two format types, such as: self-help, proactive telephone counseling, group counseling, or individual counseling, are more effective than those that use a single format type.
2. **Intensity:** Tobacco cessation programs should provide a minimum of four counseling sessions, and at least 90 minutes of counseling.
3. **Curriculum:** These sessions should be designed to build positive behavior change practices, including counseling at a minimum on all of the following topics:
    a. Establishment of reasons for quitting.
    b. Understanding nicotine addiction.
    c. Various techniques for quitting and remaining a non-tobacco-user.
    d. Discussion of stages-of-change.
    e. Overcoming problems of quitting (not limited to: withdrawal symptoms, depression).
    f. Setting short-term goals (i.e., what the tobacco-user is willing to commit to or do between the present and the next time the program meets.)
    g. Setting a quit date.
    h. Managing relapse prevention includes how to handle a "slip" (used tobacco for a day), "lapse" (used tobacco for several days), and relapse (going back to using tobacco just as used prior to quitting).
    i. Follow-up on short-term goals.
    j. General problem-solving.
    k. Providing social support as part of the program.
    l. Helping tobacco users obtain social support as part of the program.

Substance abuse programs should demonstrate integration of nicotine dependence treatment at every level of intervention, including: detoxification, inpatient, outpatient, halfway houses, and information and referral. Nicotine dependence should be assessed through screening procedures using tools such as the Fagerstrom Test or Prochaska's Stage of Change. Complications or special conditions should also be assessed. The DSMIVTR should be used to determine, and document, the presence of a nicotine-related diagnosis. [4]

Nicotine dependence treatment should be incorporated into every level of treatment planning. Relapse prevention plans should be developed for all nicotine dependent clients.

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[2] Treating Tobacco Use and Dependence, U.S. Department of Health and Human Services, Public Health Service, June 2000

[3] Sample Purchasing Specifications for Care of Enrollees Who Use Tobacco, Center for Health Services Research and Policy, GWUMC School of Public Health and Health Services/Centers for Disease Control (CDC), October 2002

[4] The Bureau of Alcohol and Drug Abuse certifies substance abuse treatment programs, but this certification does not currently distinguish among specific drugs, such as nicotine. The Bureau is developing a new, drug-specific tracking system, to be implemented in 2004. Programs are currently required to offer nicotine treatment in a smoke-free environment.

4. **Facilitator qualifications:** Tobacco cessation programs utilize facilitators who have formal training and experience in smoking cessation programming and are active in relevant continuing education activities.

Note: Health educators can provide information and options regarding different cessation methods. However, the State of Nevada Board of Examiners for Alcohol and Drug Abuse Counselors is in the process of defining who will be allowed to treat nicotine and what the scopes of practice and competency will be for those treatment professionals. Treatment facilitators are credentialed to help clients manage their fears and anger, and can make specific recommendations based on an individual's history, including their medical health and use of medicine.

5. **Evaluation:** Tobacco cessation programs utilize a formal program evaluation process, including methods for data collection and measuring participant rate and impact of the program. The data should include:

    a. The number of participants starting the program, the number completing the program, average number attending each session, average number of sessions attended by each participant; and
    b. The number and percentage of participants who quit using tobacco products and who maintained their tobacco cessation at six months after completion of the program. In populations with a high rate of turnover, programs may justify the use of a three-month reporting period.

In calculating quit rates, described above in subparagraph (b), the number of participants who quit must be divided by the number of participants who started the program. In addition, in determining whether a participant quit using tobacco products, only those participants who did not use tobacco for at least seven days before the time of measurement (at three and six months after the program) should be treated as having quit using tobacco products.

Non-evidence based programs are those that do not comply with the five elements described above.

There were insufficient studies to address the efficacy of acupuncture, hypnosis and other types of counseling and behavior therapies such as physiological feedback and restricted environmental stimulation therapy.

APPENDIX D

Guidelines for Disability Services

Information Only

Independent Living Services for people with severe disabilities are those that are required for home and community independence, and have been established within the Scope of Services of the *State Plan for Independent Living*. This plan was developed under the leadership of the Nevada Council on Independent Living.

Scope of Services

The State provides the following "core" services:

1. Information and referral;
2. Independent living skills training;
3. Peer counseling (including cross-disability peer counseling); and
4. Individual and systems advocacy.

In addition, the state also provides the following services that have been prioritized by the Nevada Council on Independent Living:

1. Services related to securing housing or shelter, including services related to community group living, and adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by, individuals with significant disabilities.)
2. Rehabilitation technology.
3. Mobility training.
4. Transportation, including referral and assistance for such transportation.
5. Therapeutic treatment.
6. Services for children with significant disabilities.
7. Community awareness programs to enhance the understanding and integration into society of individuals with disabilities.

Other independent living services that are defined in statute (Sections 7(30), 704(e) and 713(l), 34 CFR 364.43), but are not currently provided by the state include the following:

1. Counseling services, including psychological, psychotherapeutic, and related services.
2. Services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services.
3. Personal assistance services, including attendant care and the training of personnel providing such services.
4. Surveys, directories, and other activities to identify appropriate housing, recreation opportunities, and accessible transportation, and other support services.
5. Consumer information programs on rehabilitation and independent living services available under this Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under this Act.
6. Education and training necessary for living in the community and participating in community activities.
7. Supported living.

8. Physical rehabilitation.
9. Provision of needed prostheses and other appliances and devices.
10. Individual and group social and recreational services.
11. Training to develop skills specifically designed for youths who are individuals with significant disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career options.
12. Services under other Federal, State, or local programs designed to provide resources, training, counseling, or other assistance of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with significant disabilities.
13. Appropriate preventive services to decrease the need of individuals with significant disabilities assisted under this Act for similar services in the future.
14. Such other services as may be necessary and not inconsistent with the provisions of this Act.

Goals established under the *Strategic Plan for People with Disabilities** target elimination of waiting lists for State Independent Living Services. The plan specifically recommends that the Tobacco Settlement funds earmarked for disability services be utilized for this purpose. Staff from the Department of Human Resources, Office of Disability Services provided the following information regarding these waiting lists:

Services related to housing – 115 individuals need assistance at an estimated cost of $536,000 (these are mostly ramps and bathroom modifications).

Rehabilitation technology – 32 individuals need assistance at an estimated cost of $104,000 (these services include mobility devices, environmental controls, communication devices and other assistive technology.

Mobility Training – No individuals have currently requested this assistance.

Transportation Services – 98 individuals need assistance at an estimated cost of $351,000 (these are mostly vehicle modifications and wheelchair lifts).

Therapeutic Treatment – 6 individuals need assistance at an estimated cost of $25,000 (this is primarily assistance with introductory training for autism intervention.)

Services for children – 28 individuals need assistance (these services are duplicated in the categories above, thus a cost figure is not being included.)

Note: **These are one-time costs that have significant and long-term impacts for people with disabilities.**

*The *Strategic Plan for People with Disabilities* can be downloaded from the Department of Human Resources, Director's Office website, at www.hr.state.nv.us.

Guidelines for Positive Behavior Support

Excerpts from Nevada Access – Summer 2003 Vol. 11, Issue 4
(Nevada University Center for Excellence in Disabilities)

(Article by Don Jackson, Ph.D., Project Director, Positive Behavior Support – Nevada)

Positive behavior support . . .

. . .is an empirically validated, function-based approach to developing and employing a plan of support for individuals whose disability is accompanied by problem behavior. Positive behavior support focuses on proactive and educative strategies to expand an individual's behavior repertoire and systems change methods to redesign environments to first enhance a person's lifestyle and second to minimize problem behavior.

. . . incorporates recent trends in research and practice that emphasize the design of positive, effective interventions based on a comprehensive assessment of the factors influencing a person's behavior.

Components include:

- *The assembly and participation of a team that has agreed to support the individual;*
- *Person-centered planning regarding lifestyle ambitions of the family or participant with a description of goals for improved lifestyle;*
- *Functional assessment to identify possible relevant antecedent and maintaining stimuli, and all major environments in which the behavior occurs;*
- *Direct observation relevant to confirmation of hypotheses regarding the function of the problem behavior;and*
- *The development of a multi-component plan.*

Nine features of positive behavior support . . .

(Summarized by Floy LaRoy from "Positive Behavior Support with Families" by Lucyshyn, Horner and Ben)

1. ***A focus on life style changes.*** *Creating lifestyles rich in activities, friendships, community and family involvement.*
2. ***Building effective environments.*** *Changing features of home, school, and community settings and behaviors of individuals in those environments rather than the person.*
3. ***Functional assessments*** *– understanding the purpose of problem behavior. Problem behaviors serve functions. Assessing sand understanding these functions result in the design of effective support plans.*
4. ***Recognizing that problem behaviors are problems of learning.*** *Teaching new behaviors and skills replaces problem behaviors to get wants and needs met.*
5. ***Seeing communication as the foundation for positive behavior.*** *Teaching language skills is the heart of a good plan. Effectively and efficiently communicating wants and needs is a must.*
6. ***Designing multi-component behavior support plans.*** *Common categories of interventions include lifestyle, preventative strategies, teaching new behaviors and skills, effective consequences and safety procedures. Never include procedures that cause physical pain, loss of dignity or humiliation.*

7. ***Designing contextually-appropriate support plans.*** *Support plans must fit into the life of the person and the family, their values and routines, and be doable at home, in school and in the community by all involved. Plans must be flexible and redesigned as behaviors change and environments evolve.*
8. ***Developing collaborative partnerships.*** *The process of PBS is designed to develop positive, reciprocal, collaborative partnerships with family members, educators, service providers and others involved in the plan. Family members are experts on their child, culture, and goals for the future. Team members involved in developing the plan must listen, learn, and change together.*
9. ***Supporting with humility.*** *PBS is an approach to understanding why problem behaviors occur and designing a plan where the problem behaviors are no longer useful from the person's point of view. It is a collaborative support process, not a quick fix, which will hopefully empower families to achieve their vision of family life with their child with a disability, or a support team to help adults with disabilities achieve their life goals.*

Online links:

www.pbsnv.org

www.pbis.org

www.catchword.com/titles/10983007.htm

www.challengingbehavior.org

APPENDIX E

Uniform Measures for Children's Health and Disability Services

Information Only

6. Children's Health: Uniform Measures and Results to Achieve

The Uniform Measures developed for children's health are organized into three groups: 1) measures that apply to Task Force goals for Children's Oral Health; 2) measures that apply to Task Force goals for Overall Children's Health, including chronic disease; and 3) Elective Measures – those measures that apply to the priority areas but not to a specific goal. All measures presented here were developed using the process outlined in Chapter 3, and were rated "high" in communication, proxy and data power.

Children's Oral Health

There are two goals for Children's Oral Health.

Goals and Uniform Measures

Goal 1: Provide all children with access to timely and affordable dental care, including prevention, education and restorative treatments, in urban and rural Nevada.

a. Percent of families (working or not) who attest to improvement in access to care as a result of enabling policies and/or services [provider, employer, education level].
b. Percent of children with untreated dental caries.
c. Length of waiting time to access services.
d. Percent of children who have dental sealants by age eight.
e. Percent of children diagnosed with oral health conditions that have access to appropriate dental care, including education, prevention and treatment.
f. Percent of consumers reporting satisfaction with the oral health services and assistance they receive.

Goal 2: Early detection of oral health disease.

a. Percent of children diagnosed with oral health disease that have access to appropriate dental care, including education, prevention and treatment.
b. Percent of consumers reporting satisfaction with the oral health services and assistance they receive.

Children's Overall Health Core Uniform Measures

There are five goals related to children's overall health.

Goals and Uniform Measures:

Goal 1: Improve access to and utilization of comprehensive health services [physical/mental].

a. Percent of previously uninsured children who obtain some form of health insurance (Medicaid, private insurance, Nevada Check-Up).

b. Percent of children who receive appropriate health care services as a result of screenings and/or other supportive services.

c. Percent of children [with health coverage] who had at least one visit with a primary health provider in the past year.

Goal 2: Reduce the incidence, prevalence and resulting complications of chronic disease among children in Nevada.

a. Percentage of children engaged in healthy behaviors such as vigorous physical activity regularly or nutrition programs (e.g. 3 times per week).

b. Percentage of children with obesity.

c. Percentage of children with a treatment plan implemented that reduces complications of present chronic disease.

Goal 3: Decrease the percentage of children and youth whose basic needs are not being met.

a. Percentage of children with skipped meals or hunger due to lack of food (food insecurity).

b. Percentage of children living at or below the poverty level.

c. Percentage of children experiencing hunger who regularly utilize nutrition programs.

d. Percentage of families with children living in temporary shelters and/or housing.

Goal 4: Reduce substance use and/or abuse (alcohol, tobacco, and other drugs) among youth.

a. Percent of youth using tobacco, alcohol and other drugs in the last thirty days for one or more days.

Goal 5: Reduce prevalence of preventable injuries and death among young children by 50%.

a. The rate of preventable maltreatment, injuries, and death among children or youth related to causes such as: motor vehicles, suicide attempts, guns, violence, or child abuse/neglect.

Elective Uniform Measures

a. Infant mortality rate.

b. Percent of children living at or below the poverty level.

c. Percent of women who enroll in prenatal care in the first trimester, as measured by when care started, frequency of care, and how long they participated.

d. Percent of infants born with healthy birth weights.

e. Percent of children with up-to-date immunizations at age 2 and at Kindergarten entry.

f. Percent of program staff who offer culturally and linguistically appropriate services to the underserved.

g. Number of agencies that have consumers involved in program design.

h. Percentage of women who are screened during prenatal care visits and receive appropriate services for smoking, alcohol use, domestic abuse and illegal drug use.

i. Percent of change in length of time from application for services to receipt of services.

j. Percent of children and adolescents completing treatment plans by specific type of service.

k. Percent of consumers with changed behaviors or knowledge as a result of treatment and/or service encounters.

l. Rate of married/unmarried adolescent pregnancy by age groups 12-14, 15-17, and 18-19.

7. Disability Services: Uniform Measures and Results To Achieve

Uniform Measures for disability services were developed using the process outlined in Chapter 3, and reflect the measures contained in the State Disabilities Strategic Plan. The Uniform Measures developed for disability services are organized into two groups: 1) Core Uniform Measures related to specific Task Force goals for Disability Services; and 2) Elective Uniform Measures – those measures that apply to the priority area but not to a specific goal. All measures presented were rated "high" in communication, proxy and data power. Progress toward improving disability services was made during the 2003 Legislative session. AB 504 was passed which requires the Director of the Department of Human Resources to apply to the Federal Government for a Medicaid waiver, after a determination is made that sufficient funding is available to implement the waiver, to extend coverage of prescription drugs and other related services to persons with disabilities who have been determined to be legible for disability benefits for the federal social security system.

Disability Services Core Uniform Measures

Goal 1: Develop "no wrong door" service delivery network within 5 years.

a. Number and types of disabilities services that are culturally and linguistically appropriate.
b. Percent of families (working or not) who attest to improvement in access to care as a result of policies and/or services [provider, employer, education level].
c. Percent of individuals with speech/language/developmental delays receiving integrated services. (also applies to Goal 3)
d. Percent of individuals with disabilities who receive appropriate health care services as a result of screening, early diagnosis, treatment and disease monitoring.
e. Percent of individuals with disabilities who receive appropriate supportive services as a result of screenings.

Goal 2: Reduce the incidence, prevalence and resulting complications of chronic disease in Nevada.

a. Percentage of persons engaged in healthy behaviors such as vigorous physical activity regularly (e.g. 3 times per week).
b. Percentage of persons with a treatment plan implemented that reduces complications of present chronic disease.

Goal 3: Nevada family caregivers will have at least one formal respite care option.

a. Number of hours of respite services or caregiver visits provided per consumer per year to families with disabilities.
b. Percent of family caregivers reporting insufficient respite options.

Goal 4: Individuals with disabilities will be able to maintain independence to the extent possible.

a. Percentage of individuals and/or families of those with disabilities utilizing peer support, training, and/or other community support services.

b. Percent of individuals with developmental delays and other special needs that have access to quality care in natural environments.

c. Percent of disabled individuals able to maintain non-institutional living as a result of supportive services (e.g., respite care, assistive technology, and supportive living arrangements).

d. Percent of individuals reporting satisfaction with the services and assistance they receive in pursuing their goals.

Elective Uniform Measures

a. Percent of disabled persons living at or below the poverty level.

b. Percent of program staff that provide culturally and linguistically appropriate services to the underserved.

c. Number of agencies that have consumers involved in program design.

d. Percentage of women who are screened during prenatal care visits and receive appropriate services related to preventing disabilities.

e. Percent of change in length of time from application for, to receipt of, services.

f. Percent of persons with disabilities completing treatment plans by specific type of service.

g. Percent of persons with disabilities indicating an increase in their quality of life as a result of services.

h. Percent of consumers with changed behaviors or knowledge as a result of treatment and/or service encounters.