

**Prevention Provider-Exhibit B**  
**Mercy Maricopa Integrated Care**  
**SCOPE OF WORK**

1.0 **Covered Services**

1.1 **Definitions**

1. **Active Consent** - SB I324, codified as A.R.S. § I5-104, on behavioral health programs and services requires prior written consent for any survey, analysis, or evaluation of pupils that is part of any school based prevention program. The Act and the regulations limit the prior written consent requirement to those surveys, analyses, or evaluations that reveal, among other things, information concerning (a) mental or psychological problems potentially embarrassing to the pupil or his or her family, (b) sex behavior and attitudes, and (c) illegal, anti-social, self-incriminating and demeaning behavior. The statute applies to consent for a survey, analysis, or evaluation only, and does not require consent for participation in the program itself.
  
2. **Center for Substance Abuse Prevention (CSAP) Prevention Strategies** –
  - **Information dissemination** increases knowledge and changes attitudes through communications. This method of learning is mainly one-way, such as classroom speakers or media campaigns.
  
  - **Prevention education** is a two-way approach to teaching participants important social skills. These skills can include resisting pressure to use drugs, looking at the intent behind advertising, or developing other skills used in making healthy choices.
  
  - **Alternative activities** provide fun, challenging, and structured activities with supervision so people have constructive and healthy ways to enjoy free time and learn skills. These alcohol and drug-free activities help people—particularly young people—stay away from situations that encourage use of alcohol, tobacco, or illegal drugs.
  
  - **Environmental strategies** are focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, environmental strategies aim to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. They can change public laws, policies and practices to create environments that decrease the probability of substance abuse. Environmental strategies involve longer term, potentially permanent changes that have a broad reach (e.g. policies and laws that affect all members of society).
  
  - **Community-based processes** expand resources such as community coalitions to prevent substance use and abuse. Organizing, planning, and networking are included in this strategy to increase the community’s ability to deliver effective prevention and treatment services.
  
  - **Problem identification and referral** activities determine when the behavior of persons who are at high risk or who may have started using alcohol, tobacco, or drugs can be reversed through education or other intensive interventions.
  
3. **Coalition** - A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy and drug-free community. Coalitions are expected to bring communities together and give them the forum and focus necessary to identify and address local substance use and/or

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behavioral health issues. Coalitions should include at least one member from each of the following community sectors: 1). Community members, 2). Youth (or representative of target audience served if not youth), 3). Education, 4). Media, 5). Healthcare, 6). Law Enforcement, 7). Business, 8). Faith-based, 9). Government (local or state), 10). Civic, 11). Youth-Serving organization (or organization that serves target audience if not youth), and 12). Other.

4. Comprehensive – A variety of intervention approaches directed to multiple opportunities. In relationship to strategic plans, comprehensive strategic plans use a combination of individual level and population level approaches addressing multiple domains. An optimal mix of interventions will fit the particular needs of the community– its population, cultural context, and unique local circumstances, including community readiness.
5. Cultural Competence - A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals which enables that system, agency or those professionals to work effectively in cross cultural situations. SAMHSA's Center for Substance Abuse Prevention (CSAP) has identified these principles of cultural competence:
  - Ensure community involvement in all areas
  - Use a population-based definition of community (that is, let the community define itself)
  - Stress the importance of relevant, culturally-appropriate prevention approaches
  - Employ culturally-competent evaluators
  - Promote cultural competence among program staff and hire staff that reflect the community they serve
  - Include the target population in all aspects of prevention planning
6. Domain - Sphere of activity or affiliation within which people live, work and socialize. CSAP defines six domains for prevention: individual, family, peer, school, community (including workplace), and environment/society.
7. Evidence Based Programming- Programs or practices that have several of the characteristics listed below: replication; sustained effects; published in a peer reviewed journal; a control group study; a cost benefit analysis; adequately prepared and trained staff; appropriate supervision; include assessment and quality assurance processes; consumer and family involvement; culture, gender and age appropriateness; and coordination of care. Please refer to the SAMHSA Guide on Identifying and Selecting Evidence Based Interventions: <http://store.samhsa.gov/product/Identifying-and-Selecting-Evidence-Based-Interventions-for-Substance-Abuse-Prevention/SMA09-4205>.
8. Integrated – Integrated care refers to the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs. As it applies to substance abuse and suicide prevention, integrated refers to coalitions working to coordinate access to behavioral health and medical care to help improve the health care of communities and populations experiencing health disparities. Integrated care strives to bring together multiple health care systems to collaborate and work together as one.

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9. Logic Model – A logic model is a conceptual framework for interventions in a community. It is a flowchart or graphic display representing the logical connections between substance-related consequences and consumption patterns, casual factors and the related intervention chosen to impact the identified problem and inputs to implement the interventions.
  
10. Needs Assessment - Gathering information about current conditions within a community that underlie the need for preventative interventions. Researching the existing structures, programs, and other activities potentially available to assist in addressing identified needs. Needs assessments include descriptions of the community and detail the community conditions related to substance use and suicide through a combination of qualitative and quantitative data. Conditions can include but are not limited to: substance use and suicide trends and prevalence, intervening variables and causal factors for each issue, and existing resources.
  
11. Prevention – Arizona revised statues define prevention as: The creation of conditions, opportunities, and experiences that encourage and develop healthy, self-sufficient children and that occur before the onset of problems.
  
12. Strategic Plan - Result of a disciplined and focused effort to produce decisions and activities to guide the successful implementation of an intervention. Translates the logic model into an operational application, detailing the key tasks that must be completed, including action steps, persons responsible, timeframes, resources needed, and the measurement of outputs and outcomes.
  
13. Strategic Prevention Framework - The Strategic Prevention Framework (SPF) is a five (5) phase approach to addressing public health issues. In order, the five phases are: assessment, capacity building, planning, implementation and evaluation. Cultural competence and sustainability are at the core of the model and interwoven into each of the five phases. See <https://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf>.
  
14. Sustainability - Sustainability is the ability of communities to continually apply the SPF process over time to reduce alcohol and other drug-related problems and their associated consumption patterns. Consider the multiple factors that contribute to program success—such as the existence of stable prevention infrastructure, available training systems, and community support—and work toward sustaining these contributors.

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**2.0 Professional Standards**

The Provider and its subcontractors shall provide services in accordance with the Mercy Maricopa Integrated Care (Mercy Maricopa) Provider Manual, the Arizona Department of Health Services/Division of Health Services (ADHS/DBHS) Covered Services Guide, ADHS/DBHS Clinical Guidance Documents, ADHS/DBHS Policy and Procedures Manual, Arizona Healthcare Cost Containment System Medical Policy Manual (AMPM), Arizona Healthcare Cost Containment System Contractor Operational Manual (ACOM), and the Mercy Maricopa Collaborative Protocols with System Stakeholders.

- 2.0.1 The Provider must maintain complete, accurate, and timely documentation of all delivered services.
- 2.0.2 The Provider must consider the participants' language and cultural considerations when providing services.
- 2.0.3 The Provider will adhere to all cultural competency requirements as outlined in the Mercy Maricopa Provider Manual and must develop a Cultural Competency Plan specific to the coalition and prevention program.
- 2.0.4 The Provider will train all staff in accordance with the Mercy Maricopa Provider Manual.
- 2.0.5 The Provider shall comply with the Mercy Maricopa scope of work and strategic plan. Proposed changes to scopes of work must be submitted in writing to Mercy Maricopa's Prevention Department for approval.
- 2.0.6 The Provider shall ensure any reports, presentations, community policies/protocols, and advertising/marketing materials are submitted to Mercy Maricopa Prevention Department for approval prior to distribution.
- 2.0.7 The Provider, in collaboration with Mercy Maricopa, shall develop and maintain relationships with key community constituents, providers, hospitals, stakeholder agencies and community stakeholders to coordinate services and inform them of how to access services and to assess and continuously improve the service delivery system.
- 2.0.8 The Provider shall have a sufficient number of qualified staff to deliver, manage and coordinate prevention programming. All staff must demonstrate the expertise and capacity to serve all members in their programs, up to and including staff attaining an Arizona Credentialed Prevention Professional (ACPP) Level I within the first year of employment.
- 2.0.9 The Provider must ensure that all subcontractors adhere to the requirements outlined in this scope of work. The Provider must secure a memorandum of understanding between the provider and all subcontractors stating the nature of their relationship and mutual responsibilities under the terms of this contract.

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**3.0 Program Specific Requirements**

- 3.0.1 Comply with all contractual, intergovernmental agreements and collaborative protocols Mercy Maricopa is party to.
- 3.0.2 Comply with all relevant SABG block grant requirements.
- 3.0.3 Abide by the ADHS/DBHS Framework for Prevention in Behavioral Health and Prevention in Arizona: A Strategic Guide.
- 3.0.4 Abide by Mercy Maricopa's Provider Manual and Policies and Procedures Manual.
- 3.0.5 Cooperate with and participate Mercy Maricopa evaluation process to assess progress toward reducing substance use, and substance-related consequences in communities.
- 3.0.6 Participate in mandatory meetings and trainings as required by Mercy Maricopa; including the Mercy Maricopa prevention providers meeting.
- 3.0.7 Maintain appropriate technology to execute program requirements, at a minimum to include a working computer with word processor and database software, working telephone, internet access and facsimile.
  - 3.0.7.1 Comply with any future requirements set forth by ADHS/DBHS, AHCCCS or Mercy Maricopa during the duration of the contract period.
- 3.0.8 Follow the Strategic Prevention Framework (SPF) to reduce substance abuse and substance abuse related consequences within a targeted population.
- 3.0.9 Collaborate with a community based coalition to implement data-driven initiatives that enhance community capacity to implement sustainable, evidence-based programming.
- 3.10 Utilize culturally competent, target population-based, environmental strategies to produce whole-community and systems outcomes.
- 3.11 Contract Term. The term of the contract shall be from the date of the service agreement is signed through the end of the ADHS / DBHS Prevention fiscal year. The ADHS / DBHS Prevention fiscal year is July 1 of a calendar year through and including June 30 of the following year. This contract may be renewed annually contingent upon the availability of funds, and program and financial performance.
- 3.12 Provider must perform approved prevention activities for their approved target community as detailed in Strategic Plan and Logic Model, using CSAP Prevention Strategies.
- 3.13 Provider must develop, as part of their Strategic Plan and collaboration with designated coalition, activities and sustainability plan to ensure the sustainability of efforts beyond the scope and lifecycle of this contract.

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- 3.14 Provider must develop policies for early intervention and referral and a mechanism to track and report referrals. This plan must include policies for referrals conducted by the coalition.
- 3.15 In the event the prevention provider and the coalition are not the same legal entity, but both are incorporated legal entities in the State of Arizona, the provider must secure a memorandum of understanding between the provider and the coalition stating the nature of their relationship and mutual responsibilities under the terms of this contract.
- 3.16 Conduct and update community level needs assessments at least once every three years or as required by Mercy Maricopa Integrated Care.

**4.0 Provider Data and Reporting**

- 4.0.1 Providers must obtain Active Consent from parents of youth in grades 6 and above, using the approved ADHS/DBHS form, prior to administering program surveys or evaluations as outlined in SB 1324, codified as A.R.S. § 15-104.
- 4.0.3 Collect and report program-specific and system-level Evaluation tools as specified by Mercy Maricopa Integrated Care.
- 4.0.4 Additional Reporting Requirements:

**Prevention Surveys and Evaluation Tools**

1. Coalition Functioning Instrument (CFI) (annually, every February)
2. Community Readiness Prevention Survey (CRPS) (every other year, in August-September)
3. Community Views Survey (CVS) as applicable (annually, every September-October)
4. Other tools as specified in strategic plan

**Required Prevention Deliverables**

1. Prevention Program Descriptions (annually, every April 15th or as requested Ad-hoc for new subcontractors)
  - a) Logic Model
  - b) Strategic Plan
  - c) Budget
2. Quarterly/Annual Reports (30 days after end of Quarter (on next business day)
  - QTR 1 (July-Sep)
  - QTR 2 (Oct- Dec)
  - QTR 3 (Jan- Mar)
  - QTR 4/ANNUAL (Apr- Jun)
    - a) Report
    - b) Early Identification and Referral Form (EIRF) Tracking Log
    - c) Party Patrol Tracking Log (as applicable)
    - d) Shoulder Tapping Tracking Log (as applicable)