## CENPATICO PREVENTION SERVICES AGREEMENT SCOPE OF WORK (SOW) / EXHIBIT A

#### GILA COUNTY HEALTH DEPARTMENT

ORIGINATION DATE: 09/01/2010 REVISED: 02/15/2014

### SCOPE OF WORK – ARTICLE I PROFESSIONAL REQUIREMENTS AND PROVISIONS

- Subcontractor is required to deliver and agrees to perform the Prevention Behavioral Health Services as set forth in this Scope of Work for the consideration stated within this Agreement. Subcontractor is required to ensure all staff providing services under this Agreement are properly trained, supervised and credentialed for the provision of such services and meet all DBHS requirements to perform said services.
- In the event Subcontractor cannot meet a target timeline or provision identified in this scope of work, Subcontractor is required to submit a work plan detailing how and when the target or provision will be met. Once approved by Cenpatico the work plan will be monitored to demonstrate compliance with the scope of work. Failure to achieve target or changes identified in the work plan shall be considered a breach of contract and shall be subject to the non performance terms identified in the Prevention Services Agreement.

### SCOPE OF WORK – ARTICLE II CONTRACTED SERVICES

- 2.1 Subcontractor shall provide the following contracted services and target service delivery to non-enrolled persons.
  - SAPT Prevention
  - SAPT Substance Use Prevention

### SCOPE OF WORK – ARTICLE III GSA's AND COUNTIES SERVED

- 3.1 Subcontractor agrees to provide services to the behavioral health members who reside or are enrolled in the following GSA's and Counties:
  - GSA 4 (Gila)

### SCOPE OF WORK – ARTICLE IV PROVIDER TYPE

- 4.1 Agreement requirements are specified based upon provider type. The Subcontractor's applicable provider type(s) is/are listed below.
  - Prevention Services Provider

### SCOPE OF WORK – ARTICLE V PREVENTION REQUIREMENTS

#### 5.1 OVERVIEW

## PREVENTION SERVICES AGREEMENT SCOPE OF WORK (SOW) / EXHIBIT A GILA COUNTY HEALTH DEPARTMENT

ORIGINATION DATE: 09/01/2010 REVISED: 02/15/2014

- 5.1.1 Prevention services are designed to promote healthy individuals, families and communities.
- 5.1.2 Prevention targets people who do not have a diagnosable behavioral health problem and who are not enrolled in the behavioral health system.
- 5.1.3 All prevention services must be designed to, at a minimum, address the reduction of substance use. Prevention programs are designed to decrease risk, increase protective factors and target low income populations.
- 5.1.4 Subcontractor is required to provide and make available prevention services to at-risk populations based upon risk and protective factors using evidenced based programs or Cenpatico approved strategies that can be demonstrated through an approved logic model. All prevention services are to demonstrate increased knowledge, skills or changes in behaviors and use Cenpatico approved evaluation instruments. All prevention programs are required to implement the use of core measures, State Outcome Measures (SOMs), where applicable, program specific evaluation tools and any other tools as determined by Cenpatico and/or Cenpatico consultant. All evaluation instruments must be approved by Cenpatico.

#### 5.2 PREVENTION STRATEGIES

- 5.2.1 Cenpatico contracts for Prevention Services based upon identified community needs. Contracted strategies include:
  - Community Based Projects
  - Problem Identification and Referral
  - Social Marketing
  - Community Education and Training
  - Life Skills
  - Peer Leadership
  - Personal and Cultural Development
  - Family Support
  - Education

#### 5.3 PREVENTION REQUIREMENTS

- 5.3.1 Subcontractor is required to provide primary Behavioral Health Prevention Services in compliance with the ADHS/DBHS Prevention Framework for Behavioral Health. Behavioral Health Prevention Services is required to be developed and delivered in accordance to the following requirements:
  - 5.3.1.1 Subcontractors are required to implement prevention programs and services that do not endanger the health, safety, or welfare of persons served.
  - 5.3.1.2 Subcontractor is required to provide services in a respectful, non-exploitive manner that incorporates the cultural competency requirements in service deliver.
  - 5.3.1.3 Subcontractor is required to meet, at minimum, the following safety requirements:
    - Demonstrate documentary evidence that all staff, contractors, volunteers or other person delivering prevention services to persons under the age of 18

## PREVENTION SERVICES AGREEMENT SCOPE OF WORK (SOW) / EXHIBIT A GILA COUNTY HEALTH DEPARTMENT

ORIGINATION DATE: 09/01/2010 REVISED: 02/15/2014

have applied for or received a Class I Fingerprint Clearance card before providing prevention services

- Persons denied a Class I Fingerprint Clearance card shall not provide unsupervised services to youth in prevention programs.
- 5.3.1.4 Subcontractor is required to comply with Provider Manual Section 7.4, Reporting of Incidents, Accidents and Deaths.
- 5.3.1.5 Subcontractor is required to demonstrate documentary evidence that at least one staff member is current in First Aid Certification and at least one staff member current in Cardio Pulmonary Resuscitation Certification (CPR) are present at all times on facility premises, on field trips, or while transporting children in a facility's motor vehicle or a vehicle designated to transport children. A staff member with current certification in both first aid and CPR may meet this requirement.
- 5.3.1.6 Subcontractor is required to maintain a current first aid kit accessible to staff members
- 5.3.1.7 Subcontractor is required to prohibit the use or possession of the following items when a prevention program member is on facility premises, during hours of operation, or in any motor vehicle when used for transportation of program members:
  - Any beverage containing alcohol
  - A controlled substance; and
  - A firearm or other lethal weapon
- 5.3.1.8 Subcontract is required to demonstrate documentary evidence that the following health and safety inspections take place for any facilities owned, leased, or rented to provide prevention services, according to the following schedules, and make any repairs or corrections stated on an inspection report:
  - Sanitation; every twelve (12) months by a local health department
  - Gas inspections; every twelve (12) months by a plumber holding a plumbing business license issued by a local government; and
  - Fire inspections; every thirty-six (36) months by a local fire department or the State Fire Marshal.
- 5.3.1.9 Subcontractor is required to ensure prevention program premises and furnishings to be free from dirt, disease, and odor. Exceptions to requirements for facilities may be made at the discretion of Cenpatico.
- 5.3.1.10 Subcontractor is required to have motor vehicle insurance and a current registration with the Arizona Department of Transportation.
- 5.3.1.11 Subcontractor shall not permit any person to be transported in a truck bed, camper, or trailer attached to a motor vehicle.
- 5.3.1.12 Subcontractor is required to ensure all vehicle passengers use age and size appropriate restraint systems.
- 5.3.1.13 Subcontractor is required to carry a first aid kit, fire extinguisher, and water sufficient for the needs of each passenger.
- 5.3.1.14 Subcontractor is required to carry active, written consent from a parent or guardian for each youth transported.

## PREVENTION SERVICES AGREEMENT SCOPE OF WORK (SOW) / EXHIBIT A GILA COUNTY HEALTH DEPARTMENT

ORIGINATION DATE: 09/01/2010 REVISED: 02/15/2014

5.3.2	Subcontractor is required to document and immediately report all suspected alleged cases of
	child abuse or neglect to Tribal Social Services, Child protective Services, and Adult protective
	Services or to a local law enforcement agency, as applicable

- 5.3.3 Subcontractor is required to participate in site visits by Cenpatico/ADHS as requested.
- 5.3.4 Subcontractor is required to use the ADHS/DBHS Arizona Prevention Evaluation Database to enter individual level data for each State Outcome Measure used.
- 5.3.5 Subcontractor is required to include in the evaluation, an analysis of process and outcome data. All Cenpatico Prevention Programs must be evaluated for outcomes, at least once annually. Each program must report at least one outcome unless the Subcontractor received written approval from Cenpatico to not complete an outcome evaluation for a specific program.
- 5.3.6 Subcontractor is required to use Cenpatico Evaluation Tools, as well the State Outcomes Measure instruments below to evaluate programs. Other evaluation tools may be required.

Name of Scale	Prevention programs serving the following populations must use this instrument
Adolescent Program Evaluation	Youth in Grade 8 to age 21
Coalition Survey	RBHA designated
Suicide Prevention Program Evaluation Tool	Any Gatekeeper Training Activities
Early Identification and Referral	Any person who has been referred to
Form	behavioral health treatment assessment or other services
Sidewalk or Street Survey	Community members
Cenpatico Youth Leadership	Youth in Grades 8 to age 21

- 5.3.7 Subcontractor is required to obtain Cenpatico written approval to use additional evaluation tools or measures.
- 5.3.8 Subcontractors are required to submit program evaluations in a format prescribed by Cenpatico. Required elements of the annual evaluation report will be designated by Cenpatico each year; The Subcontractors annual report contains three parts, a regional evaluation, workforce evaluation and programmatic evaluations.
- 5.3.9 Behavioral Health Prevention Services are required to be developed and provided based upon identified community risk and protective factors, intervening variables and community needs, as opposed to individual member needs.
- 5.3.10 Behavioral Health Prevention Services programs are required to be developed following a written comprehensive and collaborative analysis of community issues and needs.
- 5.3.11 Behavioral Health Prevention Services programs are required to build upon and support local collaborative community development efforts.
- 5.3.12 Behavioral Health Prevention Services are required to include robust evaluation efforts to measure the efficacy of the prevention program and the use of core measures for State Outcome Measures (SOM) reporting.

## PREVENTION SERVICES AGREEMENT SCOPE OF WORK (SOW) / EXHIBIT A GILA COUNTY HEALTH DEPARTMENT

ORIGINATION DATE: 09/01/2010 REVISED: 02/15/2014

5.3.13	Behavioral Health Prevention Services program is required to be limited to primary prevention services and shall not include direct care treatment services, which should be provided through clinical outpatient programs; such as, school-based support groups or "pull out
	programs" for identified members.
5.3.14	Subcontractor may use environmental prevention strategies if such strategies are a logical component of the community's strategic plan to prevent substance abuse.
5.3.15	Subcontractor is required to document all Behavioral Health Prevention Services using a Cenpatico approved form and format.
5.3.16	Subcontractor is required to submit the Program Description/Logic Model and submit any
F 2 47	program revisions/changes to Cenpatico for prior approval.
5.3.17	Subcontractor is required to agree to submit the Logic Model form and submit any program revisions/changes to Cenpatico for prior approval.
5.3.18	Subcontractor is required to evaluate for changes in targeted protective and risk factors using the core evaluation instrument(s), State Outcome Measures and program specific evaluation tools. If the Behavioral Health Prevention Provider is unable to find an appropriate ADHS core evaluation instrument, then the Behavioral Health Prevention Provider may use an alternative
	instrument with prior approval by Cenpatico and ADHS/DBHS. Program specific evaluation instruments are to be used to measure increased knowledge, changes in behavioral or skills
<b>5</b> 2 4 2	and be consistent with the Logic Model.
5.3.19	Subcontractor prevention staff, are required to complete the Prevention Profile trainings identified in Essential Learning.
5.3.20	Subcontractor is required to submit monthly prevention reports and any other reports/documents as required.
5.3.21	Subcontractor is required to implement more than one prevention strategy.
5.3.22	Prevention providers are required to enter outcome data into the assigned database in accordance with the requirements to the evaluation instrument.
5.3.23	Subcontractor is required to understand any funds not used by the end of the Agreement year
3.3.23	(June 30th) in delivery of proposed Covered Behavioral Health Prevention Services will be
5.3.24	recouped.
5.5.24	Subcontractor is required to use the ADHS active Consent template to gain parental consent for youth to participate in evaluations of school based prevention programs. Subcontractor is required to obtain written, active, parental consent in accordance with A.R.S. § 15-104, to conduct any survey, analysis, or evaluation of students that is administered in a school if it includes questions about substances, suicide, or sexual behavior. Parental consent is not
	required to participate in the program itself. Subcontractor is required to maintain a locked file of signed Active Parent Consent forms for prevention services and develop a unique
F 2 2F	identifier. Parental consent is not required to participate in the program.
5.3.25	Subcontractor is required to attend the annual prevention conference and other trainings as requested.
5.3.26	Subcontractor is required to record and report the number of referrals to behavioral health services and to community based services using the ADHS format.
5.3.27	Prevention professional must complete workforce development requirements as specified in the Framework for Prevention. The level I Prevention Professionals Trainings shall include:

## PREVENTION SERVICES AGREEMENT SCOPE OF WORK (SOW) / EXHIBIT A GILA COUNTY HEALTH DEPARTMENT

ORIGINATION DATE: 09/01/2010 REVISED: 02/15/2014

- Essential Learning Prevention list
- Annual Cultural Competency
- Annual Ethics
- All trainings required for Prevention Credentialing
- 5.3.28 Subcontractor is required to maintain regularly scheduled supervision sessions and document such sessions in a standardized format that includes, at a minimum, date, duration, subject matter, staff name, supervisor name, and signatures.
- 5.3.29 Prevention providers are required to comply with DBHS Credentialing process requirements and ensure staff is credentialed at least as a Level I Prevention Professional.
- 5.3.30 Subcontractor is required to comply with relevant SAPT Block Grant requirements.
- 5.3.31 Subcontractor is required to comply with all Prevention Training requirements. Annual cultural competency and ethics training is required. First year prevention staff must attend live cultural competency training sponsored by Cenpatico; subsequent years training may be online, recorded webinars or live, and shall include:
  - Cultural Competency 101 Embracing Diversity
  - Prevention Foundations: Part 1 An Introduction to prevention
  - Prevention Foundations: Part 2 Models in Prevention
  - Prevention Foundations: Part 3 Planning in Prevention
  - Prevention Foundations: Part 4 Middle to Late Adulthood

#### On-Line:

- Basic Introduction to HIV / AIDS
- Stress Management in the Workplace
- Understanding Elder Abuse
- Meeting the Behavioral Health needs of Returning Veterans
- 5.3.32 Provider is to leverage Cenpatico funds through grants, fundraising, in-kind support and/or other measures
- 5.3.33 Staff to participate in monthly provider meetings, as scheduled.
- 5.3.34 All prevention programs are based on local data using best practices. Local needs and assets assessments are conducted at least every three years.
- 5.3.35 Coalition sustainability plans must be developed within the first year and updated at least annually.
- 5.3.36 Needs and asset assessments to be conducted at a minimum every three years.

#### 5.4 PREVENTION SERVICES PERIODIC REPORTING

- 5.4.1 Subcontractor is required to submit an Annual Prevention Plan/Logic Model by April 5<sup>th</sup> of the year preceding the State fiscal year in which the plan will be implemented. The plan shall contain three (3) parts; Part 1: Regional Strategic Plan (1 per Program/Community) and Part 2: Program Description; Part 3: Measurable Goals and Objectives submitted in the prescribed format and entered into prescribed database.
- 5.4.2 Subcontractor is required to submit an Annual Prevention Report by August 31<sup>st</sup> of the year following the State fiscal year in which the previous Annual Prevention Plan was implemented. The plan shall contain four (4) parts; Part 1: Regional Evaluation (1 per Program/Community),

## PREVENTION SERVICES AGREEMENT SCOPE OF WORK (SOW) / EXHIBIT A GILA COUNTY HEALTH DEPARTMENT

ORIGINATION DATE: 09/01/2010 REVISED: 02/15/2014

Part 2: Evaluation of Workforce Capacity (1 per Program/Community), Part 3: Program Evaluation (1 per Program/Community), Part 4: Evaluation Outcomes and Supplemental Information.

5.4.3 Subcontractor is required to submit allegations of attempted suicide, sexual abuse, and death incident report.

#### SCOPE OF WORK – ARTICLE VI PROVIDER SPECIFIC REQUIREMENTS

#### 6.1 OVERVIEW – Prevention Strategies

- 6.1.1 Subcontractor is required to develop and implement environmental strategies to change community norms, perceptions and policies, based on local needs and data, to address perception of harm, youth talking to parents about alcohol and drugs, reduce underage drinking, and access to access to prescription drugs and misuse and abuse of prescription drugs for youth and older in the Nogales area of Santa Cruz County.
- 6.1.2 Planning and implementation must be in collaboration with the local substance use coalition and designed to change community norms, laws and policies. Process and outcome measures must be developed, collected and reported.
- 6.1.3 Multiple strategies are to be provided and may include: public information and social marketing, community education and training, community development, community based process and environmental strategies. Strategies and implementation is based on the prevailing local cultures of the targeted populations. Approved evidenced based curriculums and programs shall be used. All programs are to have measurable outcomes.
- 6.1.4 Youth leadership, Public Information and Social Marketing, Problem Identification and referral, Community Based Processes, Environmental Strategies, and Training and Education shall be the primary contracted strategies.
- 6.1.5 Subcontractor is required to maintain Participation Rosters, Permission Slips and Emergency Cards. Prevention programs/activities are year round.
- 6.1.6 Documentation is required to be completed on Cenpatico approved documentation forms. All referrals and follow-up shall be documented on approved forms. Staff supervision shall be documented.
- 6.1.7 Prevention staff is required to attend all required trainings and meetings. Membership in Arizonans 4 Prevention and CADCA is required. At a minimum prevention staff shall be credentialed as a Level 1.
- 6.1.8 Cenpatico of Arizona and the Arizona Department of Health Services support shall be acknowledged in training and program announcements/materials.
- 6.1.9 Subcontractor is required to implement the Arizona Department of Health Services/Division of Behavioral Health (ADHS/DBHS) approved Copper Basin logic model
- 6.1.10 Establish a professionally developed public information and social marketing campaign to address the approved logic model.
- 6.1.11 Closely monitor expenditures.
- 6.1.12 Subcontractor is required to develop a proposed budget for Cenpatico approval and obtain prior approval from Cenpatico for any revisions to the proposed budget.

# CENPATICO PREVENTION SERVICES AGREEMENT SCOPE OF WORK (SOW) / EXHIBIT A GILA COUNTY HEALTH DEPARTMENT

ORIGINATION DATE: 09/01/2010 REVISED: 02/15/2014

- 6.1.13 Subcontractor is required to contract with a consultant or consultants, approved by Cenpatico for coalition development and sustainability.
- 6.1.14 Subcontractor is required to submit any change to the signatory authorization to Cenpatico, within thirty (30) days of the change.