Regional Behavioral Health Authority (RBHA)
Central Arizona – Geographic Service Area 6
System of Care
Prevention
Request for Information (RFI) State Fiscal Year (SFY) 2016
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**NOTE: This information sheet must be included as the cover sheet of the application submitted. Be sure to complete this form in its entirety.

APPLICANT INFORMATION SHEET

Applicant Organization: __________________________________________________________

Contact Person: ______________________________________________________________

Title: _______________________________________________________________________

Mailing Address: ______________________________________________________________

City, State, ZIP: _______________________________________________________________________

Telephone: ___________ E-mail Address: ____________________________________________

Fiscal Agent (Organization Name): _______________________________________________

Financial Contact Person: _________________________________________________________

Mailing Address: ______________________________________________________________

City, State, ZIP: _______________________________________________________________________

Telephone: ___________ Fax #: ___________ E-mail Address: ______________________________

Federal Tax ID Number: _______________ State Tax ID Number _______________________

Total Amount Requested: $____________

List specific targeted community to be served:

________________________________________________________________________________

________________________________________________________________________________
Request for Information (RFI) Contact Person:

Heather Brown
Prevention Administrator
Mercy Maricopa Integrated Care
4350 E. Cotton Center Blvd. Building D
Phoenix, Arizona 85040

Telephone: 602-453-8415
E-mail: brownh@mercymaricopa.org

Title: Mercy Maricopa Integrated Care Prevention RFI SFY2016

Description: Substance Abuse and Suicide Prevention Services

Responses Due: August 6, 2015 3:00 p.m. M.S.T.

Please forward written questions concerning this request via email to prevention@mercymaricopa.org by 3:00 p.m. M.S.T. on Thursday, July 23, 2015. Telephonic questions will not be accepted. All questions will be answered at an Open Forum on Friday, July 24th at 9:00 a.m. at the American Heart Association Halle Heart Children's Museum, 2929 S. 48th St., Tempe, AZ 85282 and emailed to those applicants submitting questions. Applicants who do not submit questions but would like to receive a copy of the Q&A Document should email their request to prevention@mercymaricopa.org.

All responses must be typewritten. Additional instructions for preparing a response are included in this request. Electronic submissions are requested. Files should be zipped and sent to prevention@mercymaricopa.org or delivered (on a CD) to contact listed above. Due to system restrictions, Mercy Maricopa Integrated Care (Mercy Maricopa) is not able to view information on a USB drive, so please use email or a CD for submission. Applications must be in the possession of Mercy Maricopa on or prior to the date/time noted above. Late proposals will not be accepted and will be automatically disqualified. Mercy Maricopa reserves the right to eliminate any incomplete responses upon first level review.

Responses for this request will be competitive and awards will be based on available funding. Mercy Maricopa anticipates awarding 12-15 programs at a range of $75,000-$187,500 per program for the proposed timeframe; however, the total number of awards may vary. Awardees will receive initial funding as outlined in the Compensation Exhibit, with ongoing funding contingent upon satisfactory performance and availability of funds.

RESPONDENTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFI.

THIS RFI IS NOT A GUARANTEE THAT A CONTRACT WILL BE OFFERED. ADDITIONALLY, RESPONDING TO THIS RFI DOES NOT GUARANTEE THAT A CONTRACT WILL BE OFFERED TO THE RESPONDING SERVICE PROVIDER.
Eligibility:

Who is Eligible to Apply?

Applicants must serve GSA 6 (http://www.azdhs.org/bhs/Service-Locator.htm). The following types of organizations are eligible to apply:

- Coalitions and partnerships (a fiscal agent must be designated)
- School districts and institutions of higher education
- Public and private not-for-profit organizations
- Tribal Nations and communities
- Local units of government
- Any partnership of the above listed organizations (a fiscal agent must be designated)

Who is NOT Eligible to Apply?

The following organizations are not eligible to apply but are encouraged to collaborate with applicants in their area:

- Organizations proposing services outside of GSA 6
- Arizona State governmental agencies and departments
- For-profit organizations

Fiscal Agent

- Applicants with their own Federal tax ID number will be their own fiscal agent.
- Applicants without their own Federal tax ID number or that are not otherwise formally recognized organizations must identify a fiscal agent.

Targeted Community Represented by Applicant

- Applicants will be asked to identify the community they will be targeting. Communities are defined by geographic region, jurisdictional boundaries, age, language, culture, norms, interests and values, etc. Examples of a community could be (but are not limited to):
  1. A zip code area
  2. Entire Cities/Towns
  3. Ethnic/cultural communities
  4. Tribal Nations
  5. Neighborhoods

Collaborating Coalition

- Applicants will be asked to identify the coalition with which they are collaborating.
- If there is an existing substance abuse or suicide prevention coalition serving the target area and/or population, applicants are strongly encouraged to collaborate.
Each coalition is required to have at least one representative from each of the following sectors:

1. Community members
2. 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*
12. Other

*For applicants who are not addressing youth as part of their target population, these sectors can be modified to include a member of the target population and organizations serving the target population.

Special Considerations:

All awardees must be available to attend a mandatory new-grantee orientation at a time and place to be communicated at time of award.

Awardees are subject to meeting all contractual requirements to become a subcontracted provider of Mercy Maricopa. A copy of the Provider Manual can be located on the website: http://www.mercymaricopa.org/assets/pdf/providers/manuals/revised_provider_manual.pdf. Prevention providers have specific deliverables including the submission of quarterly and annual reports, completing mandatory trainings, and pursuing/maintaining credentials as prevention professionals in Arizona. Providers must also comply with any future requirements set forth by the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), Arizona Health Care Cost Containment System (AHCCCS), and Mercy Maricopa during the duration of the contract period. Further details will be communicated at the new-grantee orientation.

Providers will receive monthly block payments. Mercy Maricopa will implement performance oriented contracts; a portion of the approved annual budget will be withheld pending receipt of all deliverables, to be paid out at the conclusion of the fiscal year.

Applicants should not include evaluation services in their budgets. Mercy Maricopa will contract with an evaluator to provide evaluation services for the entire Mercy Maricopa Prevention system. Evaluation will be conducted on a system level, as well as for each individual provider.

Respondents must respond to all questions to be considered.
Overview:

The Substance Abuse and Mental Health Services Administration (SAMHSA) awards the Substance Abuse Prevention and Treatment Block Grant (SABG) to Single State Agencies (SSA) in all fifty states. In Arizona, ADHS/DBHS serves as the SSA and is responsible for distributing SABG funds throughout Arizona. Funds are contracted through the Tribal/Regional Behavioral Health Authorities (T/RBHAs) who in turn provide funding to local agencies/coalitions within their service areas to deliver evidence-based prevention programs.

Mercy Maricopa Integrated Care, an Arizona non-profit corporation sponsored by non-profit and governmental health-care providers based in Maricopa County is the largest public integrated managed care program in the United States. Through contract funding provided by ADHS/DBHS and AHCCCS beginning 4/1/14, it administers integrated, whole-health care for approximately 19,000 people who are diagnosed with a serious mental illness (SMI), as well as approximately 800,000 other child, adolescent and adult members with general mental health and substance abuse issues (GMH/SA), most of whom are Medicaid or Medicare eligible. As the RBHA for Central Arizona (GSA 6) [http://azdhs.gov/bhs/Service-Locator.htm], Mercy Maricopa contracts with a wide community-based network of behavioral and physical health-care providers to deliver services to eligible members. Additionally, Mercy Maricopa contracts with prevention providers who work with community-based substance abuse prevention coalitions throughout Maricopa County to deliver evidence-based prevention services across the lifespan. These community-based coalitions target geographic areas of need, as well as vulnerable populations, focusing on data-driven substance abuse prevention.

Purpose:

Prevention is part of an overall continuum of care in behavioral health. The Continuum of Care model (below) reminds communities to think, more explicitly, about the relationships between promotion, prevention, and treatment. Per SAMHSA, all too often these relationships are overlooked, opportunities for collaboration are missed, and outcomes are compromised.

1. **Promotion** – Strategies are designed to create environments and conditions supporting behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
2. **Prevention** – Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse and illicit drug use.
3. **Treatment** – These services are for people diagnosed with a substance use or other behavioral health disorder.
4. **Recovery** – These services support individuals’ compliance with long-term treatment and aftercare.

SAMHSA’s *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015 – 2018* (http://store.samhsa.gov/shin/content//PEP14-LEADCHANGE2/PEP14-LEADCHANGE2.pdf)
exhibits the importance of prevention by making Prevention of Substance Abuse and Mental Illness its Strategic Initiative #1. This initiative focuses on, but is not limited to, high-risk populations such as: American Indian/Alaska Natives, college/transition-age youth, ethnic minorities experiencing (behavioral) health disparities, service members, veterans (and their families) and the LGBTQ community. It addresses social determinants of health using evidence-based approaches to prevent the occurrence of disorders and establishes building blocks for the healthy development of young people, while limiting the environmental exposures that increase risk.

The goals for this initiative are:
1. Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness and identify and respond to emerging behavioral health issues.
2. Prevent and reduce underage drinking and young adult problem drinking.
3. Prevent and reduce attempted suicides and deaths by suicide among populations at high risk.
4. Prevent and reduce prescription drug and illicit opioid misuse and abuse.

Equally important is the second strategic initiative being undertaken by SAMHSA, which addresses health care and health systems integration. It will increase access to appropriate high quality prevention, treatment, recovery and wellness services and supports by fostering integration between health and health care, social support and prevention systems. These initiatives align with Mercy Maricopa’s Prevention Regional Strategic Plan for SFY 2016.

The 2015 Mercy Maricopa Prevention Regional Needs Assessment (available on www.mercymaricopa.org) found high rates of underage drinking, marijuana use, prescription drug misuse and abuse, and suicide. As a result, each of these issues was identified as a priority in the Mercy Maricopa Prevention Regional Strategic Plan for SFY 2016. The Assessment also acknowledged gaps in regions not currently receiving services as well as unserved or underserved high risk subpopulations. Moreover, it brought to light key opportunities for integration.

Mercy Maricopa believes that its community coalitions are well-positioned to facilitate these connections and opportunities for collaboration. Coalitions often function as a hub for community services, and individuals may attend because they are seeking out services for friends, family members, or for themselves. Substance abuse and behavioral health-focused coalitions have a unique opportunity and a responsibility to connect community members to services, thereby increasing access to care and meeting community needs. Mercy Maricopa recognizes that there are individuals within communities who do not yet meet the criteria for a diagnosable condition, yet are in need of additional support. Coalitions engaging in Problem Identification and Referral (see strategies in Guidelines for Program Planning section) activities will help to address this need and increase access to care among individuals and populations with higher rates of health disparities.
Mercy Maricopa is currently seeking responses from applicants to provide evidence-based, comprehensive, integrated substance use and suicide community-based prevention services in GSA 6. The Guiding References section offers helpful resources and the Glossary of Terms section provides definitions for additional information. The Strategic Prevention Framework (SPF) model will be utilized to achieve population-level outcomes for identified public health issues. Health promotion and wellness activities are encouraged to support healthy lifestyles and healthy communities. SAMHSA’s Eight Dimensions of Wellness and Centers for Disease Control and Prevention (CDC)’s Socio-Ecological Model may provide insight into individual level and population-level approaches to wellness. Applicants are encouraged to propose innovative approaches to the Problem Identification and Referral strategy and to incorporate protocols at organizational and/or coalition levels around screenings, brief interventions, and referrals.

Mercy Maricopa priorities include:

1. Reducing underage drinking, marijuana use and prescription drug misuse/abuse within identified target communities and/or populations.

2. Reducing suicide within identified target communities and/or populations.

3. Improving access to care (behavioral health and medical) for populations experiencing health disparities.

Background:

The 2015 Mercy Maricopa Prevention Regional Needs Assessment demonstrates decreases in Maricopa County youth alcohol and prescription drug use over time; however, there was a slight uptick in youth marijuana use. Notwithstanding, there are still an unacceptably high number of youth using the identified substances. Ease of access, peer pressure, lack of adequate coping skills, mental health issues, amongst others were identified as the main contributing factors to substance use. Suicides are also increasing and this is an issue of significant concern impacting adults and youth within Maricopa County communities.

Primary Care Areas (PCAs) Statistical Profiles describe areas in Arizona where the local residents primarily obtain their health care. For more information regarding PCAs, please visit: http://www.azdhs.gov/hsd/data/profiles/primary-care/index.php. The following PCAs were identified as having the highest needs for substance use:

1. Phoenix South Central
2. Paradise Valley
3. Scottsdale
4. Tempe
5. Deer Valley Village
6. Glendale Central
7. Maryvale Village
8. Avondale Village

The top PCAs for suicide were identified as:
1. Deer Valley Village
2. North Mountain Village
3. Mesa West
4. Paradise Valley Village
5. Mesa North
6. Tempe North
7. Alhambra Village
8. Glendale North

Additionally, populations at highest risk for substance use and/or suicide include:
- Veterans
- Native Americans
- LGBTQ
- College-Age Youth
- Youth ages 10-14
- Youth ages 15-18
- Middle aged adults (males 45-64)
- Older adults (males 65+)

Applicants should note that requests for information will not be limited to the identified communities or populations. All requests must be data-driven with justification illustrating the need to address substance use and/or suicide within the target community/population.

**Guidelines for Program Planning:**

Based on the 2015 Mercy Maricopa Prevention Regional Needs Assessment, Mercy Maricopa’s Prevention Regional Strategic Plan for SFY 2016 aims to reduce substance abuse and suicide among youth and adults through the following goals:

- Goal 1: Reduce the family norms promoting youth substance use
- Goal 2: Reduce the social norms promoting substance use
- Goal 3: Improve youth and adult coping skills and access to care
- Goal 4: Decrease access to substances
- Goal 5: Increase youth perception of harm of substances
- Goal 6: Create communities knowledgeable of substance use
Mercy Maricopa and its contracted prevention providers utilize the SAMSHA developed Strategic Prevention Framework (SPF) [https://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf] to prevent substance use and suicide in GSA 6. The 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. Applicants must use the SPF model to design their programs.

Applicants are encouraged to propose a comprehensive mix of strategies and evidence-based (preferred) or theory-based approaches addressing multiple domains at the population and individual levels. Research indicates that utilizing a wide array of strategies addressing multiple domains (individuals, family, peer, school, community/workplace, and environment/society), at both the population level and individual level, increases the likelihood of successfully impacting the identified priorities. Please refer to SAMSHA’s Identifying and Selecting Evidence-Based Interventions, Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program (SAMHSA/CSAP, 2009) at http://store.samhsa.gov/product/Identifying-and-Selecting-Evidence-Based-Interventions-for-Substance-Abuse-Prevention/SMA09-4205. All approaches must be culturally relevant to the target population.

Logic models and strategic plans should include a combination of the following six Center for Substance Abuse Prevention (CSAP) prevention strategies. Using as many or all six of the following strategies has the greatest potential to reduce and prevent substance abuse by reducing risk and increasing protective factors. All strategic plans must include at least one environmental strategy (planning to identify an effective, community-specific environmental strategy is acceptable). Problem Identification and Referral is a required strategy in order to link those in need of treatment services, which will result in fulfilling Mercy Maricopa’s third priority of increasing access to care (for behavioral health as well as medical) for populations experiencing health disparities.

1. **Information dissemination** increases knowledge and changes attitudes through communications. This method of learning is mainly one-way, such as classroom speakers or media campaigns.

2. **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.

3. **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.
4. **Environmental strategies** are aimed at the settings and conditions in which people live, work, and socialize. These strategies call for changes in policies—to reduce risk factors and increase protective factors—for example, tighter zoning restrictions on alcohol outlets or stronger enforcement to prevent underage purchases of alcohol and tobacco products. As these changes are carried out at the community level, they can have a sweeping impact.

5. **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.

6. **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.

**APPLICATION INSTRUCTIONS**

Please respond to the following questions in each section and complete corresponding attachments. It is important to note that while the criteria and formatting of the attachments may not change, duplicating rows and sections is acceptable as needed.

**A. Community Description and Needs (5 page limit)**

Please include sources and citations (including year) for all data referenced. Include both qualitative and quantitative data in order to tell the full story of need in the targeted community/population. The most recent available data should be included in the responses. Whenever possible, please provide data at your local community level. If a particular data set is not available, please indicate in the narrative and include a plan to collect the data as part of the strategic plan (Attachment B). Please use all questions in bold text below as subheadings in your response.

1. **Please provide a brief description of the community to be served, including:**
   A. Geographic boundaries to be served
   B. Demographic composition of community
      i. Race/Ethnicity
      ii. Gender
      iii. Age(s)
      iv. Education
      v. Socioeconomic Status
   B. How community was selected
   C. How target community was involved in data collection process
2. What resources and services currently exist in the target community (i.e. prevention activities, healthcare facilities, substance abuse and/or suicide coalitions, other services)?

3. Please describe substance use and/or suicide trends (past 3-5 years) in your targeted community:
   A. Prevalence and usage rates per substance (i.e. lifetime, past 30 days, binging, etc.)
   B. If suicide is defined as an issue, please describe its impact (i.e. deaths, attempts, hospitalizations, people with thoughts of or seriously considering suicide, etc.)

4. Define each prioritized substance use and/or suicide issue (no more than 4) that you have chosen to address:
   A. Who is consuming substance? OR Who is attempting or dying by suicide?
   B. How is each substance being consumed? (For example: smoked, binge drinking, inhaled, mixing alcohol with prescription pills, etc.) OR How are individuals attempting or dying by suicide?
   C. When are they being consumed? OR When is suicide or when are suicide attempts happening? (Specifically related to time of day, day of the week, time of year, etc.)
   D. Where is each substance being consumed? OR Where is suicide or where are suicide attempts happening?

5. For each substance use and/or suicide issue, please list the top 3-5 consequences and explain:
   A. How were consequences prioritized?
   B. Are there any disparities between populations in identified consequences?
   C. Is there a difference in perceived consequences vs. actual consequences?

6. What are the top 3-5 intervening variables and/or risk factors contributing to the substance use and/or suicide issue(s)? If common to multiple substances and/or issues, please mention in your findings. If unique, please separate by substance/issue. Consider and use data to explain: why is this happening? why is this happening here? why is this happening now?

7. Please list the top 3-5 protective factors identified in the target community that will help reduce substance use and/or suicide and explain your rationale.

8. Please explain any data gaps and plans to fill these gaps, including proposed timeline to fill gaps.

B. Organizational Capacity (6 page limit)

9. Describe your organization’s (fiscal agent’s) capacity to provide:
A. Fiscal oversight and grants management (accounting practices, contracting protocol, budget monitoring)
B. Quality management
C. Information technology
D. Other administrative functions as deemed necessary by the applicant (training, supervision, etc.)

10. If the fiscal agent is not the coalition, please name the coalition you will be collaborating with to provide services in your targeted community.

11. What is the fiscal agent’s and (if unique) coalition’s experience in:
   A. Data collection
   B. Data-driven decision making
   C. Capacity building/community development
   D. Providing culturally competent services
   E. Outcomes-based evaluation
   F. Sustaining efforts

12. Provide specific experiences in delivering evidence-based programming and practices within the proposed target communities and/or target populations.

13. Describe the following related to proposed personnel for this project:
   A. Staffing level and role on this project. If not yet hired, include job description and project role.
   B. Staff experience in delivering evidence-based prevention programming
   C. List relevant training completed by staff or plans to complete training
   D. Staff prevention credentials (including levels) or credentialing plans

C. Planning (25 Page Limit including attachments)

Please complete Attachment A – Logic Model

A logic model is a road map to achieving desired outcomes. Goals, objectives, intervening variables and strategies proposed in the logic model should all connect. Specific definitions for each column in the logic model can be found in Attachment A – Logic Model.

Please complete Attachment B – Strategic Plan

A strategic plan guides the successful implementation of an intervention and translates the logic model into an operational application, detailing the key tasks that must be completed, including the measurement of outcomes. It includes action steps, timelines, persons responsible, resources needed and identified outputs. Goals, objectives, intervening variables and strategies should match what is proposed in the logic model. Specific definitions for each component of the strategic plan can be found in Attachment B – Strategic Plan.
Strategic plans should be designed to assist in accomplishing the Mercy Maricopa goals identified in the Guidelines for Program Planning section.

Please respond to the following questions:

14. Describe the proposed evidence-based strategies or approaches that will be used to meet the goals and objectives.

15. Explain how the selected strategies/approaches or proven effective program fit with the identified problem/needs.

16. If adapting a proven effective program, explain what the adaptations are and why they are being made.

17. If you are proposing to implement a program you have developed, attach relevant references supporting the effectiveness of the proposed program.

18. Explain how the selected strategies/approaches are culturally competent, age appropriate and gender responsive to the targeted population.

19. What is the coalition's role in implementing the strategic plan? If a coalition is not in place, what is the plan to organize, build capacity and sustain a coalition? Please be sure to include coalition development in the strategic plan (Attachment B).

20. Please describe the evidence to support that selected Problem Identification and Referral approaches/activities will enhance access to care.

21. What policies, procedures or protocols (including training) are currently in place or will be developed at the organizational and coalition levels in order to implement these selected Problem Identification and Referral approaches?

D. Budget (6 Page Limit not including directions pages)

Please complete Attachment C – Budget

The line-item budget is a summary of the allocation for each line item. The budget narrative provides specific calculations, unit costs, detailed descriptions and justifications for each requested item; further, requested budget items are linked to the proposed action steps/strategies in the strategic plans. Amounts in the line-item budget and the budget narrative should balance. The funding by program strategy and administrative functions table is a breakdown of allocated expenditures by type of activity/effort. Specific definitions for each component of the line-item budget and the budget narrative can be found in Attachment C – Budget.
Glossary of Terms

Behavioral Health - A managed care term that applies to the assessment and treatment of problems related to mental health and substance abuse. A continuum of services to individuals at risk of or suffering from mental, addictive, or other behavioral disorders.

Capacity - The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions.

Capacity Building - Capacity building within an organization includes developing and strengthening the structure, workforce and fiscal resources necessary to carry out the Strategic Prevention Framework process. It includes, but is not limited to, activities such as board recruitment, training for board members, staff and volunteers, supervision and skill-building opportunities for staff, development of policies and procedures and Memoranda of Understanding with partners. Examples of capacity building at the community level include activities such as: learning about groups who have an interest in reducing substance abuse and building relationships with partners; learning about community attitudes and beliefs; raising community awareness about substance issues, community resources of prevention, treatment and recovery and opportunities for involvement in the Strategic Prevention Framework process.

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 local substance use problems.

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.

Consequences - The consequences of substance abuse are the social, economic, and health problems associated with the use of alcohol, tobacco and drugs. Any social, economic, or health problem can be defined as a substance related consequence if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring. Some examples include: the increased risk of a traffic crash when the driver has been drinking or the increased risk of lung cancer among long-term, heavy smokers.

Culture - The values, traditions, norms, customs, arts, history, folklore, and institutions shared by a group of people who are unified by race, ethnicity, language, nationality, or religion.
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

Data Driven - A process whereby decisions are informed by and tested against systematically gathered and analyzed information.

Domain - Sphere of activity or affiliation within which people live, work and socialize. CSAP defines six domains for prevention: individuals, family, peer, school, community (including workplace), and environment/society.

Environmental Strategies - Environmental Strategies 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).

Evaluation - Collection and use of program information for monitoring, program improvement, outcome assessment, planning, and policy-making.

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.

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 proved 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.

**Intervening Variable** - Individual and community factors that have been identified as being strongly related to, and influence the occurrence and magnitude of substance use or suicide. They answer the questions: Why? Why here? Why now?

**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.

**Norms** - Behaviors or beliefs that are considered typical of a community.

**Population Level Outcomes** - The focus on population level outcomes in the SPF is a shift from traditional prevention models that evaluate individual program outcomes as a measure of success. This model requires the use of policies, practices, and programs to create change at the population level in an alcohol or drug related problem within a community.

**Protective Factor** - Conditions that build resilience to substance abuse and can serve to buffer the negative effects of risks. Also referred to as assets.

**Qualitative data** - usually reported in words. Sources of qualitative data include stories, case studies, testimonials, and focus groups.

**Quantitative data** - usually reported numerically. Sources of quantitative data include counting, checklists, surveys, and analysis of statistics.

**Risk Factor** - a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.

**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 the measurement of outcomes.

**Sustainability** - Sustainability is the ability of states and 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.
Theory based approach – Evidence and data are available to indicate strategy/program
effectiveness, however the approach has not gone through a formalized review process to be
categorized as evidence-based.

Guiding References

Theoretical Models:
SAMHSA Strategic Prevention Framework (SPF)
http://www.samhsa.gov/spf
https://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf

SAMHSA Eight Dimensions of Wellness
http://promoteacceptance.samhsa.gov/10by10/dimensions.aspx

Centers for Disease Control and Prevention (CDC) Socio-Ecological Model
http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html

SAMHSA Prevention and Behavioral Health

O’Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). Preventing mental, emotional, and
behavioral disorders among young people: Progress and possibilities. National Research Council
and Institute of Medicine of the National Academies. Washington, D.C.: The National
Academies Press.

Federal Initiatives:
SAMHSA Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018
http://store.samhsa.gov/shin/content//PEP14-LEADCHANGE2/PEP14-LEADCHANGE2.pdf

SAMHSA Focus on Prevention
http://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf

Surgeon General National Prevention Framework
http://www.surgeongeneral.gov/priorities/prevention/strategy/

2012 National Strategy for Suicide Prevention
http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-
report.pdf
SAMSHA-HRSA Integrated Health Solutions
http://www.integration.samhsa.gov/about-us/what-is-integrated-care

Coalitions and Community Health: Integration of Behavioral Health and Primary Care

**Arizona Initiatives:**
Prevention in Arizona: A Strategic Guide

An End to Suicide in Arizona 2015 State Plan

Arizona Prescription Drug Misuse and Abuse Initiative
http://azcjc.gov/acjc.web/rx/

**Data:**
SAMSHA
http://www.samhsa.gov/data/

Arizona Health Matters Disparities Dashboard
http://www.arizonahealthmatters.org/modules.php?op=modload&name=NS-Indicator&file=index&topic1=County&topic2=Maricopa&group=category&breakout=all

Please see Arizona Social Health and Suicide Indicators Web Based Data Resources and 2015 Mercy Maricopa Regional Needs Assessment documents (links available on www.mercymaricopa.org)

**Strategies:**
CSAP Six Prevention Strategies

**Evidence Based Resources:**
Identifying and Selecting Evidence-Based Interventions, Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program (SAMHSA/CSAP, 2009).
Conclusion

This Request for Information (RFI) is intended only as a means for respondents to supply information related to their ability to provide this program if selected to participate. The information and program requirements provided in this RFI are not comprehensive and subject to change. Service providers are encouraged to review all resources available while preparing their responses and evaluating their ability to successfully implement services.

THIS RFI IS NOT A GUARANTEE THAT A CONTRACT WILL BE OFFERED. ADDITIONALLY, RESPONDING TO THIS RFI DOES NOT GUARANTEE THAT A CONTRACT WILL BE OFFERED TO THE RESPONDING SERVICE PROVIDER.