



## Staff Summary Report

---

**Council Meeting Date:** November 20, 2008

**Agenda Item Number:** \_\_\_\_\_

**SUBJECT:** Request approval of amendment of a Prevention Services Grant Agreement to be administered through Magellan Health Services of Arizona, Inc.

**DOCUMENT NAME:** 20081120cskb01 **COMMUNITY SERVICE ADM (0701-01)**

**SUPPORTING DOCS:** Yes.

**COMMENTS:** The grant is for \$208,564 and consists of federal and state funds.

**PREPARED BY:** Kim Bauman, Social Services Supervisor, (Ext. 2462)

**REVIEWED BY:** Kathy Berzins, Deputy Community Services Manager, Social Services, (Ext. 5464)

**LEGAL REVIEW BY:** Judi Morgan, Assistant City Attorney, (Ext. 8779)

**DEPT APPROVAL:** Tom Canasi, Community Services Manager, (Ext. 5305)

**FISCAL NOTE:** There is no fiscal impact.

**RECOMMENDATION:** Approve Amendment to grant agreement.

**ADDITIONAL INFO:** This 2009 Amendment to the Magellan Health Services of Arizona, Inc., Provider Participation Agreement is a collaborative effort between the City of Tempe, Tempe Community Council, and Chicanos Por La Causa, Inc. The grant funds will provide after-school substance abuse prevention and violence prevention programs to the four Tempe School District No. 3 middle schools and Kyrene Middle School for 2009. The grant funds also support a comprehensive substance abuse prevention needs assessment in Tempe. The City of Tempe will serve as the fiscal agent for the partners funded under the grant.

**AMENDMENT  
TO  
MAGELLAN HEALTH SERVICES OF ARIZONA, INC.  
PROVIDER PARTICIPATION AGREEMENT**

**THIS AMENDMENT**, by and between **MAGELLAN HEALTH SERVICES OF ARIZONA, INC.**, (“Magellan”) and **CITY OF TEMPE**, address **715 W 5TH ST TEMPE, AZ 85281-3503**, is effective as of July 1, 2008 and is intended to amend the current terms of the Provider Participation Agreement, and its Addenda’s between the parties (the “Agreement”), except to the extent that such provisions below are inconsistent with the provisions of the Agreement which operate this contract consistent with the Arizona Department of Health Services (ADHS) responsible for administering programs and services for children, adults, and their families under the Magellan Regional Behavioral Health Authority (RBHA) in Geographical Service Area 6, which comprises all of Maricopa County, Arizona to provide mental health/and or substance abuse treatment services to Eligible Enrollees.

**WHEREAS**, the parties shall now amend the Agreement to reflect availability of funds for Fiscal Year 2009, include of Scopes of Work (SOW), and to replace the Provider Funding Terms (Standard Block).

1. On Exhibit B-2 Magellan Reimbursement Schedule Provider Funding Terms (Standard Block), the following sentence shall be added to the end of the Block Payment Reconciliation Section:

“Magellan will conduct separate reconciliations against aggregate funding (total agency funding) for adults and aggregate funding (total agency) for children, if applicable.”

2. Exhibit B-3 Magellan Reimbursement Schedule “Provider Funding” Page(s) for Fiscal Year 2009 shall be added to the Agreement and shall replace the prior year’s Provider Funding page.
3. Scope(s) of Work is attached to the Agreement, in accordance with the Provider Addendum
4. Availability of Funds for the Current State Fiscal Year. Should DBHS reduce funding appropriations to Magellan, Magellan will conduct an impact analysis and may reduce provider funding in accordance with the provisions outlined in the ADHS/DBHS Provider Manual – Magellan Edition.

All other terms and provisions of the Agreement not modified as set forth herein shall remain in full force and effect.

**MAGELLAN HEALTH SERVICES OF ARIZONA, INC.:**

**PROVIDER:  
CITY OF TEMPE**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

This information is ~~confidential~~ and the proprietary information of Magellan.

Amendment – Magellan Maricopa Amendment

Revision Date: 09/10/08



\*600074932030475090808\*

ATTEST:

---

City Clerk

REVIEWED BY:

---

City Attorney

*Magellan Health Services*

**FY09**

**II. PREVENTION SERVICES**

Agency/Organization Name: **City of Tempe, Community Services Department, Social Services Division**

Agency/Organization Address: **Westside Community Center, 715 W. Fifth Street, Tempe, AZ 85281**

Program Name for Direct Program Delivery (if applicable): **City of Tempe Prevention Partnership**

Program Name for SPF: **Tempe Community Council**

Contact Person: **Kim Bauman**

Phone: **(480) 858 - 2462**

Fax: **(480) 858 - 2431**

E-mail Address: **kim\_bauman@tempe.gov**

**A. Program Description:**

**The City of Tempe will undergo the Strategic Prevention Framework process to build community capacity to identify and respond to substance abuse and/or suicide related consequences at a population level. Community members from all sectors of the population will be strongly encouraged to join the coalition to address these issues and engage in the SFP process to provide direction for the future of underage drinking and drug abuse prevention in Tempe. The project also hopes to improve community conditions among Tempe youth that can prevent substance abuse and underage drinking through direct services activities. Two best practice life skills strategies are provided. The ALL STARS program is offered to middle school aged youth after school at the five Tempe middle schools and during the summer at two community centers. Too Good For Drugs is provided to children in grades 3-5 at two Tempe elementary schools located in communities with a high number of risk factors for substance use. Tempe Youth Advocates for Alcohol Prevention Alliance, a peer leadership program, also supports efforts to reduce underage drinking and substance abuse in Tempe. Community education workshops are offered to community members on substance abuse and its relationship to depression.**

**B. Community to be Served:**

**City of Tempe**

**C. Program Goals and Outcome Objectives for Target Population:**

**Goal 1: Improve community conditions among Tempe youth that can prevent substance abuse and underage drinking.**

**Goal 2: To build community capacity to identify and respond to substance abuse and/or suicide related consequences at a population level.**

**2. For each goal, identify an outcome objective(s) that:**

**Objective 1.1: Youth participating in Life Skills Strategy will increase their perceptions of the harmful effects of alcohol and drug use an average of 5% by June 30, 2009 as measured on the pre-post test.**

**Objective 1.2: Community based members participating in issue specific workshops will increase their knowledge of the signs, symptoms, and risks of drug and alcohol use and the relationship between substance use/abuse and depression an average of 10% by the end of the workshop as measured on the retrospective post-survey.**

**Objective 2.1: By March 16, 2009, improve community capacity to identify and respond to substance abuse related issues by completing a community assessment report.**

**Objective 2.2: By June 30, 2009, improve community capacity to respond to substance abuse related issues by developing or enhancing a community coalition to achieve 1) formal leadership, membership, and organizational structure, and 2) representation from a broad array of community sectors.**

**Objective 2.3: By May 5, 2009, improve community capacity to respond to substance abuse related issues by completing a strategic plan informed by a community needs assessment and community input.**

D. Strategies Used to Accomplish Project Goals:

- Public Information/Social Marketing (not a stand alone strategy)
- Personal and Cultural Development (not a stand alone strategy)
- Peer Leadership
- Life Skills Development
- Family and/or Parent Support and Education
- Training
- Community Education
- Community Development - Community Based Process
- Community Development - Environmental Strategies
- Mentorship

E. Evaluation Methodology

- Evaluation Methodology
  - What are the measures and tools for every stated objective?

**Objective 1.1: "Too Good For Drugs" pre and post test, All Stars and ADHS Core Instrument for Adolescents**

**Objective 1.2: Community Education workshop specific retrospective post-survey**

**Objective 2.1: Completed community assessment report including Community Readiness Assessment**

**Objective 2.2: Community coalition membership list, coalition structure, bylaws, Coalition Functioning Instrument.**

**Objective 2.3: Completed strategic plan.**

- What is the program's data collection plan for SPF activities and Direct Program Delivery?

**Strategic Prevention Framework**

**SPF evaluation process will be documented and summarized using required forms and submitted in a timely manner as outlined in the Work Plan. Monthly meetings with the PPP evaluator will ensure compliance with all SPF activities and deliverables, including the Community Needs Assessment, Tri-Ethnic Community Readiness Assessment, and the Coalition Function Instrument.**

**Strategic Prevention Framework (SPF) Activities**

Community Readiness Assessment (CRA): January 2009  
Coalition Functioning Instrument (CFI): February 2009  
Completed Needs Assessment: March 2009  
Monthly completion of Prevention Documentation Forms for each activity with supplemental attachments

**Direct Program Delivery**

Process data includes the Magellan Prevention Documentation Form, youth registration forms, attendance logs, master calendar and satisfaction surveys at program completion. Attendance is tracked weekly in the life skills and peer leadership strategies and at each community education workshop.

**All Stars Process Data Collection:**

9/8/08-12/4/08  
1/29/09-5/17/09  
5/26/09-6/30/08

**Too Good For Drugs Process Data Collection:**

September 2008-June 2009

**Community Education Process Data Collection:**

October 28, 2008  
November 18, 2008  
March 31, 2009  
April 28, 2009

Outcome data are collected from the Too Good For Drugs pre-post test, ALL STARS pre-post test and the ADHS Core Instrument for Adolescents (Life Skills and Peer Leadership). The pre-tests are administered on the first day of the program cycle and the post-tests on the last day of the program cycle. The community education workshop participants are administered a workshop specific retrospective post-survey at the end of each workshop.

**ALL STARS Outcome Data Collection:**

**Pre-tests:**

9/15/08-9/25/08  
1/26/09-2/2/09  
5/28/09-6/1/09

**Post-tests:**

12/1/08-12/4/08  
5/11/09-5/15/09  
6/24/09-6/30/09

**Too Good For Drugs Outcome Data Collection:**

**Pre-tests:**

08/29/08  
11/22/08  
2/21/09

**Post-tests:**

11/14/08  
02/13/09  
05/15/09

**Community Education Outcome Data Collection**

October 28, 2008  
November 18, 2008

March 31, 2009  
April 28, 2009

- What is the program's evaluation process/plan for SPF activities and Direct Program Delivery?

**Strategic Prevention Framework**

The Community Readiness Assessment (CRA) will be administered by program staff via key informant interviews and submitted to The Partnership for evaluation. The Coalition Functioning Instrument (CFI) will be administered by program staff to coalition members and submitted to The Partnership for evaluation. Program staff will collect supporting prevention documentation for each activity and submit it to The Partnership for evaluation. The Partnership will review and analyze submitted data and documentation and return it to program staff in monthly evaluation meetings. Upon completion of analyses, The Partnership will provide results to program staff for quarterly reporting.

**Direct Service Delivery**

Data collection dates are listed above for the Direct Program Delivery. Process and outcome measures will be collected by program staff and are submitted to the Partnership for evaluation during monthly evaluation meetings.

How does the program use process and outcome prevention evaluation to improve services provided?

Evaluation reports are provided to all members of the performance team. The team will meet monthly with the Partnership (project evaluator) to review all aspects of program implementation and evaluation. The Partnership will provide program evaluation, share observations and make suggestions for program improvement and discuss areas of strength and weaknesses. Evaluation information will also be shared monthly with the coalition.

- State Outcome Measures

- What State Outcome Measure(s) will be used for the program?

**ADHS Core Instrument for Adolescents (6<sup>th</sup> grade and above)  
ADHS Core Instrument for Coalition Members**

- What process will be used to collect Active Consent?

**Active consent is included on parent permission slip for youth to participate in the program and permission slips are collected prior to youth beginning the program.**

- Explain how and when participants will be surveyed (i.e. during which strategy or activity).

**Life Skills – ALL STARS participants are administered the program pre-test, which includes the ADHS Core Instrument for Adolescents ,when they begin the program and are administered the post-test, which also contains the ADHS Core Instrument for Adolescents, at the end of the program cycle.**

**Peer Leadership – Participants are administered the ADHS Core Instrument for Adolescents when they enter the program and when they exit the program.**

**SPF Process/Capacity Building –All coalition participants are administered the Coalition Functioning Instrument in February 2009.**

F. Referral Plan and tracking mechanism to refer individuals to Behavioral Health Treatment Services as necessary:

**Participant Permission slips include release to speak to school counselors, administration as needed. If Prevention staff observes that a program participant is in need of behavioral health treatment services the following will occur:**

- 1) Prevention staff will contact the school counselor, social worker, or psychologist regarding their observations of the participant and document this contact.
- 2) Prevention staff or school staff will contact the parent of the participant and notify them of their observations and referral to school counselor, social worker or psychologist and document this contact.
- 3) Prevention staff will follow-up with school behavioral health contact to find out whether participant was referred to behavioral health treatment and document this.
- 4) If observation is made during the summer program at the community centers the Prevention Specialist will contact the participant's parent, notify them of their observations and assist them with referral to behavioral health treatment if desired and document this.
- 5) Prevention specialist will assist community members who attend community education workshops in seeking behavioral health treatment and other services when requested by the community member and will document this.

G. Provisions that ensure the program adhere to a Cultural Competency Plan to meet participants' needs.

- What are the key features of the plan for the program?

**Program curriculums are culturally competent. They recognize that race, ethnicity, age and gender influence the effectiveness of the intervention. The curriculums are culturally sensitive and allow room for variation and interpretation in delivering the program to different groups. Materials are provided in Spanish to monolingual Spanish-speaking parents. Prevention staff will attend RHBA required cultural competency training.**

- Describe how the program staffing fit to population served will be addressed.

**Efforts are made to recruit and hire prevention staff that reflect the ethnic and gender composition of our target population. In addition, efforts are made to recruit and hire prevention staff that are highly effective working with culturally diverse youth.**

- Describe efforts to engage youth and families from diverse cultures in the program and increase their retention in the program activities.

**Our target schools and community centers reflect our culturally diverse community. Recruitment efforts focus on having inclusive, culturally diverse and gender equal programs. Students are recruited by prevention staff, school administration, and word of mouth from past student participants. The culturally sensitive programs, inclusive environment, effective prevention staff and program incentives enhance recruitment and retention efforts.**

H. Provisions that ensure Persons with Special Needs can participate:

**Prevention programs comply with American Disabilities Act as do all City of Tempe programs. Accommodations for Persons with Special Needs that are necessary for program participation will be made.**

I. Project Staffing Pattern (FTE):

Staff	Position	FTE Level
Latricia Andrews Gilman	Prevention Program Coordinator, City of Tempe	1.00
Mickie Berry	All Stars Facilitator, City of Tempe	.40
Natasa Radlovic & Lily Pierce	All Stars Prevention Specialist (flexible job share) City of Tempe	.70
Robin Stevens	Prevention Specialist, CPLC	.16
Silvia Flores	Prevention Specialist, CPLC	.50
Lynnett Stonefeld	Communities in Schools Director, Tempe Community Council	.20

---

**Total                    3.16 FTE**

J. Provisions to ensure all sub-contracts comply with Magellan expectations:

1. List all sub-contractors operating under this contract

**Tempe Community Council – Tempe/Kyrene Communities in Schools  
Chicanos Por La Causa, Inc.**

2. Program documentation

**Subcontractor Memorandum of Agreement (MOU) stipulates that the subcontractor is also subject to the terms and conditions of our agency's contract with RHBA, including program documentation requirements. Those terms and conditions are included in the MOU or are attached to the MOU.**

3. Compliance with all Magellan requirements (i.e. training, reporting, etc.)

**Subcontractor Memorandum of Agreement (MOU) stipulates that the subcontractor is also subject to the terms and conditions of our agency's contract with RHBA, including all RHBA requirements. Those terms and conditions are included in the MOU or are attached to the MOU.**

4. Payment arrangements

**Prior to beginning any program services a Memorandum of Understanding between the City of Tempe and the subcontractor is created and signed by both parties. The Memorandum of Understanding includes:**

▪ **Scope of Work**

**Specifies the work to be provided**

▪ **Terms of Contract**

**Quarterly financial reports, reimbursement requests and payment invoice (can submit monthly if need earlier reimbursement). Narrative reports (deadlines dependent upon funding source)**

▪ **Compensation for Services Provided**

**Stipulates the total amount that will be paid and the period of services dates (i.e. July 1, 2008-June 30, 2009). Stipulates that contract is on a cost reimbursement for costs/services and contingent on accepting subcontractors expenditure reports.**

K. Training which Contractor can provide to other Magellan Prevention Providers:

- Introduction to Skills for Effective Prevention
- Cultural Competency
- Other: \_\_\_\_\_

L. Program Sites and Program Areas:

**2022 E. Concorda Drive  
Tempe, AZ 85282**

**1025 S. Beck Avenue  
Tempe, AZ 85281**

**2250 S. College Avenue  
Tempe, AZ 85282**

1600 E. Watson Drive  
Tempe, AZ 85283

1050 E. Carver Road  
Tempe, AZ 85284

1500 N. Scovel Street  
Tempe, AZ 85281

2130 E. Howe Avenue  
Tempe, AZ 85281

715 W. Fifth Street  
Tempe, AZ 85281

2150 E. Orange Street  
Tempe, AZ 85281

3500 S. Rural Road  
Tempe, AZ 85282

**Additional Required Contract Documents Incorporated By Reference:**

- Capacity Building or Implementation Work Plan
- Direct Program Delivery Implementation Plans (By Strategy or Activity)
- SPF Logic Model (Direct Program Delivery only)
- Program Budget and Budget Narrative
- Evaluation Assurance Form
- MOU between contactor and subcontractors

**Financial withhold of 15% or \$15,000 which ever is less per fiscal year will be applied to this contract pending approval of all required SPF deliverables (Needs Assessment, Community Readiness Assessment, Coalition Functioning Instrument and Strategic Plan) Quarterly and Annual Report.**

- ❖ **ALL CONDITIONS OF THE PROGRAM AND WORK STATEMENT ARE SUBJECT TO THE APPROVAL OF MAGELLAN HEALTH SERVICES.**

**EXHIBIT B-2**  
**MAGELLAN REIMBURSEMENT SCHEDULE**  
**Provider Funding Terms (Prevention)**

**Definitions:**

**Block Payment** – Block payment refers to a monthly fixed payment. Payments to Provider shall be spread evenly across the Funding Period.

**Fund Type** – Fund Type refers to the identified source of funds.

**Funding Period** – Funding Period refers to either the contract year or a subpart of the contract year.

**Total Funding Amount** – Total Funding Amount refers to the maximum contract value for a given Funding Period.

**Audited Financial Statements** – Financial Statements prepared in accordance with generally accepted accounting principles and opined on by an independent auditor.

**Compensation Components:**

Provider will be compensated in two parts consisting of a payment for the annual deliverable, and the periodic payments for services. The annual deliverable must be approved by Magellan and shall be compensated at fifteen percent (15%) of the annual contracted amount for Prevention Services or \$15,000, whichever is lower. The remainder of the Total Funding Amount will be paid in twelve installments.

**Funds and Capacity Management:**

Block Payments to the Provider will not exceed the Total Funding Amount for the Funding Period for the delivery of prevention services. The Provider will manage the Block Payment allocation to ensure the availability and consistency of service delivery throughout the Funding Period. Encounters are not required for prevention services. The Provider is required to submit quarterly reports as verification of services rendered.

**Notice for Contract Modifications:**

Providers must submit Contract Modification requests for Amendment to the Agreement for the following identified areas:

- 1) Changes to the Total Funding Amount
- 2) Modifications to the existing Scope of Work

Contract Modification requests must be submitted in writing to:

Magellan Health Services  
Network Management Department  
4129 E Van Buren Street, Suite 150  
Phoenix, AZ 85008

**EXHIBIT B-2**  
**MAGELLAN REIMBURSEMENT SCHEDULE**  
**Provider Funding Terms (Prevention)**

Requests must include the reason for the request and pertinent supporting documentation to facilitate review by Magellan's Service Development Committee. Magellan reserves the right to request additional information to assist in evaluating the request. The Service Development committee will evaluate the request and all supporting documentation against available funding, network development priorities, and geo-accessibility and make a formal recommendation to the Governance Committee for decision. Providers will be notified of the Committee's decision in writing within 30 days of receipt of the request by Magellan Network Department.

All Contract Modification requests that are approved by the Governance Committee will result in an Amendment to this Agreement and will not be effective until executed by both parties to this Agreement.

**Profit Limitations:**

Provider profits are limited to a maximum of four percent (4%) of revenue per contract year. The profit threshold applies to the profits derived from this Agreement and applies in the aggregate to the Provider including income/revenue earned by its related parties that perform any requirement or function of the Agreement

Upon receipt of the Provider's Audited Financial Statements, Magellan shall perform an analysis of the profit of Provider programs. Magellan shall also consider the Provider's encounter value production. Upon completion of this analysis, any profits on revenue in excess of four percent (4%) may be returned to Magellan, at Magellan's request. Magellan shall notify Provider of its profit analysis findings in writing.

Magellan reserves the right to offset or require Provider to reimburse Magellan within thirty (30) days for all Agreement funds paid to the Provider in advance, pursuant to the funding terms hereunder, that are determined by Magellan not to have been expended by the Provider in accordance with the terms of the Agreement.

**Financial Reporting:**

Provider will comply with all Financial Reporting requirements as outlined in the ADHS/DBHS Provider Manual – Magellan Version.